All Heart Healthcare
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CARE DOCUMENTATION

Job Application Form

PERSONAL DETAILS

Title:	**Date of Birth:**
Forename:	**Surname:**
Previous Name:	
Date of use from:	**Until:**
Gender:	**Marital Status:**
NI Number:	

ADDRESS

Address:	
Postcode:	

WAYS TO CONTACT YOU

Mobile Number:	**Landline:**
Email:	

EMERGENCY CONTACT

Next of Kin:	**Name:**
Relationship:	**Phone:**
Address:	
Postcode:	**Email:**

Work History

Please complete this section even if you have a CV. Ensure no gaps are left unaccounted for and it covers 10 years.

CURRENT JOB

Job Title:

Current Pay p/h: GBP

Current Place of Work:

Day / Night Shift:

Duties:

PREVIOUS JOB

From:

To:

Name of Employer:

Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

PREVIOUS JOB (2)

From:

To:

Name of Employer:

Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

PREVIOUS JOB (3)

From:

To:

Name of Employer:

Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

Work History (continued)

PREVIOUS JOB (4)

From: | To:

Name of Employer: | Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

PREVIOUS JOB (5)

From: | To:

Name of Employer: | Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

PREVIOUS JOB (6)

From: | To:

Name of Employer: | Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

PREVIOUS JOB (7)

From: | To:

Name of Employer: | Job Title:

Main Responsibilities:

Address:

Reason for Leaving:

Education, Qualifications & Training

EDUCATION

Establishment	From	To	Qualification	Grade

MANDATORY TRAINING

Please tick training completed within the last 12 months and enclose copies of certificates.

- ☐ Moving and Handling
- ☐ Basic Life Support
- ☐ Intermediate Life Support
- ☐ Advance Life Support
- ☐ Complaints Handling
- ☐ Handling Violence and Aggression
- ☐ Fire Safety
- ☐ COSHH
- ☐ RIDDOR
- ☐ Caldicott Protocols
- ☐ Data Protection
- ☐ Infection Control
- ☐ Lone Worker Training
- ☐ Food Hygiene
- ☐ Personal Safety (MH and Learning Dis.)
- ☐ Covid-19

Other training:

Professional Memberships & Details

PROFESSIONAL MEMBERSHIPS

Please enclose a copy of your registration and membership card with your application.

Professional Body / Type:	**PIN (if applicable):**
Renewal Date (if applicable):	

ACCESSNI DISCLOSURE

Current ACCESSNI Disclosure (formerly CRB):	**Clear:**	**Issue Date:**
Disclosure Number:	**Registered with updated service? Yes / No**	

BANK PAYMENT DETAILS

Name of Bank / Building Society:	**Account Name:**
Branch Address:	

Postcode:	**Account No:**	**Sort Code:**

DRIVING DETAILS

☐ Do you hold a valid Northern Ireland driver's licence? Yes / No

☐ Do you have use of a car? Yes / No

IMMUNISATIONS

Please indicate vaccinations received and include vaccination reports with your registration.

EPP and Non EPP	Hep B	TB	Varicella	Measles	Rubella
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

EPP Candidates Only

Hep B Antigen	**Hep C**	**HIV**

Applicants unable to provide a registered ACCESSNI or full immunisation record may be required to complete these at their own cost. Candidates may be required to purchase uniform at GBP 20, deducted from the first timesheet once work has started.

Your Signature: _____ **Date:** _____

Registration Declaration Forms

Please read before signing.

HEALTH DECLARATIONS

We ask overseas candidates to provide a medical statement from their GP or medical department confirming their state of health. Details may be passed to Occupational Health Doctors to establish fitness for work. I consent to All Heart Healthcare releasing my health and immunisation records for review. I will immediately inform All Heart Healthcare in confidence if I am HIV positive, Hep B positive, have AIDS, become pregnant, or if any relevant health status changes.

Signed: _____ **Print Name:** _____ **Date:** _____

DISABILITY DISCRIMINATION ACT

Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995? This means a physical or mental impairment with a substantial and long term adverse effect on day to day activities. Yes / No.

Signed: _____ **Print Name:** _____ **Date:** _____

CONFIDENTIALITY

I declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, confidential information in relation to All Heart Healthcare, its employees, business affairs, transactions, or finances which I may acquire during the term of my agreement.

Signed: _____ **Print Name:** _____ **Date:** _____

PERSONAL DECLARATIONS

I confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld information that should be considered when offering me work. I understand that false or inaccurate information may result in termination of any placement. I confirm that I have read and understood the Terms of Engagement and agree to be bound.

Signed: _____ **Print Name:** _____ **Date:** _____

WORKING TIME REGULATIONS DECLARATIONS

For the purposes of the Working Time Regulations 1998, as amended, I consent to work more than an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving All Heart Healthcare not less than three months' notice at any time.

Signed: _____ **Print Name:** _____ **Date:** _____

Other Declarations & Legal Requirements

OTHER DECLARATIONS

I consent to work more than the maximum number of hours permitted to work at night under the directive. I understand that I am under no obligation to sign this declaration.

Signed: _____ **Print Name:** _____ **Date:** _____

HEALTH AND SAFETY

Each agency worker has a responsibility at the start of their first shift to become familiar with the Client's general policies including Crash Call Procedures, the Hot Spot Mechanism for alerting security staff, Fire Policy and Violent Episode Policy.

Signed: _____ **Print Name:** _____ **Date:** _____

RIGHT TO WORK IN NORTHERN IRELAND

Complete this form regardless of nationality. If overseas or requiring a work permit, include supporting documentation.

Your entitlement for working in Northern Ireland is based upon what status:

- ☐ EU Citizen (Visa)
- ☐ Spouse of EU Citizen (Visa)
- ☐ Work Permit
- ☐ Permit-free Visa
- ☐ Right of Abode in NI
- ☐ Admitted to NI as Doctor Prior to 1985

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work, Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 applies. Applicants must disclose all convictions.

1. Do you have any convictions, cautions or bindovers? Yes / No. If yes, give details:

2. Have you ever had disciplinary action taken against you? Yes / No. If yes, give details:

3. Are you at present the subject of criminal charges or disciplinary action? Yes / No. If yes, give details:

4. Do you consent to All Heart Healthcare requesting a police check and references on your behalf? Yes / No.

5. Have you been police checked in the last three years? If so, by whom? Yes / No. If yes, give details:

Signed: _____ **Print Name:** _____ **Date:** _____

References

Give details of two work-related referees. One should be your current employer, or if unemployed or self-employed, your last employer.

REFEREE 1

Name:	**Position:**
Company Name and Address:	
Telephone Number:	**Email Address:**
May we contact this person now? Yes / No	

REFEREE 2

Name:	**Position:**
Company Name and Address:	
Telephone Number:	**Email Address:**
May we contact this person now? Yes / No	

FOR OFFICE USE ONLY

Application received date:	**Interview date:**	**Outcome:**

Availability

CARE WORK INTERESTS

Please tick all that apply.

- ☐ NHS
- ☐ Private Hospital
- ☐ Nursing Home
- ☐ Residential Home
- ☐ Short Term
- ☐ Long Term

PREFERRED WORKING PATTERN

Please indicate when you would like to work.

- ☐ Part-Time
- ☐ Full-Time
- ☐ Bank Holidays
- ☐ Days (M-F)
- ☐ Evenings (M-F)
- ☐ Nights (M-F)
- ☐ Days (Sat-Sun)
- ☐ Evenings (Sat-Sun)
- ☐ Nights (Sat-Sun)

Other:

AVAILABILITY DETAILS

When can you start to work:

When can you attend an interview:

Do you have any holiday booked? Yes / No

If yes, please provide dates:

Registration Checklist

To complete your registration, provide the following documentation.

REQUIRED DOCUMENTATION

- [ ] Completed Registration Form - signed in all requested areas
- [ ] CV - e-mailed in Word format
- [ ] Right to Work in Northern Ireland - copy of photo page and outside of passport
- [ ] Birth Certificate and Driving Licence
- [ ] For Nurses: HPC or NMC Entry Certificate and up to date renewal card
- [ ] Copy of most recent ACCESSNI - less than 1 year old
- [ ] Training Qualifications - Diploma / Degree / NVQ / other training certificates
- [ ] Mandatory Training Certificates within 1 year - Manual Handling, Basic Life Support, Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone Worker, RIDDOR, Violence and Aggression, Health and Safety, Safeguarding, Children and Young People Level 2 minimum
- [ ] Mental Health Nurses: Restraint Training
- [ ] Immunisations - Hep B, Varicella, evidence of BCG or TB form, Measles, Rubella
- [ ] EPP Candidates - Hep B Surface Antigen (IVS), Hep C (IVS), HIV (IVS)
- [ ] 2x Passport Size Photos
- [ ] Proof of National Insurance Number
- [ ] 2x Reference Forms - ask 2 senior members of staff to complete and return directly
- [ ] For Limited Company payment - Certificate of Incorporation, bank statement or blank cheque, VAT Certificate, Signed Self Billing Form

Please ensure all documents are submitted to complete your registration with All Heart Healthcare.

Thank you for your application. We look forward to working with you.