

Application Form

Position applied for

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PERSONAL DETAILS

Title (e.g. Mrs)..........................................................................................................................................

Surname....................................................................................................................................................

Forename .................................................................................................................................................

Preferred name to be known by (leave blank if is the same as forename)..............................................

Previous Surnames (e.g. maiden name)...................................................................................................

Address

House no. .............................................................................................

Line 1......................................................................................................

Line 2......................................................................................................

Line 3.....................................................................................................

Line 4.....................................................................................................

Postcode ...............................................................................................

Telephone Number................................................................................

Mobile Number......................................................................................

Work Number (by giving this you consent to us contacting you at work) ..............................................

E-mail address...........................................................................................................................................

PASSPORT DETAILS

National Insurance Number .....................................................................................................................

Date of Birth .............................................................................................................................................

Nationality................................................................................................................................................

Passport Number …………………………………………………………………………………………………………………….

What is your current visa status?

I am a British Citizen

I am a European National

I have Indefinite Leave to Remain

I have Limited Leave to Remain

I am on a Student Visa

I have permanent residency

Other …………………………………………………………………………..

Do you have a full current UK driving licence?

YES

NO

NURSING DETAILS (for registered nurses only)

NMC Pin Number......................................................................................................................................

NMC Expiry Date.......................................................................................................................................

NMC Part(s) of register.............................................................................................................................

EMPLOYMENT HISTORY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and address of employer | From  (mm/yy) | To  (mm/yy) | Position held | Responsibilities | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

PROFESSIONAL CONDUCT

Have there ever been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

Yes

No

Because of the nature of the work you are applying for, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and considered only in relation to which the order applies.

Have you at any time been convicted of an offence?

Yes

No

If have ticked “Yes” to any of the above please give details and place this sheet in an envelope marked confidential.

REFERENCES

**Reference 1**

Name ........................................................................................................................................................

Position ...................................................................................................................................................

Address.....................................................................................................................................................

Postcode...................................................................................................................................................

Phone Number..........................................................................................................................................

E-Mail Address..........................................................................................................................................

In what capacity has this person known you? .........................................................................................

How long have they known you? .............................................................................................................

**Reference 2**

Name ........................................................................................................................................................

Position ....................................................................................................................................................

Address.....................................................................................................................................................

Postcode...................................................................................................................................................

Phone Number..........................................................................................................................................

E-Mail Address..........................................................................................................................................

In what capacity has this person known you? .........................................................................................

How long have they known you? .............................................................................................................

**NEXT OF KIN**

Name .......................................................................................................................................................

Relation to you .........................................................................................................................................

Address ....................................................................................................................................................

Postcode ..................................................................................................................................................

Phone number ........................................................................................................................................

Name .......................................................................................................................................................

Relation to you .........................................................................................................................................

Address ....................................................................................................................................................

Postcode ..................................................................................................................................................

Phone number ........................................................................................................................................

EDUCATION/QUALIFICATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and address of institute** | **Start Date** | **End Date** | **Qualification obtained** | **Grade/Level** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Other skills or achievements that may be relevant to the position you applied for

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Please give reason for making an application for this position. (Briefly outline what makes you a suitable candidate for this position)

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Declaration of Health

No

Yes

**Basic Health History**

1) Do you have any impairment which may affect your ability to work?

2) Do you have any conditions of vision, hearing or speech which might affect your ability to work?

3) Are you pregnant?

4) Do you have any difficulty in standing, bending, lifting or any other movements?

5) Are you currently or regularly taking any prescribed medication?

6) Are you having any treatments or investigations of any kind at the moment?

7) Is there any aspect of your medical history which an employer should or might wish to know?

8) Are there any reasonable adjustments that an employer should make to enable your work?

9) Have you ever suffered with any stress related disorder or disease, mental illness/ or psychological problems?

10) Have you ever had alcohol or drug problems?

11) Do you have any allergies?

12) Have you any reason to believe you may be infected with a communicable or high-risk infection or disease?

13) Have you knowingly been in contact with MRSA or worked within an MRSA environment?

No

Yes

**Do you now, or have you ever, suffered from or received treatment for:**

14) Respiratory symptoms, disorders or diseases (including asthma, bronchitis, pleurisy, pneumonia or other chest illness)?

15) Cardiovascular symptoms, disorders or disease (including chest pain, high blood pressure, low blood pressure)?

16) Epilepsy, frequent fainting attacks, giddiness or migraine?

17) Skin symptoms, disorders, diseases (including reactions to gloves and glove powder)?

No

Yes

18) Any kind of back or joint problem (including pain, swelling or stiffness)?

19) Tuberculosis (TB)?

20) Diabetes, thyroid or other glandular problems?

21) Chicken pox?

22) German measles?

23) Hepatitis A, B or C or jaundice?

24) Any other serious illness/operations?

Please give details of the questions you have answered yes. Remember to quote the question number. (Continue on another sheet of paper if need be, then attach this to the application form)

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Vaccination History

|  |  |  |  |
| --- | --- | --- | --- |
|  | Can provide proof of this vaccination or test | Date of last test (dd/mm/yyyy) | Test Result |
| Tuberculosis |  |  |  |
| Mumps, Measles and Rubella |  |  |  |
| Varicella |  |  |  |
| Hepatitis B |  |  |  |
| Hepatitis B Surface antigen |  |  |  |

**You would need to provide the certificates as proof or the copy of the most recent pathology test.**

**DECLARATION**

I declare that to the best of my knowledge the above information and that submitted in any accompanying documents, is correct. I am willing for representatives of Hijinix Healthcare to confirm matters such as qualifications, experience, my health status, and dates of employment, and for the release by other people or organisations of such information as may be necessary to Hijinix Healthcare for that purpose. I understand that any false or misleading information provided in this may result in my dismissal if I am appointed. For the purpose of the Working Time Regulations 1998 (as amended), I consent to work the agreed contracted hours. I understand that I may withdraw this consent by giving Hijinix not less than a month’s notice. I understand that my registration with Hijinix Healthcare can be terminated at any time following unsatisfactory work reports.

Signed ........................................................................... Date .................................................................

**PLEASE ATTACH YOUR CV TO THIS APPLICATION FORM.**

Please send this completed form to :-

Hijinix Healthcare Pvt Ltd

5 Harold Crescent

Waltham Abbey

Essex

EN9 1QT

Please e-mail [info@hijinixhealthcare.co.uk](mailto:info@hijinixhealthcare.co.uk) or contact us on 0199 226 5870 / 0742 741 7013 / 0744 569 8353 if you have any queries regarding how to fill in this form