

WE CARE 24 MEDICAL SERVICES
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APPLICATION FORM

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 secure, all personal data collected. 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.

Which of the following applies to you? Please ✓ as appropriate			
Qualified Nurse <input type="checkbox"/>	Qualified Nurse abroad(not registered in the UK) <input type="checkbox"/>	Healthcare Assistant <input type="checkbox"/>	
Support Worker <input type="checkbox"/>			
NMC pin number		Expiry Date	

1. Personal Details

Title	First Name(s)	Surname	
Former Name(s)		Date of Birth	
Gender	Nationality	NI Number	
Current Address			
Telephone Number		Email	
Previous Address – if less than 5 years at current address please state previous addresses below including time spent there.			
Next of Kin Name		Relationship to you	
Address			
Telephone Number		Email	

2. Eligibility To Work

Please tick appropriately

Do you hold a British Passport	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a member of the EU	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you do not have any of the above do you have any of the following: Settlement, Student Visa, Work Permit or other (Please specify in the box)				

3. Formal Education and Qualifications

Course of Study/Qualification(s) gained and year e.g. GCSE's (2014), "A" levels (2014), NVQ (2014), Degree (2014) etc

Qualification	Date From	Date To

4. Employment History

Please type details of all your employment for a period of at least the last 5 years, to include all nursing agency memberships, starting with most present employment. Please include reasons for gaps.

Employer	From	To	Reason for leaving

5. Mandatory Training

Please tell us if you have any training in the following:

Health & safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Infection Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Basic Life support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manual Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Safeguarding Vulnerable Adults	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lone Worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Immunisations

You will be asked proof of immunisation.

Immunisation	Date of Immunisation	Immunisation	Date of Immunisation
BCG		Tetanus	
Varicella (Chickenpox/Vz.Abs)		Poliomyelitis	
Diphtheria		Hepatitis B	
Rubella		Skin Test for Tb	

7. References

Please supply the names of TWO referees. One of the references MUST be a professional referee.

Name and address of Referee 1		Name and address of Referee 2	
Position		Position	
Tel no.		Tel no.	
Email		Email	

8. Rehabilitation of offenders Act

As a general rule, no-one need 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.

A) Do you have any Criminal Conviction(s) Yes No

B) If yes to question A above, Please provide details below of the Criminal Conviction(s), including the dates of the conviction(s).

9. Supporting Statement

Please provide a supporting statement detailing why you are suitable for the position applied.

10. Declaration by Job Applicant

I certify that to the best of my knowledge all the information I have given is correct. I understand that providing misleading or false information is illegal and can lead to immediate dismissal by Wecare24. I am required to inform Wecare24 of any change of information or circumstances that may occur during my engagement with Wecare24. I also understand that failure to inform Wecare24 of any change that could affect my employment with the company is illegal.

SIGNED

DATE



BANK DETAILS FOR PAYROLL PURPOSES

Please provide us with the following information as soon as possible to ensure prompt payment.

Bank Name / Building society	
Account Name	
Account Number	
Sort Code	

Employee statement

You need to select only **ONE** of the not been receiving taxable Jobseeker's Allowance, following Statements **A**, **B** or **C**.

A - This is my first job since last 6 April and I have Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.

B - This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

C - As well as my new job, I have another job or receive a State or Occupational Pension.

Do you have a Student Loan which is not fully repaid and all of the following apply:

- You left a course of UK higher education before last 6 April.
 - You received your first Student Loan instalment on or after 1 September 1998.
- NO YES

APPLICATION CHECKLIST

Please find below a list of documents required for submission in order to complete your application.

Proof of eligibility to work in the UK

Passport, ID Card, Residence Permit or Birth Certificate (Must be a coloured copy)

Proof of National Insurance Number

National Insurance Card (Front & Back page) + P45 Payslip (Must be a coloured copy)

Proof of Address (x2)

- *Counterpart Driving License*
- *Bank Statement (Dated within the last 3 months)*
- *Utility Bill (Dated within the last 3 months)*
- *Council Tax Bill (Dated within the last 12 months)*

Passport photos for ID card

Mandatory training certificates

Basic Life Support, Control and Restrain (For Mental Health Workers) and Moving and Handling or any another certificates not listed here relevant to the application.

Fully completed registration form

CV (Must show recent experience within the NHS)

Disclosure & Barring Service Form

Proof of Immunity and blood results to the following vaccinations:

- Hepatitis B
- MMR (Measles, Mumps & Rubella)
- Varicella
- Diphtheria
- Polomyelitis
- Tetanus
- Confirmation of a visible BCG scar (Must be signed by a recognized GP)
- Tuberculin Test (Mantoux or Interferon-Gamma Test)

Proof of professional Registration (For Trained Nurses only)

Copy of Statement Entry