

Please ensure that you complete this form in **black ink OR you type in** using **block letters**. This information form will be kept in confidence.

POSITION			
Position applied for:			
Employment Type (e.g., Part time, Full time):			
PERSONAL DETAILS			
Title:			
First Name:			
Middle Name/s:			
Surname:			
Surname at birth (if different):		Used until which year:	
Forename at birth (if different):		Used until which year:	
If you have been known by any other names, provide details below:			
Known by forename/s:			
Used until which year:			
Known by surname:			
Used until which year:			
Date of Birth:			
Town of Birth:			
Gender:			
Nationality:			
Mobile Number:			
Home Telephone Number:			
Personal Email Address:			
Passport Number:			
Passport Issue Date:			
Passport Expiry Date:			
Passport Country of Issue:			
National Insurance Number (Mandatory):			
UK Driver's License Number (if applicable):			
Driver Licence Share Code from: https://www.gov.uk/view-driving-licence			
UK Driver's License Issue date:			
Do you drive your own vehicle:			
Next of Kin full name:			
Next of Kin full address and postcode:			
Next of Kin home phone number:			
Next of Kin mobile number:			
Relationship to Next of Kin:			

AT LEAST 5 YEARS OF YOUR MOST RECENT ADDRESS HISTORY STARTING WITH CURRENT ADDRESS	
1. Current Address:	
1st line of address:	
2nd line of address:	
Town/City	
Province/County:	

Country:	
Postcode:	
At this address since (MM/YYYY):	
2. Previous Address (if less than 5 years at current):	
1st line of address:	
2nd line of address:	
Town/City	
Province/County:	
Country:	
Postcode:	
At this address since (MM/YYYY):	

3. Previous Address (if less than combined 5 years at above addresses):	
1st line of address:	
2nd line of address:	
Town/City	
Province/County:	
Country:	
Postcode:	
At this address since (MM/YYYY):	

4. Previous Address (if less than combined 5 years at above addresses):	
1st line of address:	
2nd line of address:	
Town/City	
Province/County:	
Country:	
Postcode:	
At this address since (MM/YYYY):	

Attach additional signed sheet(s) if 4 address slots do not cover the required 5-year address history.

RIGHT TO WORK			
Are you a United Kingdom National:	YES		NO
If answered NO above, provide SHARE CODE to prove right to work . Use the following address to obtain the share code: https://www.gov.uk/prove-right-to-work			
Please provide Immigration Status Share code https://www.gov.uk/view-prove-immigration-status *			
Please Note this is different to RTW Share Code, can be generated in your e-visa account *			
If on applicable permit, provide permit number:			

SAFEGUARDING (ROA 1974) – EX-OFFENDER'S DECLARATION	
<p>Please note this section will only be seen by those involved in the recruitment process and will be treated with the strictest of confidence. Gracious Healthcare Services Ltd aims to promote equality of opportunity and is committed to treating all applicants fairly regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. Gracious Healthcare Services Ltd undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared. Answering 'yes' to the question below will not necessarily prevent your employment. This will depend on the relevance of the information you provide in respect of the nature of the position and the particular circumstances.</p>	
Are you currently bound over or do you have any current UNSPENT convictions that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?	
Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country?	

NURSING REGISTRATION AND LICENCING

Registration Body	
NMC Pin Number	
Registration Date	
Date of Last Revalidation	
Expiry Date	

PROFESSIONAL EXPERIENCE

Years of Experience		
Specialised Areas (tick all that apply):	Community Nursing (e.g., CPN, District Nurse)	
	Theatre Nursing	
	Respiratory Ward	
	Non-Invasive Ventilation (Nippy 4 Airway), Cough Assist, etc.	
	Tracheostomy Care (e.g., dressing, suctioning, full tube change)	
	PEG/RIG Care	
Skills Checklist:	Wound Care and Dressing Management	
	Administering Medications	
	Monitoring Vital Signs	
	Patient Education and Family Support	
	Post-surgical Care	

EMPLOYMENT HISTORY

Please record below the details of your full employment history beginning with your current or most recent first. Use a separate attached sheet if required; please sign the sheet(s).

1. Most recent Employer

Full Name and Address of most recent Employer:	
Start date (dd/mm/yyyy):	
End date (dd/mm/yyyy):	
Position held:	
Salary/Rate:	
Reason for leaving:	

2. Previous Employer.

Full Name and Address of Employer:	
Start date (dd/mm/yyyy):	
End date (dd/mm/yyyy):	
Position held:	
Salary/Rate:	
Reason for leaving:	

3. Previous Employer.

Full Name and Address of Employer:	
Start date (dd/mm/yyyy):	
End date (dd/mm/yyyy):	
Position held:	
Salary/Rate:	
Reason for leaving:	

4. Previous Employer.

Full Name and Address of Employer:	
Start date (dd/mm/yyyy):	
End date (dd/mm/yyyy):	
Position held:	
Salary/Rate:	
Reason for leaving:	

GAPS IN EMPLOYMENT

Fully explain any gaps in employment below:

Period 1 (mm/yyyy to mm/yyyy):	
Reasons for employment gap:	
Period 2 (mm/yyyy to mm/yyyy):	
Reasons for employment gap:	
Period 3 (mm/yyyy to mm/yyyy):	
Reasons for employment gap:	

EDUCATION AND TRAINING

1. Title of Qualification/certification gained:		
Year qualification/certification obtained:		
Full Name of awarding institution:		
Institution's contact details:	Telephone number:	
	Email address:	
2. Title of Qualification/certification gained:		
Year qualification/certification obtained:		

Full Name of awarding institution:		
Institution contact details:	Telephone number:	
	Email address:	
3. Title of Qualification/certification gained:		
Year qualification/certification obtained:		
Full Name of awarding institution:		
Institution's contact details:	Telephone number:	
	Email address:	
4. Title of Qualification/certification gained:		
Year qualification/certification obtained:		
Full Name of awarding institution:		
Institution's contact details:	Telephone number:	
	Email address:	

[illegible]

REFERENCE CHECKS

You must provide references from your **two most recent employers**. Provide at least one character reference where you justifiably cannot obtain your second professional reference. If you are unable to provide any of these references, e.g., in the case that you have been raising children for ten years, ensure you discuss this with us. All referees will be contacted, therefore please inform them of the fact that you have used their names.

Professional References

1.	Most Recent Employer	
	Name of referee:	

	Company name:	
	Corporate/professional email address:	
	Telephone number:	
	Mobile number:	
	Job Title:	
2.	Previous Employer	
	Name of referee:	
	Company name:	
	Corporate/professional email address:	
	Telephone number:	
	Mobile number:	
	Job Title:	
Character Reference		
1.	Name of referee:	
	Full Address of referee:	
	Email address:	
	Telephone number:	
	Mobile number:	
	Known to you as:	

EQUALITY ACT 2010

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a “substantial” and “long term adverse effect” on your ability to carry out normal day-to-day activities. Further information regarding the definition of disability can be found at: www.gov.uk/definition-of-disability-under-equality-act-2010.

For the purposes of this application and the interview stage only, is there anything you would like us to be aware of so that we can make reasonable adjustments during the process?

PRIVACY

Gracious Healthcare Services Ltd will only collect data for specified, explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to Gracious Healthcare Services Ltd holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored by the Registered Manager and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the Registered Manager on 01922669797.

PLEASE ANSWER THE FOLLOWING HEALTH QUESTIONS:

Question:	YES/NO
1. Do you have, or have you ever had any significant health problem, impairment/disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered?	
2. Do you have, or have you ever had any illness, impairment of disability that may have been caused or made worse by your work?	

3. Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health?	
4. Are you having, or waiting for any medical treatment or investigations at present?	
5. Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered?	
If you have answered YES to any of the questions above, please give details below:	

Applicant's Health Declaration:	YES/NO
1. I confirm that the information given above is complete and correct, and that I understand that any incomplete, untrue or misleading information given to Gracious Healthcare Services Ltd will entitle the employer to reject my application, withdraw any employment offer made, or, if I am employed, dismiss me without notice.	
2. By my signature this application form in the signature section, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above.	
3. I agree that Gracious Healthcare Services Ltd reserves the right to require me to undergo a medical examination to assess my suitability for work.	
4. I do not wish to complete the questionnaire, and I do not wish to have a free health assessment.	

BANK ACCOUNT DETAILS (BACS)

You should complete this BACS section to ensure you get paid into your chosen account. If you bank with a Building Society, it is advised to obtain BACS details from the Building Society to ensure correct payment details are used. Any errors in completing this form may cause delays in payment. These details MUST be for your own personal or the Limited Company through which you are working.

Bank/Building Society:	
Name on Account:	
Bank Sort Code:	
Bank Account Number:	
Account Type:	
Branch Name:	
Roll Number (Building Societies only):	

Limited Companies

If Limited Company, confirm you are signatory on the above account, and it belongs to the Limited Company:	
Confirm that you have financial and management control of the company:	
Confirm if your Limited Company is VAT registered:	

BACS Payments Declaration

I hereby confirm that all future payments made to me from Gracious Healthcare Services Ltd should be sent directly into the above account. I will notify Gracious Healthcare Services Ltd immediately if any of the above details should change. I shall not hold Gracious Healthcare Services Ltd liable for payments received late or not at all as a result of me providing incorrect information.

Signature:	
Date:	

SUPPORTING STATEMENT

Please add here your reasons for applying. You should refer to the job description and person specification to guide you. It would also be of value to describe the particular strengths and talents that set you apart from others as well as including skills gained from work, home and other activities.

DECLARATION AND SIGNATURE

The information in this application form is true and complete. I agree that any deliberate omission, falsification, or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by Gracious Healthcare Services Ltd. Where applicable, I consent that Gracious Healthcare Services Ltd can seek clarification regarding professional registration details.

Name:**Date:****Signature:**