



BLOSSOM VALLEY CARE

**No-4
 22 WAVERLEY ROAD
 SOUTHAMPTON, HAMPSHIRE
 SO15 1JG**

Telephone No: **02381941618, 07975837842, 07438910921, 07460732132**
 Email: info@blossomvalleycare.co.uk / Website: www.blossomvalleycare.co.uk

PLEASE COMPLETE ALL SECTIONS:

Section 1 Personal Details:

Title: _____ Surname: _____

Forenames: _____ Maiden/Former Name: _____

Date of Birth: _____ Age: _____

Address: _____

Post Code: _____ Email address: _____

Home Telephone No: _____ Mobile Telephone No: _____

Country of Birth: _____ Nationality: _____ Ethnic Origin: _____

Next of Kin: _____ Emergency Contact No. Day: _____
 Relationship _____ Night: _____

National Insurance No: _____

Do you hold a current driving licence? _____ Please state your means of Transport: _____

Section 2: Professional Qualification and Training Details

Training Establishment	Dates of training	Qualification Obtained
	From To	
	From To	
	From To	

NMC PIN Number:		Expiry Date:	
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For office use only: checked against NMC Circular:

Please state below any other courses and date attended. (e.g. ENB Courses/ Manual Handling)
 Continue on a separate sheet if necessary. Original certificates will need to be presented at interview. Please note evidence of training is required for agency files. County Nursing Ltd requires certain mandatory training according to the areas in which you require work. All training is provided by appropriately qualified instructors and is provided free of charge to all agency members. Appraisals and training reviews are regularly offered to all agency workers.

Course Title	Date Attended	Other Details

Work History:

Please print clearly details of the past five years work history.
 You must state reasons for any breaks in employment. Please start with your most recently held position.
 Continue on the reverse of this sheet if necessary and enclose copy of your current CV if you have one.

Name of Employer	Address	Position Held	Date started	Date Left
Reason for leaving				
Name of Employer	Address	Position Held	Date Started	Date Left
Reason for Leaving				
Name of Employer	Address	Position Held	Date Started	Date Left
Reason for Leaving				

Section 3: Declaration of Health / Immunisation requirements.

Please ensure you complete and sign the separate health declaration form enclosed with this application. County Nursing Ltd employs its own occupational health nurse and agency members are allowed access to this service on a regular basis. Please be assured that all health matters are dealt with on a strictly confidential basis.

IMMUNISATION INFORMATION REQUIREMENTS:

NB: In order to protect yourself and clients, up to date Immunisations are considered a good practice requirement for all agency staff. If you wish to work within NHS Trusts, immunisations are mandatory requirements. Documentary evidence / photocopies of certificates of immunity will be required as indicated below for your agency file. These should be available from your GP practice or from occupational health services from a previous employer. We are unable to place agency staff into NHS Trusts without evidence of immunisations due to contractual reasons. We strongly advise you to read the requirements below and obtain the necessary immunisations / evidence at your earliest convenience to help your application proceed quickly.

If you require any further information please contact the office and we will be happy to help.

	information	Private sector requirements	NHS Trust requirements	Do you have this As required? Please indicate Yes or No
Polio	Boosters up to date Usually given in childhood	Considered good practice	Not mandatory. Good practice for documentary evidence to be in file if you have it.	
Tetanus	Boosters up to date Usually given in childhood	Considered good practice	Not mandatory. Good practice for documentary evidence to be in file if you have it.	
Hepatitis B	Full course and 5 yearly boosters for all health care workers recommended	Preferable for agency workers	Mandatory. Documentary evidence must be presented for file. Blood test showing antibodies present.	
Rubella	Usually given in childhood	Considered good practice	Mandatory. Documentary evidence must be presented for file. Blood test showing antibodies present.	
BCG (Tuberculosis)	Usually given in childhood	Considered good practice	Mandatory. Documentary evidence must be presented for file. Our occupational health nurse can record evidence of scar. If no scar present Heaf test may be needed.	
Varicella (chicken pox)	90 –97% of population already immune due to childhood exposure.	Declaration of having had chicken pox or shingles considered good practice.	Declaration of having had chicken pox or shingles required for file. Blood test and or vaccination may be required if you cannot declare.	

Section 4 General Information

Please indicate your work preferences by placing a tick or comment next to the relevant box.

Position Applied for:

HCA		RGN		RMN		OTHER	
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Day Duty		Night Duty		Full Time		Part Time	
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Membership of Professional Organisation / Trade Union:

It is strongly recommended that all County Nursing members have Membership of a professional body and / or trade union. Evidence of membership will be required at interview.

Name of Organisation	Membership details and renewal dates

Section 5 References:

A: IF YOU WISH TO WORK IN NHS TRUSTS:

Please supply the names and contact addresses from two referees who must be healthcare personnel from your two most recent engagements. (I.e. your line managers) who hold a position more senior to your own and can provide written references on your abilities and experience.

B: IF YOU WISH TO WORK ONLY IN CARE HOMES / PRIVATE SECTOR / HOME CARE

Please supply the names and contact addresses of two referees who must be nurses or healthcare professionals and preferably hold a position more senior to your own. One of these must be from your current or most recent place of employment.

First Referee:

Name	
Job Title	
Address	
Email Address	
Telephone Number	
Length of time known to you	

Second Referee:

Name	
Job title	
Address	
Email Address	
Telephone Number	
Length of time known to you	

Section 6: Security

- **Permission to work in the UK**

Do you have permission to work in the United Kingdom?

Yes

No

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by County Nursing Ltd for temporary work.

- **DBS Disclosure**

Please note that this application will require a criminal background check by the Disclosure and Barring Service, disclosure procedure is at enhanced level. It may be the case that you already have a DBS disclosure, we can use this providing it is at the enhanced level having validity of last 3 months.

- **Criminal Convictions**

Do you have any spent or unspent* criminal convictions?

Yes

No

If you answer is Yes please provide details and dates below:

* Certain types of employment and professions are exempt from the Rehabilitation of Offenders act 1974 and in those cases, particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of County Nursing Ltd, the offence is relevant to the position of agency nurse. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

Section 7: Areas of Expertise:

In order for us to obtain you work placements that are most appropriate, according to both your own and client requirements please state below your areas of personal expertise and the length of time you have spent working in these areas. Please include your CV if you have one or continue on a separate sheet if necessary.

Area of expertise	Dates / Workplaces

Section 8: Data Protection Statement.

The information that you provide on this form and on any CV given, will be used by County Nursing Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

Section 9: Equal Opportunities Statement

County Nursing Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non membership of a trade union and we place an obligation upon all staff to respect and act in accordance with the policy.

County Nursing Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers.

County Nursing Ltd will ensure that each candidate is assessed only in accordance with the candidates merits, qualification and ability to perform the relevant duties required by a particular vacancy.

Section 10: Final Statement and Declaration.

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed on to potential employers. If during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that County Nursing Ltd will be entitled either to charge the client a introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the client without further charge being applicable to the client).

I understand that acceptance on to the County Nursing Agency register may only be granted after relevant checks are made, satisfactory references are received and I have attended an interview / Agency Induction.

FILLED APPLICATION FORM	TRAINING CERTIFICATES COPY
P45 SIGNED COPY	5 YEAR ADDRESS HISTORY
PASSPORT COPIES	NI NUMBER COPY
PIN No COPY(FOR NURSES ONLY)	MARRIAGE CERTIFICATE COPY
QUALIFICATION CERTIFICATES	DRIVING LICENCE COPY
REGISTRATION FEES/CRB	BIRTH CERTIFICATE COPY
2 REFERENCES	UTILITY BILL
ADDRESS & NUMBER	TWO PHOTOS
HAVE YOU CONTINUED ON A SEPARATE SHEET?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES how many?
HAVE YOU ATTACHED CURRICULUM VITAE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signed _____ Date _____

Please return this form, when completed, to our head office address at:

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Blossom Valley Care Ltd

