PG Inspiration
Healthcare Limited

YOUR HEALTH FIRST, WE CARE.

Nurses Recruitment Pack

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YOUR HEALTH FIRST, WE CARE.

Application for Nurses

Personal Details

Title: _____ First Names: _____

Known As: _____ Last Name: _____

Marital Status: _____ Date of Birth: _____/_____/_____

Address: _____

Phone Number: _____ Email address:_____
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Right to Work

N.I. Number: _____ Passport No: _____

Nationality: _____ Country Passport was issued: _____

Date of first entry in the UK: _____

UK Entry Clearance Visa / Residence Permit / Indefinite leave to remain

Limited leave to remain – no remarks or observations / with remarks or observations

(Please circle which of the above applies to you)

Professional Qualification

Qualification: _____ NMC Pin Number: _____Exp date: _____

Union Membership: _____ Membership No: _____Exp date: _____

Next of Kin

Name: _____ Relationship: _____

Address: _____

Post Code: _____ Contact Number: _____

Other

Do you hold a current driving license? Yes / No (please delete as appropriate)

Car Owner? Yes / No If no, what method of transport do you use? _____

Professional References

Darekstol Nursing Agency requires references from your last or most recent employer. Professional references should be from employers, not colleagues and addresses given should be work addresses. All references must relate to employment over the last two years. If you have left a job working with children or vulnerable adults, legally a reason must be given. Please supply at least two references.

Name of referee: _____ Job Title: _____

Company Name: _____

Address: _____

_____

Post code: _____ Telephone Number: _____

Email: _____

Your Position: _____

Start date: _____/_____/_____ End date: _____/_____/_____ Still employed: _____

Name of referee: _____ Job Title: _____

Company Name: _____

Address: _____

_____

Post code: _____ Telephone Number: _____

Email: _____

Your Position: _____

Start date: _____/_____/_____ End date: _____/_____/_____ Still employed: _____

Name of referee: _____ Job Title: _____

Company Name: _____

Address: _____

_____

Post code: _____ Telephone Number: _____

Email: _____

Your Position: _____

Start date: _____/_____/_____ End date: _____/_____/_____ Still employed: _____

Employment History

From: ____/____/____ to ____/____/____ Job Title: _____

Employer: _____

Address: _____

Phone Number: _____ Contact: _____

Grade: _____ Salary: _____

Main Responsibilities: _____

Reason for Leaving: _____

From: ____/____/____ to ____/____/____ Job Title: _____

Employer: _____

Address: _____

Phone Number: _____ Contact: _____

Grade: _____ Salary: _____

Main Responsibilities: _____

Reason for Leaving: _____

From: ____/____/____ to ____/____/____ Job Title: _____

Employer: _____

Address: _____

Phone Number: _____ Contact: _____

Grade: _____ Salary: _____

Main Responsibilities: _____

Reason for Leaving: _____

From: ____/____/____ to ____/____/____ Job Title: _____

Employer: _____

Address: _____

Phone Number: _____ Contact: _____

Grade: _____ Salary: _____

Main Responsibilities: _____

Reason for Leaving: _____

Have you ever been dismissed from any employment? Yes / No

Payroll Detail

Bank Name: _____ Sort Code: _____

Account Number: _____ Building Society Reference: _____

Account Name: _____ Unique Tax Reference: _____

I authorise Darekstol Nursing Agency to pay my weekly earnings direct into the bank or building society whose details I have given above. I confirm that I will notify Darekstol Nursing Agency of any changes to these details.

Signed: _____ Date: _____

Print Name: _____

Rehabilitation of Offenders Act

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 (Exemption Order 1975). Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application.

Have you ever been convicted of a criminal offence? Yes / No

Do you have any spent or unspent criminal convictions? Yes / No

Have you supplied with this application any spent/unspent convictions, cautions, reprimands Yes / No

Have you ever been involved in Court Proceedings? Yes / No

Please give any additional information which you think may be relevant in support of your application on a separate page.

Please note that a CRB disclosure and ISA will be applied for and under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will be detailed regardless of how long ago they occurred.

I confirm that the information I have provided is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signed: _____ Date: _____

CANDIDATE DECLARATION

I declare that the information that I have provided to Darekstol Nursing Agency in this application form is true and complete to the best of my knowledge. I understand that Darekstol Nursing Agency is required to carry out extensive credential checks and that I am required to undergo occupational health assessments, criminal records check and mandatory training prior to being able to undertake assignments on behalf of the Agency and to renew these documents on an annual basis, acceptance onto our register is subject to passing all credential checks to a satisfactory level. Darekstol Nursing Agency retains the right to hold this information and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act. I hereby give permission to Darekstol Nursing Agency to allow access as a minimum to my file information only as part of an official audit or Client compliance purposes, carried out by but not limited to CQC or other official body regulatory body. Access will only be granted in terms of the Data Protection Act.

Signed: _____ Date: ____/____/____ Print Name: _____

Interviewer please score English Language Competence both written and oral, please rate 1-10 (1 being poor, 10 being excellent)

_____

If you have undergone an International English Language Testing System test please provide certificate and indicate score here.

_____

DECLARATION BY INTERVIEWER

I can confirm that I have personally interviewed this candidate in accordance with the procedures laid by Darekstol Nursing Agency. All original documentation has been seen and verified at this interview and I am satisfied that this candidate has passed the initial interview process stage and that this candidate can now undergo further credential and background checks.

Signed: _____ Date: ____/____/____ Print Name: _____

REQUIREMENT FOR INTERVIEW

Please bring the following documents with you when you come for interview	Tick
Passport	
Visa or Work Permit (if required)	
CV (any gaps in employment history must be explained)	
Full immunisation record. We need written proof of the following: Chicken Pox (Varicella) Tuberculosis including BCG Hepatitis B Rubella (German Measles)	
Latest Trainings certificates and any other certificates including nursing qualification. Please provide other professional related courses or further training.	
Self-employed letter From HMRC or Limited Company Certificate – Including business bank details	
Any existing CRB disclosures	
5 years references	
Proof of address (2x utility bills no more than 3 months old)	
NI Number Driving Licence (if applicable)	
Pin Card/Statement of entry	
RCN Membership Details	

Signed: _____ Date: _____

Nursing Skills Check List – Self Assessment

Name: **Date:**

Please complete the following ticking the appropriate box to score **0, 1 and 2** where these numbers mean:**0 = no experience**
1 = perform infrequently and would require some supervision
2 = able to perform without any supervision (you have performed this skill at least weekly over the last 6 months)

Care of patients (environments):	**0**	**1**	**2**
Forensic / prison settings			
Acute psychiatry			
Elderly units			
Community settings			
Other (please specify)			

Care of patients presenting with:	**0**	**1**	**2**
Dementia Alcohol misuse			
Drug misuse Manic episodes			
Bipolar affective disorder Psychosis			
Depression Anxiety disorders			
Obsessive-compulsive disorders Stress disorders			
Eating disorders PTSD			
Self-Harming Care of suicidal patient			
History of seizures			

Assessment Skills:	**0**	**1**	**2**
Psychiatric risk assessment of patient			
Environmental risk assessment			
Mental Health assessment			
Initial nursing assessment and care plan			
Reassessment and care plan updates			
Substance misuse assessment			
Drug and alcohol withdrawal assessment			
Elderly mental health assessment			
Assessment of general physical health			

Equipment and Procedures:	**0**	**1**	**2**
Participation in MDT			
In charge duties			
Ability to work independently with patients			
Cardio pulmonary resuscitation (please give date of last training)			
Charting behaviour, treatments and goals			
Group Therapy			
Management of withdrawal syndrome			
Management of abusive behaviour			
Case load management			
Skilled communication			
De-escalation skills			
Limit/boundary setting			
Motivating patients			
Familiar with themes of recovery and relapse prevention			
Knowledge of fellowships of AA / NA			

Equipment and Procedures:	**0**	**1**	**2**
Working with patients and safety management plans			
Discharge planning with patients			
Risks of abuse awareness and confident about procedure for reporting same			
Abuse awareness and safe guarding of vulnerable individuals (please give date of last training:)			
Drug screening and breath alcohol tests			

Care of patients with secondary medical problems:	**0**	**1**	**2**
Cardiac issues			
Pulmonary issues			
Diabetes			
Epilepsy			

Medication – safe administration of:	**0**	**1**	**2**
Oral medications			
IM medications			
IV medications			
SC medications			
PR medications			
Knowledge of psychotropic meds			
Antidepressants			
Hypnotic sedatives			
Anti convulsants			
Any other meds			
Cardiac medications			
Diuretics			
Emergency meds for acute medical emergencies or acute psychiatric emergencies			

I confirm that I understand the essential standards of quality and safety that patients should experience and the associated outcomes and I am aware of the requirements for my professional practice to comply.

Signed: _____ Date: _____

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