



Health Care

Application Form

Which of the following applies to you? (tick the appropriate)

Qualified nurse	HCA/Carer	International Qualified nurse (not registered in the UK)
NMC Pin Number :		Expiry Date :
(please enclose copy of statement of entry and pin card)		

Title		Surname		First Name		
Address					Postcode:	
Contact Numbers:	Mobile:			Home:		
Email Address				Nationality:		
Date of Birth:			National Insurance Number			
Next of Kin Name:						
Address:					Postcode:	
Telephone:	Mobile:			Home:		
Relationship to you:						

Preferred Hours To Work

Positions	Part time		Full time				
	Temporary		Permanent				
Type of Work (please Tick)	Domiciliary		Private Hospital	Hospitals	Nursing Homes		
Please tick when you are available to work							
	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Night							
Salary Expectations	Per hour		Per Annum				
	From		To		From		To
When can you start work ?							

Education and Qualifications

Name of School/ College/ University:	From (month / Year)	To (month / Year)	Qualification Obtained

Additional Training Courses

Course	Instructing Body	Qualification Obtained

Employment History

(please list all employment history for the last 10 years and explain any gaps)

Name and address of employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

General Information

Do you hold a valid and current British Driver's Licence? Yes If Yes, what type? (E.g. Provisional, Full, LGV, PCV)	Yes	No
How did you hear about this agency?		

References

Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name And Full Address		Name And Full Address	
Position:		Position:	
Telephone Number:		Telephone Number:	
Email Address:		Email Address:	

Payroll Confirmation

If you would like to be paid on a PAYE basic:

Bank Account Holders Name:							
Bank Name:							
Account Holding Branch Address:							
Account Number:							
Sort Code:							

If you would like to be paid through a limited company:

Company Name:							
Registered Address:							
Companies House Registration Number:							
VAT Registration Number (if applicable)							
Bank Name:							
Account Holding Branch Address:							
Account Number:							
Sort Code							
<p>You must also provide us with a copy of your:</p> <ul style="list-style-type: none"> - Certificate of incorporation - Proof of public liability insurance -VAT certificate (if applicable) 							

If you would like to be paid through a commercial contracting company

Company Name:							
Contact Name:							
Telephone Number:							
Status:							

If you do not have a preferred payment method RTS Healthcare Ltd can recommend one of our approved providers.

Convictions/ Disqualifications

To ensure the safety of our clients/members a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position at **RTS HEALTHCARE LTD**. If a check is returned and reveals any information, this will be discussed with the applicant. The Chief Executive will make a decision as to whether the offer of employment should be withdrawn.

Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986

We would draw your attention to the following statement

“Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act”.

Have you ever been convicted of criminal offense or been made subject to any order, civil or criminal, made by a court of law, involving offenses against a person or child or handling money?

YES

NO

Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests).

Adjustments/Arrangements for Interview

If you need us to make any adaptations for your interview to accommodate any disability you may have, please tell us what these should be?

Declaration

STATEMENT TO BE SIGNED BY THE APPLICANT

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that RTS HEALTHCARE LTD can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed _____

Date _____

Equal Opportunities (please tick)

Full Name:

Signature :

Date:

Gender	Female	Male	Prefer not say
What is your ethnic group	Bangladeshi	Irish Traveller	
	Black African	Indian	
	Black Caribbean	Pakistani	
	Black other	White	
	Chinese	Any other please state	
Are you married or in a civil partnership	Yes	No	
Do you consider yourself to be disabled ?	Yes	No	

What is your age? Please tick one .

16-19	20 - 24
25 - 29	30 - 34
35 - 39	40 - 44
45 - 49	50 - 54
55 - 59	60 - 64
65 +	

Sexual Orientation

How would you describe your sexual orientation (please tick)

Heterosexual

Lesbian

Gay Man

Bisexual Man

Bisexual Woman

other

I prefer not to disclose this information