



# Healthcare Division

## APPLICATION FOR EMPLOYMENT



# APPLICATION FOR EMPLOYMENT - HEALTHCARE

Please complete all sections. If there is any part that you are not sure about, please ask.

SURNAME		FIRST NAME		MR MISS MRS MS	MAIDEN NAME	AGE	DATE OF BIRTH
ADDRESS (INCLUDING POSTCODE)				NAT. INSURANCE. NO			
TELEPHONE NO.	DRIVING LICENCE.	OWN TRANSPORT	SMOKER	CONVICTIONS			
MOBILE	YES/ NO/	YES/ NO	YES/ NO	YES/ NO			

## EDUCATION & TRAINING

FROM	TO	SCHOOL OR COLLEGE	EXAMINATION	RESULTS

## WORK HISTORY (Most Recent First)

FROM	TO	NAME AND ADDRESS OF EMPLOYER  REASON FOR LEAVING	DESCRIPTION OF WORK	SALARY
FROM	TO	NAME AND ADDRESS OF EMPLOYER  REASON FOR LEAVING	DESCRIPTION OF WORK	SALARY
FROM	TO	NAME AND ADDRESS OF EMPLOYER  REASON FOR LEAVING	DESCRIPTION OF WORK	SALARY
FROM	TO	NAME AND ADDRESS OF EMPLOYER  REASON FOR LEAVING	DESCRIPTION OF WORK	SALARY

## OTHER INFORMATION

1. PROFESSIONAL REFERENCE Name and Address		2. PROFESSIONAL REFERENCE Name and Address	
Position:		Position:	
Next of Kin (NOK)	NOK Relation to You:	NOK Tel No:	NOK Address:

Signature:

Date:

OFFICE USE ONLY
Integ No .....
Start Date .....
Client .....

### APPLICANTS PLEASE NOTE

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 onto potential employers. If during the course of a temporary assignment, the client wishes to employ me direct, I acknowledge that KL Recruitment will be entitled either to charge the client an 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).

### DATA PROTECTION ACT

I understand that the information provided on this form, or on my CV, or provided verbally at interview may be retained on record and, if required, provided to Clients in the interest of assessing my suitability for work assignments or employment.

# HEALTH QUESTIONNAIRE

PERSONAL AND CONFIDENTIAL

PLEASE FILL IN THIS FORM AS ACCURATELY AS YOU CAN. INDICATE YOUR ANSWER BY INSERTING A TICK IN THE APPROPRIATE BOX. 'YES' OR 'NO'

YOUR FULL NAME: \_\_\_\_\_

GP NAME & ADDRESS: \_\_\_\_\_

YOUR DATE OF BIRTH / / \_\_\_\_\_

QUESTIONS	YES	NO	DETAILS WHERE NECESSARY
<b>Is there any family history of:</b>			
Diabetes			
Tuberculosis			
Faints, fits, blackouts or nervous trouble			
Asthma, hayfever or skin trouble			
<b>Are you suffering from any illness?</b>			
Any trouble with your hearing?			
Any trouble with your eyesight?			
Do you suffer from colour blindness?			
Do you or should you wear spectacles/contact lenses?			
Are you disabled in any way?			
Have you ever been rejected on medical grounds?			
Have you ever been given a disablement payment?			
Have you ever had an occupational accident or disease?			
Are you taking any drugs or medication?			
Have you taken any in the past twelve months?			
<b>Have you ever had or suffered from:</b>			
Hay Fever			
Diabetes			
Asthma			
Other chest trouble			
Do you have a cough			
Tightness of chest?			
Do you smoke, if so how much?			
Have you ever smoked?			
Dermatitis?			
Other skin trouble?			
Heart trouble?			
Bladder or kidney trouble?			
Stomach trouble, dysentery or gastro-enteritis?			
A rupture?			
Varicose veins?			
Faints, fits, blackouts or nervous trouble?			
Back trouble?			
Rheumatism or arthritis?			
Any hospital investigations?			
An operation?			
A long illness?			
Any other illness or infectious disease?			
A severe accident?			
Persistent pain, tingling or pins & needles in your arms wrists or hands?			
Suffered from Blood circulation problems?			
Have you ever lived abroad?			
<b>INFECTIOUS DISEASES</b>	<b>YES*</b>	<b>NO*</b>	<b>*ADDITIONAL INFORMATION</b>
Have you ever knowingly been in contact with MRSA or worked in an MRSA environment?			
Are you aware of the need to understand and be screened for MRSA?			
Are you or have you ever been infected with Tuberculosis (TB)			
Do you agree to abide by the government guidelines on AIDS/HIV infected healthcare workers? (HSC 1998/226 "Guidance on the Management of AIDS/HIV Infected Healthcare Workers and Patient Notification")			
<b>RECORD OF IMMUNISATIONS</b>	<b>YES*</b>	<b>NO*</b>	<b>*PLEASE SUPPLY DATE/RESULTS</b>
Tetanus			
Diphtheria Shick Test			
Rubella (German Measles)			
Poliomyelitis			
Hepatitis B			
Antibodies			
Tuberculosis BCG			
Chest X-Ray			
Varicella			
<b>Do you agree to being screened or to obtaining a certificate of fitness from your GP or an occupational Health Service if required?</b>			

## HEALTH QUESTIONNAIRE (continued)

QUESTIONS	YES	NO	DETAILS WHERE NECESSARY
<b>FOR NIGHT SHIFT WORKERS ONLY</b>			
Have you worked night shifts in the past?			
What type of work was this?			
How long have you worked night shifts?			
Have you ever suffered health problems directly related to working night shifts?			
If YES please give details			

**Is there any other information you should divulge?**

TO THE BEST OF MY KNOWLEDGE THE ABOVE MEDICAL DETAILS ARE CORRECT AND I ACCEPT THAT FAILURE TO DISCLOSE ANY MEDICAL HISTORY RELEVANT TO MY EMPLOYMENT WILL RESULT IN TERMINATION OF ASSIGNMENT

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

# EQUAL OPPORTUNITIES MONITORING FORM

In order to monitor the effectiveness of the Equal Opportunities Policy, all applicants are asked to complete this form.

KL Recruitment 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 avoid unlawful or undesirable discrimination. We shall 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.

KL Recruitment shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in terms of employment or Terms of engagement for temporary workers. KL Recruitment will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

## Section 1 - Sex

Male

Female

## Section 2 - Marital Status

Married

Single

Widowed

Living with Partner

Seperated

Divorced

Other (Please State)

## Section 3 - Disability

The Disability Discrimination Act 1995 makes employers, companies and service providers legally liable for discrimination against disabled people. Under this Act you are regarded as having a disability if you have a long-term physical or mental impairment, which affects your ability to carry out normal day-to-day activities. Long term is defined as lasting 12 months or more.

Not Disabled

Disabled

## Section 4 - Nationality (Please State)

## Section 5 - Ethnic Origin

Individuals should determine with which of the under noted categories they most closely associate themselves having regard to their ethnic or cultural background. These categories are as recommended by the Commission for Racial Equality.

White	White British
	White Irish
	White Other
Asian/British Asian	Indian
	Pakistani
	Bangladeshi
	Other Asian Background
Black/Black British	Caribbean
	African
	Other Black Background
Mixed	White & Black
	White & Asian
	Mixed Other
Chinese	Chinese
	Gypsy Traveller
Other Ethnic Groups	Other Ethnic Group

Religion:

Special Religious requirements:

Thank you for your co-operation in completing this questionnaire

## WORK EXPERIENCE

Please let us know which of these skills you currently have.

Please note that any areas you have no knowledge of should be left blank.

**1 = Basic/Limited Knowledge 2 = Adequate Knowledge 3 = Area of Expertise**

	1	2	3		1	2	3
BATH/SHOWER/STRIP WASH				CCU			
USE OF BATH AIDS				RECORDING RESPIRATIONS			
MOUTH CARE (INC DENTURE CARE)				WEIGHT CHARTS			
CARE OF FEET (EXCLUDING TOENAILS)				RECORDING PULSE			
DRESSING/UNDRESSING				URINE TESTING			
BED BATH				OBTAINING SIMPLE SPECIMENS			
SHAVING				PREPARATION OF MEALS			
CARE OF HAIR				FEEDING PATIENTS			
CARE OF FINGERNAILS				PRESSURE AREA CARE			
CARE OF EYES				ENSURING MEDICATION HAS BEEN TAKEN			
CARE OF BLADDER AND BOWELS				OBSERVING/REPORTING CHANGES IN			
USE OF BEDPAN/COMMUNES ETC				PATIENTS/CLIENTS			
EMPTYING CATHETER BAG				SIMPLE DRESSINGS			
CHANGING COLOSTOMY BAG				CARING FOR THE TERMINALLY ILL			
RECORDING FLUID BALANCE				ASSISTED WITH OCCUPATIONAL THERAPY			
MOVING AND HANDLING PATIENTS				INCLUDING SPORT/PLAY			
USE OF WALKING AIDS				BED MAKING			
USE OF HOIST				CHANGING A BED/DRAWSHEET WITH PATIENT			
CURRENT MOVING AND HANDLING COURSE				IN/ON IT			
RECORDING BLOOD PRESSURE				EXPERIENCE WITH DEMENTIA			
RECORDING TEMPERATURE				CARE OF PAEDIATRICS			
CARE OF NEONATAL				ANY OTHER PLEASE STATE			
PORTERING							
CIRCULATING							
STERILE SERVICES							
ITU							
HDC							

### REHABILITATION OF OFFENDERS ACT 1974 AND CRIMINAL RECORDS

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (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 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 offence YES/NO

The Criminal Records Bureau, CRB is the executive agency of the Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of CRB disclosure information. NHS Trusts and private sector hospitals and nursing homes insist on agencies making informed recruitment decisions which require criminal record checks to be made on all staff. It is a condition of proceeding with your application that you apply for a CRB disclosure (or that you produce an acceptable original disclosure which you have already obtained). The disclosure will be compared with the information you have given above and any inconsistencies could invalidate your application or lead to the cancellation of your registration with us.

