



Please complete this form in black ink and complete all sections

Position Applied For	
Your Full Name	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees), and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies), the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect and keep all personal data collected secure. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, color, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Which of the following applies to you? Please ✓ as appropriate			
RGN <input type="checkbox"/>	RMN <input type="checkbox"/>	RNLD <input type="checkbox"/>	HCA <input type="checkbox"/>
NMC pin number	Expiry date		



1. Personal Details					
Title		Surname		Maiden name/First name	
Previous surnames (if any)					
Forenames (in full)					
Address					
					Post Code
Telephone	Home	Work		Mobile	
Email address				Nationality	
May we contact you at work	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Please as <input checked="" type="checkbox"/> appropriate
Date of Birth			National Insurance number		
Next of Kin to be notified in case of emergency: Name					
Address					
					Post Code
Telephone	Home	Work		Mobile	
Relationship to you					



2. Formal Education and Qualifications

Name of School/College/University and Location	Dates of attendance		Course of study/Qualification (s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc.	Grade
	From	To		
	Month/Year	Month/Year		



3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name and Address of Employer	Dates of employment		Position held and brief summary of duties and responsibilities	Reason for leaving/ Last salary or wage
	From	To		
	Month/Year	Month/Year		



4. Training – Manual Handling, BLS, Infection control, First Aid etc. (Please provide certificates)				
Details of training Hospital/Establishment	Date from	Date to	Courses Taken	Attainment



H. Your bank account details	
Name of bank :	Branch name :
Account holder name :	
Address :	
Postcode :	
Sort code :	Account number :
I wish to be paid through a Ltd. Company and enclose details. (You will be paid as P.A.Y.E until you provide all your documentation to LAN Health Care Ltd) <input type="checkbox"/> YES or <input type="checkbox"/> No	
I am on P.A.Y. E (Please enclose P45 if we are your main employer) <input type="checkbox"/> YES or <input type="checkbox"/> NO	
Read all the following statements carefully and tick the one box that applies to you.	
A. This is my first job since 6 April and I have not been receiving taxable Job seeker's Allowance or taxable Incapacity <input type="checkbox"/> YES or <input type="checkbox"/> No	
Benefit or a state or occupational pension <input type="checkbox"/> YES or <input type="checkbox"/> No	
B. This is now my only job, but since last 6 April I have had another job, or have received taxable Job seeker's Allowance, or Incapacity Benefit.	
I do not receive a state or occupational pension. <input type="checkbox"/> YES or <input type="checkbox"/> No	
C. I have another job or receive a state or occupational pension <input type="checkbox"/> YES or <input type="checkbox"/> No	

I. Your next of kin details	
Name :	
Relationship to you :	
Address (including postcode) :	
Postcode :	
Daytime phone number :	Mobile phone number :



6. General Information

Do you hold a valid and current British Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any endorsements? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details	
Please state which languages you speak, including an indication for fluency	
How did you hear about this agency?	
Are you a member of a Union or Professional organization offering indemnity insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate	
Body Name :	Amount of cover :
Policy Number :	Expiry Date :

7. Preference Regarding Work

<p>Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments in your career and work preferences.</p> <p>Positions Part time <input type="checkbox"/> full time <input type="checkbox"/></p> <p>Type of work Care homes <input type="checkbox"/> Supported living home <input type="checkbox"/> nursing home <input type="checkbox"/></p> <p>Other, please specify</p> <p>Long days <input type="checkbox"/> Night Shifts <input type="checkbox"/></p> <p>Do you have any work commitments? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Which areas of work do you wish to exclude?	
When will you be available to start work?	



8. Immunizations-proof of immunizations must be provided		
Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Skin test for TB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Varicella (chickenpox/Vz.Abs)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Poliomyelitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Hepatitis B	Date of last injection	Booster 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>
	Date of last blood	Result (titer levels) IUL

9. References			
References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer			
Name, Address and Post Code		Name, Address and Post Code	
Email		Email	
Telephone Number		Telephone Number	
Position		Position	
Relationship to you		Relationship to you	
May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate		May we contact the above person now? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate	



10. Confidentiality Declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties, you may have access to confidential information about your clients. On no account must information relating to an identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbors.

If you are worried by any information, you have obtained and consider that you should talk about it to someone else, **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signature :

Date:



11. Rehabilitation of Offenders Act

As a general rule, no-one needs answer questions about spent convictions. However, this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a. any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b. any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties.

One or both of the above apply to work with the Agency and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

Records will be checked via the Criminal Records Bureau procedures

I have no convictions

I have convictions (see note below)

Please ✓ as appropriate

Note :-

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper.

Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential

Criminal Convictions" and attach this to your completed Application Form)



Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed.

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes No

Please ✓ as appropriate

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

- I give permission for any enquiries that need to be made to confirm such matters as qualifications. Experience and dates of employment, and for the release by other people or organizations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signature : _____

Date : _____



EXPERIENCE (Please write Yes or No)

HOSPITALS	
NURSING HOMES	
RESIDENTIAL CARE HOMES	
LEARNING DISABILITY CENTRE	
MENTAL HEALTH	
COMMUNITY CARE	
OBSERVING CONFIDENTIALITY	
REPORTING ACCIDENTS AND INCIDENTS	
WRITING SIMPLE REPORT	
DENTURE/MOUTH CARE	
EYE CARE	
HAIR CARE	
SHAVING	
BED MAKING OCCUPIED/UNOCCUPIED	
BED BATHS	
BATHING SOMEONE/TOILETING	
USE OF BATH AIDS	
USE OF COMMODE	
CONTINENCE CARE	
CATHETER CARE (MALE/FEMALE)	
COLOSTOMY/STOMA CARE	
PRESSURE AREA CARE	
WALKING AIDS	
MANUAL HANDLING	
USE OF HOISTS AND MANUAL HANDLING EQUIPMENT	
NUTRITION	
LAUNDRY	
COOKING	

NAME OF APPLICANT:

POSITION APPLIED FOR:

SIGNATURE:

DATE:

Please send this application back to

info@lanhomecare.co.uk