

CANDIDATE APPLICATION FORM

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 address 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

Membership number

Other

Expiration date

Indemnity insurance provider details (if applicable)

Provider name

Expiration date

Registration number

How did you hear about OneCall24 Group

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				
Life support	<input type="checkbox"/> BLS	<input type="checkbox"/> ALS		
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 Difficile & MRSA) Lone Worker Training				
Equality, Diversity and Human Rights				
Radicalisation Prevention				
Conflict Resolution				
Violence and Aggression (If Applicable)				
Additional Training:	<input type="text"/>			
Additional Training:	<input type="text"/>			

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

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

Name of Employer / Organisation

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

References

Please be aware that OneCall24 Group 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

PAYE

Account name

Bank name

National Insurance Number

Account number

Sort code

LIMITED COMPANY

Limited company name

Name of Director

Name of shareholder (if applicable)

Company registration number

Incorporation date – DD MM YYYY

VAT number (if applicable)

LIMITED COMPANY ACCOUNT INFORMATION

Account name

Account number

Bank name

Sort code

LIMITED COMPANY INSURANCE INFORMATION

Name of insurer

Professional indemnity value

Policy number

Employers liability value

Public liability value

ACCOUNTANT INFORMATION

Accountant name

Postal address

Accountant practice name

Email address

Telephone number

UMBRELLA COMPANY

Company name

Postal address

Email address

Telephone number

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB) | <input type="checkbox"/> | <input type="checkbox"/> |

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 Group will undertake an Enhanced DBS check on your behalf. You will not be placed without having completed a current DBS check. OneCall24 Group 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 OneCall24 Group 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				
Haematology				
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				
Prisons				
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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been unable to work because of back injuries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you any pre-existing problems either physical or psychological which have been caused by your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require any special assistance because of Health problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently waiting for treatment for any ailment? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Tuberculosis

1. Have you lived in the UK continuously for the last 5 years? Yes No
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? Yes No
Please give the date of this.

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

3. Unexplained weight loss? Yes No

4. Fevers especially at night? Yes No

5. Do you have a cough which has lingered for 3 weeks or more? Yes No

6. Have you been in contact with a known TB sufferer recently? Yes No

7. Have you travelled abroad in the last 12 months? Yes No

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Triple vaccination – Diphtheria, Tetanus, Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Hepatitis B dose dates:			
1st course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Booster dates:			
1st course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Hep B titre level > 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Shingles and Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Test date – DD MM YYYY

HIV

Test date – DD MM YYYY

Hepatitis C

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 OneCall24 Group of any changes to my health and other circumstances.

Full name

Date – DD MM YYYY