

PLEASE COMPLETE APPLICATION IN BLOCK CAPITALS

Position Applied for :		
Title:	Forename(s):	Surname:
Address:		
Email	Home Number:	Mobile Number:

Work Requirements

Are you an EU Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold a British or EU Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current Driving License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not hold a British/EU Passport, do you have any one of the following? <input type="checkbox"/> Student Visa <input type="checkbox"/> Work Permit <input type="checkbox"/> Settlement <input type="checkbox"/> Residency Visa <input type="checkbox"/> Spousal Visa <input type="checkbox"/> Other: _____ Expiry Date: _____
Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How far are you willing to drive if your job role involves driving? <input type="checkbox"/> 10-20 miles <input type="checkbox"/> 20-30miles <input type="checkbox"/> 30-40miles <input type="checkbox"/> 40-50miles <input type="checkbox"/> 50+ miles	

Education

Name(s) of School/College	Date(s)		Qualification(s) Gained/Award
	From	To	

Rehabilitation of Offenders Act 1974

Please Note: All healthcare posts are subject to the Rehabilitation of Offenders Act 1974; therefore you must disclose all cautions, reprimands, final warnings and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.

Have you ever been convicted by the courts, cautioned, reprimanded or given a final warning by the police? ☐ Yes ☐ No

If **Yes**, please give details including dates:

.....

Are you aware of any police enquiries being made against you that may affect your suitability for this post? ☐ Yes ☐ No

If **Yes**, please give details including dates:

.....

Next of Kin/Emergency Contact Details

.....

.....

Registered Nurses

Did you qualify in your maiden name? ☐ Yes ☐ No Maiden Name:

Work Preference ☐ Yes ☐ No (Please provide appropriate documentation)

Are you a Limited Company?

☐ Full Time ☐ Part Time ☐ Mornings ☐ Bank Holidays Nights
☐ Weekends ☐ Sleep In ☐ Evenings

Have you ever been dismissed from work? ☐ Yes ☐ No

If **Yes**, please explain:

.....

.....

Have you ever been disciplined for any cause in your last employment? ☐ Yes ☐ No

If **Yes**, please explain:

Application Form



Use this page for gaps in your employment history if needed.....

Employment History

Please enter **ALL** your previous employment details giving reasons why you left. Please give reasons for any gaps in employment. Start with the most recent employment.

Position	Name of Company/Organisation	FROM/TO (State the month and year)	Reasons for Leaving

Trainings

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Moving & Handling | <input type="checkbox"/> First Aid | <input type="checkbox"/> Medicine Management |
| <input type="checkbox"/> Food Hygiene | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Basic Life Support | <input type="checkbox"/> Vital Observations |
| <input type="checkbox"/> MVA | <input type="checkbox"/> MAPPA | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Safeguarding |
| <input type="checkbox"/> NVQ Level 2 | <input type="checkbox"/> NVQ Level 3 | <input type="checkbox"/> NVQ Level 4 | <input type="checkbox"/> Rescue Medication |

Other Trainings and Professional Qualifications:

Qualification	Place were obtained	From (month/year)	To (month/year)

Where did you hear about Dalord Healthcare Ltd?

- ☐ Dalord Healthcare Ltd Website
 ☐ Job Centre
 ☐ Indeed
 ☐ Other:.....

References

Please give the names and addresses of 2 professional referees, both of whom should be your current/previous line manager(s) and who have known you for at least 2 years. Relatives are not acceptable as referees.

1	Name:		Company:	
Address:				
Relationship to You:			Email Address:	
Telephone Number:			Fax Number:	

2	Name:		Company:	
Address:				
Relationship to You:			Email Address:	
Telephone Number:			Fax Number:	

Please give the name and address of 1 character reference (preferably a work colleague)

3	Name:		Company:	
Address:				
Relationship to You:			Email Address:	
Telephone Number:			Fax Number:	

Declaration (All applicants please read carefully and sign)

I declare that the information given in this application is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties I will be expected to undertake, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from the register, warnings as to future conduct both before and after any employment with Dalord Healthcare Ltd. This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with Dalord Healthcare Ltd. I will declare any dismissals or disciplinary acts from any previous employment. I do understand that any offer of employment is subject to an Enhanced DBS check, indicating my suitability for employment.

Signature:.....

Date:.....

Print Name:.....

Please attach your current CV with this application Form

Clinical Details & Work Experience

To be completed by all nurses and support/care staff. Please tick (✓) the appropriate.

	Less than 6 months	More than 6 months	Over 1 year experience	When did you last work? Please add notes if necessary.
General Nurse:				
Medical				
Surgical				
Elderly Care				
Gynaecology				
Orthopaedics				
Palliative Care				

	Less than 6 months	More than 6 months	Over 1 year experience	When did you last work? Please add notes if necessary.
Mental Health:				
Mental Health Acute Wards				
Elderly Care				
Substance Misuse				
Eating Disorder				
CAMHS				
Prison				
Secure Units				

	Less than 6 months	More than 6 months	Over 1 year experience	When did you last work? Please add notes if necessary.
Learning Disability:				
Autism Spectrum				
Brain Injury				