NURSING APPLICATION FORM

one call 24

Personal details

Job applying for

Title – *enter MR, MRS, MISS, MS, DR or other title*

Surname

Forename

Middle Name

Date of Birth – *DD MM YYYY*

Gender – *tick the appropriate box*

Male Female Other

Date of residence in UK / UK Birth

Full address

Resident at this address since – *DD MM YYYY*

Email address

Mobile telephone number

Landline telephone number

Other telephone number

If you have been at your current addres for less than 5 years, please provide previous addresses.

Full address

Resident at this address from – *DD MM YYYY*

Resident at this address to – *DD MM YYYY*

Full address

Resident at this address from – *DD MM YYYY*

Resident at this address to – *DD MM YYYY*

Full address

Resident at this address from – *DD MM YYYY*

Resident at this address to – *DD MM YYYY*

Next of kin details

Full name

Email address

Relationship

Mobile telephone number

Full address

Landline telephone number

Other telephone number

Registration governing bodies

Select governing body where you are registered (if applicable)

HCPC ☐ NMC ☐

Other

Membership number

Expiration date

Indemnity insurance provider details (if applicable)

Provider name

Registration number

Expiration date

How did you hear about OneCall24

Referral – please state name of referee

Existing client ☐ Website ☐ Media ☐ Internet ☐ Other

Eligibility to work

British/EU passport

Yes ☐ No ☐

Nationality

Passport number

Expiration date

For non-British or EU passport holders:

- ☐ Indefinite leave to remain in the UK
- ☐ Work permit / Sponsorship (Tier 2)
- ☐ Student visa (Tier 4)
- ☐ Working Holiday Visa / Youth Mobility (Tier 5)
- ☐ Ancestry Visa
- ☐ Spouse / Partner Visa
- ☐ Biometric Resident Visa
- ☐ Other (Please specify)

Expiry Date

Disclaimer: Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in the NHS you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.

Training

	Valid from	Valid until
Manual Handling		
Basic life support		
Immediate Life Support (if applicable)		
Food Hygiene		
Safeguarding Children and Young People (POCA) Level 2		
Safeguarding Children and Young People (POCA) Level 3		
Protection of Vulnerable Adults (POVA)		
Complaints handling		
COSHH		
Fire Safety		
Health & Safety		
RIDDOR/Risk Incident Reporting		
Violence & Aggression		
Information Governance, Data Protection & Caldicott Protocol		
Infection Control (including Clostridium Difficle & MRSA) Lone Worker Training		
Additional Training:		
Additional Training:		

Employment history

10 Year Work History (starting with most recent first, use additional paper if necessary)

Name of Employer / Organisation

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

Name of Employer / Organisation

Ward / Dept

Contact Name

Telephone number

Email address

Date of employment

Date of termination

Address

Job Title

Job Grade/Band

Name of Employer / Organisation

Ward / Dept

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Job Title

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Name of Employer / Organisation

Ward / Dept

Contact Name

Telephone number

Email address

Date of employment

Date of termination

Address

Job Title

Job Grade/Band

References

Please be aware that OneCall24 will be contacting your referees

1st Reference

Organisation Name

Job Title

Grade / Band

Referee name

Referee Band/Grade

Referee Email

Work telephone

Address details

Post Code

Dates of employment (from/to)

2nd Reference

Organisation Name

Job Title

Grade / Band

Referee name

Referee Band/Grade

Referee Email

Work telephone

Address details

Post Code

Dates of employment (from/to)

Payment details

	Yes	No
PAYE		
Limited Company		
Umbrella Company		

National Insurance Number

Please supply certificate of incorporation, if using Limited company.

Bank Name

Account details – full name

Account number

Sort Code

Criminal records check

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under this Act.

	Yes	No
1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?		
2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?		
3. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held.		
4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation?		
5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB)		

If you have answered yes to any of the questions above, please provide more information:

Company that conducted the check

If you have signed up for the DBS Update Service, please provide the details of your DBS number:

OneCall24 will undertake an Enhanced DBS check on your behalf. You will not be placed without having completed a current DBS check. One call 24 utilises the DBS e-Bulk service. Please contact your recruitment team to check the process for completing the DBS application online. Please enclose all ORIGINAL documentation (e.g. passport) as requested, not just photocopies. These will be returned to you immediately. Please note that at any stage whilst working for OneCall 24 we receive a DBS enhanced disclosure that highlights information you have not declared then you will be removed from your assignment.

Skills & experience

Please tick the areas that best describe your experience

HOSPITAL	less than 1 year	1–2 years	2–3 years	3 year +
A&E				
Intensive Care Unit				
High Dependency Unit				
PICU				
Care of the Elderly				
Oncology				
Medical Assessment				
Haemotology				
Medical				
Surgical				
Out Patients				
Gynaecology				
Orthopaedics				
Chemotherapy				
Neonatal				
Cardiac				
Senior Duties (In Charge)				
Ante Natal				
Midwifery				
Paediatric				
Other (please specify				

THEATRE	less than 1 year	1–2 years	2–3 years	3 year +
General Theatre				
Anaesthetic Trained				
ODP/ODA				
Recovery				
Day Surgery				
Radiology				
Scrub				
Other (please specify				

NURSING, RESIDENTIAL & COMMUNITY:	less than 1 year	1–2 years	2–3 years	3 year +
Nursing Home				
Residential Home				
EMI				
Day Care Centre				
Practice Nurse				
Health Visitor				
Termination Clinic				
District Nursing				
Family Planning				
Prions				
Other (please specify				

MENTAL HEALTH	less than 1 year	1–2 years	2–3 years	3 year +
Secure Forensic				
Learning Disabilities				
Challenging Behaviour				
Drug/Alcohol Abuse				
Physically Disabled				
Adolescents				
ITU				
Forensics				
Community				
Hospitals				
121's				
Other (please specify				

Medical questionnaire

This questionnaire is to assist us in placing you in the safest working environment. Our aim is to promote good health, therefore it is essential that you have all the required immunizations and are open and honest regarding any changes, in turn we will treat all declarations confidentially and try our best to assist you without prejudice.

GP details

GP full name

GP practice name

Email address

Telephone number

Postal address

Medical history

	Yes	No
1. Do you have any physical or psychological problems that may affect your performance or ability to do the required job?		
2. Have you ever been unable to work because of back injuries?		
3. Have you any pre-existing problems either physical or psychological which have been caused by your job?		
4. Do you require any special assistance because of Health problems?		
5. Are you currently waiting for treatment for any ailment?		

If you have answered yes to any of the questions above, please provide more information:

Tuberculosis

	Yes	No
1. Have you lived in the UK continuously for the last 5 years? If your answer is no, please list all the countries you have lived in during this period below.		
2. Have you had a BCG vaccination? Please give the date of this.		

We ask these questions following the NICE guidelines 2006 for prevention and control of TB.

	Yes	No
3. Unexplained weight loss?		
4. Fevers especially at night?		
5. Do you have a cough which has lingered for 3 weeks or more?		
6. Have you been in contact with a known TB sufferer recently?		
7. Have you travelled abroad in the last 12 months?		

Again, if you have answered YES to any of the questions above, please provide more information:

Immunisation history

Please specify the date if you answer YES.

Have you had the following immunisations:	Yes	No	Dates
1. Polio			
2. Tetanus			
3. Triple vaccination – Diphtheria, Tetanus, Polio			
4. Hepatitis B dose dates:			
1st course			
2nd course			
3rd course			
Booster dates:			
1st course			
2nd course			
3rd course			
5. Hep B titre level > 100			
6. Shingles and Chicken Pox			

Proof of immunity

1. TB – a sighted BCG scar or a positive heaf test – verified from OH or your GP

2. MMR – evidence of immunity or 2 MMR vaccines

3. VARICELLA – a blood test to prove immunity or a written declaration from your GP that you have had either SHINGLES or CHICKEN POX.

4. HEPATITIS B – Verified course of vaccines including boosters. Plus a blood test showing titre levels > 100.

Exposure prone procedures

If you are going to work in these specific environments you will need to show proof of the following:

Hepatitis B Surface Antigen	HIV	Hepatitis C
Test date – DD MM YYYY	*Test date – DD MM YYYY*	*Test date – DD MM YYYY*

For each test you need a negative antibody test. These must be validated, identified samples.

Declaration

☐ I declare that the information I have given is true. I also agree to inform One Call 24 of any changes to my health and other circumstances.

Full name

Date – *DD MM YYYY*