



MJC Care and Nursing Application Form

Section 1 - Personal Details

Title: Surname:

Forenames (In full):

Address:

Telephone: Mobile:

Nationality: National Insurance No:

Email Address:

Date of Birth:

NMC Pin: Pin Expiry Date:

Qualification Band / Grade

Where did you hear about MJC Care & Nursing?

Next of Kin (To be contacted in case of emergency)

Name:

Address and Postcode

Telephone: Mobile:

Relationship to you:

Section 2 - Competency

The service we give depends on accurate, up to date information. Please keep us informed of all developments in your career. To assist us in finding you work, please tick all areas that you are experienced in.

Elderly care		Personal Care	
Dementia Care		Moving and Handling	
Learning Disabilities		Gynaecology	
Administration of Meds		Palliative Care	

NURSES		NURSES	
Respite Care		Autism	
Theatre		Haematology	
ODP's		Health Visiting	
Scrub		Infectious Diseases	
Recovery		Liver Unit	
ITU		Medical Health	
HDU		Neurology	
SCBU		Neonatal Practice Nursing	
NICU		Occupational Health	
PICU		Oncology	
CCU		Ophthalmics	
A&E		Orthopaedics	
Midwifery		Outpatients	
Burns and Plastic		Paediatrics	
Cardiology		Phlebotomy	
Cardiothoracic		Psychiatry	
Clinical Perfusion		Radiotherapy	
Dermatology		Renal Dialysis	
District/Community Nurse		School Health	
ENT		Venepuncture	
Family Planning		X-ray	
Anaesthetic e.g. Cardiac, Thoracic, Neuro, ENT, etc.			
Surgical e.g. Cardiac, Thoracic, Neuro, ENT, etc.			

Other:

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Section 3 - Employment History

Please provide your entire work history since leaving school, stating explanations for any gaps in employment.

If this includes studies, maternity leave, unemployed, please state this as well.

Company	Dates	Reason for leaving	Main Responsibilities

Section 4 - Formal Education and Qualifications

Name of school / college / university and location	Dates of Attendance (month/year, from and to)	Course of study/qualifications (E.G. GCSE, A Level, NVQ, Degree etc.)	Grade achieved

Section 5 - NMC (For Registered nurses only)

NMC Pin:	
Expiry Date:	
RGN or RMN:	
Band:	

Section 6 - Professional Indemnity Insurance: (Nurses only)

Body Name:		
Policy Number:		Expiry Date:

Section 7 - FOR NIGHT SHIFT WORKERS ONLY

Have you worked night shifts in the past? Yes No

What type of work was this?

How long have you been working night shifts?

Have you ever suffered health problems directly related to working night shifts? Yes No

If "yes" please give details.....

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Section 8 - Rehabilitation of Offenders Act

By virtue of the Rehabilitation of Offenders Act 1974 (Exemption) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 **do not apply** to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to

have access to persons in receipt of such services in the course of his/her normal duties. You should therefore list all offences on a separate sheet even if you believe them to be "spent" or "out of date" for some other reason

Have you ever been convicted of a criminal offence? Yes No

Have you ever been cautioned or issued with a formal warning for any criminal offence? Yes No

If you have answered "yes" please attach detail, including dates, on a separate sheet.

DBS (Disclosure and Barring Service) is the executive agency of the Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS information. NHS Trusts and Private Sector hospitals and nursing homes insist on agencies making informed recruitment decisions which require criminal records checks to be made on all staff. It is a condition of proceeding with your application that you apply for a DBS disclosure. The Disclosure will be compared with the information given above and any inconsistencies could affect your registration with us.

Signed: Date

Section 9 - Employment Preferences

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. Please tick all appropriate fields.

Nursing Home	Learning Disability
Respite Care	Residential Care
Substance Misuse	Mental Health
Hospital	Hospice
Other (specify)	Other (specify)

Which shifts would you prefer working:

Long Days	<input type="checkbox"/>	Early Shifts	<input type="checkbox"/>
Late Shifts	<input type="checkbox"/>	Twilight Shifts	<input type="checkbox"/>
Waking night shifts	<input type="checkbox"/>	Sleep-ins	<input type="checkbox"/>

Do you require:

Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>
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Do you have any other work commitments? Yes No

Are there areas of work you would want to exclude? Yes No

When are you available to start work? _____

Do you work with other agencies? Yes No

Which agencies do you work with?

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Section 10 - 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:

- a) 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
- b) 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 application producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

People with an automatic right to work are citizens of the UK, European Union and EEA and certain commonwealth citizens.

Do you need permission to work in the UK? Yes No

If yes, please answer the following questions:

Are you visiting Britain on a working holiday? Yes No

Do you hold a Student Visa? Yes No

Do you require a work permit? Yes No

On entering Britain what entry was put on your passport by immigration? **Please write in full - original documentation must be shown.**

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If you require a work permit or other permission to take employment in the UK please provide details below:

Work permit: Expiry date:

Passport Nationality Place of issue

Passport Number Date of issue Expiry

Section 11 - WORKING TIME DIRECTIVES

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. Because you are under no obligation to accept work offered, you will never be compelled to work more than 48 hours per week but you may choose to do so.

Please sign below to confirm that you have read and understood this information, indicating your preference **(tick as appropriate).**

I DO NOT wish to work more than 48 hours per week.	
I DO wish to work more than 48 hours per week.	

Signed Date

Section 12 - DATA PROTECTION ACT 1998 AND INSPECTION

We are required to hold personal information on staff e.g. National Insurance number, address, qualifications, a mechanism for checking health and fitness including records of immunisation, record of training, annual leave and sickness, two written references and Rehabilitation of Offenders information. From time to time we may be required to release elements of this information in placing you in assignments: Please be assured that we would only disclose information that is necessary.

We would be therefore be grateful if you would complete and sign the declaration below. If you have any concerns about this or want to discuss it further please contact your Branch Manager.

Please tick as appropriate:

I consent **I do not consent** **to the disclosure of information to place me on assignments.**

Print Name:

Signed: Dated

Note: Regulatory Bodies such as Social Services and the Care quality Commission have the right to access personal files for inspection purposed in order to verify compliance with legislation and CQC Regulations.

The information that I have given in my application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with MJC Care and Nursing of any changes to any of the information supplied.

Signed:Dated:

Print Name:

Section 13 - Eligibility

Do you have a current Driving Licence? **YES** **NO**

If yes, What type? (Full, Provisional etc.) **FULL** **PROVISIONAL**

Do you have any endorsements? **YES** **NO**

If yes, please give details

Please state which languages you speak, including an indication of fluency:

Section 14 - References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of a minimum of two work related referees, covering 5 years work history. One of the referees should be your current or most recent employer.

Name, Address and Postcode		Name, Address and Postcode	
Telephone Number:		Telephone Number:	
Position:		Position:	
E-mail address:		E-mail address:	
Relationship to you:		Relationship to you:	
May we contact the above person now?		May we contact the above person now?	

Section 15 - Confidentiality Agreement

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 identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

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 to your manager in private.**

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.

Signed

Date

Section 16 - Disclosure and Barring Service

Records will be checked via the Disclosure and Barring Service (DBS).

Please tick as appropriate

I have no convictions

I have convictions (see note below)

Note

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

Section 16 - Criminal Records - Disclosure and Barring Services Certificate

The Disclosure and Barring Service (DBS) have issued a code of practice regarding disclosure information, a copy of which is available upon request. An Enhanced Disclosure Certificate will be requested from the DBS which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. The disclosure certificate will only be requested in the event that you are successful in your application for employment.

Section 17 - 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 organisations 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.

Signed

Date

Section 18 - PAYROLL INFORMATION

IMPORTANT!!!!

**PLEASE COMPLETE THESE DETAILS CAREFULLY
AS MISTAKES MAY AFFECT PAYMENT OF WAGES**

Bank / building society name

Bank / building society address

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Bank sort code

Account number

Name of account holder

Building society reference number (if applicable)

If you wish your pay slip to be sent via email please complete below:

Please e-mail my pay slip

Email address

Signed Date

OFFICE USE ONLY

DECLARATION OF FITNESS TO WORK

Date of Assessment	<input type="text"/>	Annual Review Due	<input type="text"/>
Assessment Undertaken by	<input type="text"/>		
Position and Qualification	<input type="text"/>		

INTERVIEW NOTES

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Signed by interviewer:..... Date:

EQUAL OPPORTUNITIES POLICY MONITORING FORM

MJC Care and Nursing is an equal opportunity employer and is fully committed to the active promotion of equal opportunities in the provision of all its services and to the community as a whole.

It is our aim to select our workers on the basis of suitability and capability to do the job, and to ensure that all prospective workers are treated solely on the grounds of merit, and irrespective of age, gender, sexual orientation marital status, religious belief, nationality and ethnic origin. To help us ensure the effectiveness of our policy and procedures we request that you complete this form and hand or send it back to the office where you were interviewed. This information is used for monitoring purposes only; it is not considered during shortlist or selection procedures, and is held in complete confidence and separate to your application.

POST APPLIED FOR:.....

BRANCH APPLIED TO:..... **DATE**

PLEASE TICK THE APPROPRIATE OPTIONS:

GENDER: **Male** **Female** **Sexual orientation (optional)**.....

Disabilities: Please state if you have any long term physical or mental condition that affects your ability to carry out your day-to-day activities

(Advice can be obtained from the Disability Rights Commission 08457 622633)

Do you consider yourself to have any disabilities? Yes No

Age: Please tick as appropriate

16 - 25 26 - 40 41 - 55 56 - 80 80+

Ethnic origin: Please tick whichever ethnic group you consider yourself to be a member of:

White European	<input type="checkbox"/>	Asian	<input type="checkbox"/>
White Other	<input type="checkbox"/>	South East Asian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other (please specify).....	
Black Caribbean	<input type="checkbox"/>		

Religion: Please state your religion