



Application for Employment

(Please keep this page for your reference)

1. Print off these 5 pages
2. Complete all relevant sections in your own handwriting.
3. Send completed pages to the address below:

Routes Healthcare (West Midlands) Limited

West Midlands House

Gipsy Lane

Willenhall

West Midlands

WV13 2HA

Tel: 01902 482537

Fax: 01902 482536

Website: www.routeshealthcare-wm.com

Email: tracygrattan@routeshealthcare-wm.com

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS PRINTING CLEARLY AT ALL TIMES - DO NOT COMPLETE SHADED AREAS

SURNAME: MR/MRS/MISS/MS/DR

FORENAME(S) (in full):

PRESENT ADDRESS:

POST CODE:

TELEPHONE (inc area code):

MOBILE (or other Tel. No.):

EMAIL:

POSITION APPLIED FOR:

How did you hear about the post?

DO YOU DRIVE?:
 YES NO

DO YOU OWN A CAR?:
 YES NO

Please attach
2
 recent
 passport size
 photographs
 for
 ID purposes

EMERGENCY Tel. No:

CONTACT NAME:

YOUR DATE OF BIRTH:

YOUR N.I. NUMBER:

NEXT OF KIN:

ADDRESS:

TELEPHONE:

PROFESSIONAL QUALIFICATIONS AND TRAINING COURSES ATTENDED	WHERE TAKEN	DATE	DATE REGISTERED WITH N.M.C. OR PROFESSIONAL BODY	P.I.N./REGISTRATION No. and EXPIRY DATE

REFERENCES

Names and addresses of 3 work references (one of which must be your present or last employer and should cover your last 5 years of employment)
N.B. ALL REFERENCE DETAILS MUST BE WORK ADDRESSES. MOBILE PHONE NUMBERS WILL NOT BE ACCEPTED.
 Please cross the appropriate box(es) below if you do not wish us to contact a reference without your consent.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TELEPHONE: <input type="text"/>	TELEPHONE: <input type="text"/>	TELEPHONE: <input type="text"/>

Name:

FOR OFFICE USE ONLY

Date received:	Approved: YES / NO	Date received:	Approved: YES / NO	Date received:	Approved: YES / NO
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Health Details

Do you or have you had any problem with the undernoted? If YES please give details on a separate sheet.

A. Please detail any illnesses which have led to absence from work in the last 3 years.

B. Please detail any disabilities.

Nervous or psychiatric illness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tonsillitis / sinusitis / ear infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma / hay fever / pleurisy / chest infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart / circulation / high blood pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bladder / kidney problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Back problems / strain causing time off work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Blackouts / epilepsy / giddiness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Skin rashes / allergies to food or drugs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Thyroid / diabetes / other glandular illness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Gastro-intestinal / jaundice	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Migraine / headache / varicose veins / painful periods	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hernia	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any persistent coughs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever attended hospital at any time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you receiving any medical treatment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever left employment for health reasons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

How many days sickness absence have you had in the last 12 months?

How many individual episodes?

Reasons for absence:

Disability

Do you consider yourself to have a disability? YES NO

If YES, please state any special requirements you have if invited for interview:

Work Eligibility

Are you legally eligible for employment in the UK? YES NO

Do you have any endorsements in your passport which limit your stay or length of employment in the UK? YES NO

Do you require a work permit? YES NO

Current / Last Employment Details

Name and address of current / last employer

Job title:

Salary (including any allowance/bonus):

Date employment commenced:

Notice period:

Reason for leaving:

Brief outline of duties and responsibilities

Previous Employment History in chronological order

(continue on separate sheet if necessary)

Date From	Date To	Employer's name, address and nature of business	Job Title	Reason for leaving

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exception Order 75) states that the Act does not apply to any employment which is concerned with the provision of health services, or which is likely to enable the holder to have access to persons in receipt of such services in the course of their normal duties.

Have you ever been convicted of a criminal offence?
(including spent convictions)

YES

NO

If YES, please state the nature of the conviction(s) and date(s) convicted:

Mandatory Training - Please give the dates of your most recent attendance:

MOVING AND HANDLING

DATE:

COSHH AND RISK AWARENESS UPDATE

DATE:

FOOD HYGIENE UPDATE

DATE:

BASIC LIFE SUPPORT / CPR

DATE:

OTHER COURSES:

PLEASE NOTE THAT FAILURE TO KEEP YOUR MANDATORY TRAINING UP TO DATE WILL LIMIT YOUR RELATED EMPLOYMENT OPPORTUNITIES BOTH NOW AND IN THE FUTURE.

Moving and Handling Declaration

(* Delete as appropriate)

- * I have attended a formal Moving and Handling training course in the last 12 months.
- * I have not had formal training in Moving and Handling in the last 12 months and I understand that while I am undertaking such assignments for Routes, I must not attempt to move or handle any person or object which may put my physical well-being at risk. I will attend the next available training course through Routes.

I understand that I must, at all times, avoid moving or handling any person or object which may put my physical well-being at risk. If I cannot avoid moving or handling, I will utilise the skills which I have learned in the training course which I have attended.

Equal Opportunities - Please indicate your ethnic group by ticking the appropriate category:

This information is used solely for monitoring purposes.

Bangladeshi Black-African Black-Caribbean Black-Other (please specify)

Chinese Indian Pakistani White Other (please specify)

DECLARATION

I declare that the information provided in this form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information or omit any material information, this may result in an offer of employment/registration being withdrawn or, if I have already been employed/registered, in my removal from the register/dismissal. I agree that the information given on this form may be used for registered purposes under data protection legislation.

Signature of applicant:

Date:

Disclaimer: CSCI, as the Regulatory body for Nurse Agencies and Domiciliary Care Agencies, will inspect relevant individual personal files on a yearly basis. All personal files will be subject to independent internal audit also on a yearly basis.