

## PROMISED CARE APPLICATION FORM

**NOTE:** IT IS A MANDATORY REQUIREMENT for you TO FULLY COMPLETE ALL SECTIONS OF THIS application FORM.

### PERSONAL INFORMATION:

Title (Mr. Mrs./Miss/Ms.):		Date of Birth:	
First Name:		Middle Name:	
Surname:		Known as:	
Home Address:			
Email Address:		Post Code:	
Mobile Number:		National Insurance:	
Telephone Number:		Date of application:	

Do you have use of a car: ☐ Yes ☐ No

Do you hold a current valid driving license: ☐ Yes ☐ No

Position applied for: ☐ RGN ☐ RMN ☐ HCA or HCSW ☐ Other: \_\_\_\_\_

Band or Grade: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS:

In the event of emergency who would you like us to contact on your behalf?

Name:		Tel:	
Address:			
Relationship to You:			

### PROFESSIONAL REGISTRATION DETAILS:

In the event of emergency who would you like us to contact on your behalf?

NMC/HCPC:		No:		Expiry date:	
Union Name:		Membership Number:			

### RIGHT TO WORK IN THE UK

Nationality:		Mr/Mrs/Miss/Ms:	
Passport Number:		Date of Issue:	
Date of Expiry:		Visa Type*:	
Visa Expiry*:			

☐ I confirm I have the Right to Work in the UK: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROFESSIONAL REFERENCES

Please provide details of referees below to cover the past 3 years of employment. All references must be from your line manager and should support the grade and specialty you wish to work at.

### REFERENCE 1:

Name:		Contact Number:	
Position:		Email Address:	
Company Name:			
Address:		Postcode:	
Employment Date:	From:	Employment Date:	To:

In what capacity is this person known to you? \_\_\_\_\_

### REFERENCE 2:

Name:		Contact Number:	
Position:		Email Address:	
Company Name:			
Address:		Postcode:	
Employment Date:	From:	Employment Date:	To:

In what capacity is this person known to you? \_\_\_\_\_

### REFERENCE 3:

Name:		Contact Number:	
Position:		Email Address:	
Company Name:			
Address:		Postcode:	
Employment Date:	From:	Employment Date:	To:

In what capacity is this person known to you? \_\_\_\_\_

I hereby give permission for my referees to be contacted and for my references to be shared with third parties if relevant.

Signature:

Date:

## EMPLOYMENT HISTORY:

Profession:		Job Title:	
Current Place of Work:			

If not currently working, please give reason for leaving your previous employment: \_\_\_\_\_



Please confirm that you have supplied a copy of your current CV giving full employment details, including dates, covering a minimum of 10 years or back to your original Qualification as a Registered Nurse.

Signature:

Date:

### CLINICAL EXPERIENCE (If applicable):

Please tick and initial all areas where you have experience and in which you are competent

Health Care Assistants	Nursing Homes And Residential Care Homes.	Support Worker Mental Health.	Support Workers -Learning Disabilities.
Community Care Nurse	Mental Health Nurse	Other	Other
Tracheotomy	Elderly Care with Dementia		
Percutaneous Endoscopic Gastronomy (PEG Feed Tube).	Community Mental Health.	Other	Other

### PROFESSIONAL QUALIFICATIONS:

You must provide details of your qualifications, and bring the Original documents at your interview

Name of Qualification	Awarding Body	Date Awarded

### THESE ARE MY BANK DETAILS:

Name of your Account:		Name of Your Bank:	
Bank Account Sort Code:		Account Number:	
Branch Address:			
Email Address:		Tel:	

IF YOU HAVE YOUR OWN LTD COMPANY, YOU MUST PROVIDE A COPY OF YOUR CERTIFICATE OF INCORPORATION, COMPANY BANK DETAILS AND PROOF OF INDEMNITY INSURANCE.

Limited Company Name:		Registered Number:	
Address:		Postcode:	
Email Address:		Tel:	

I CONFIRM I HAVE FULL PROFESSIONAL MEDICAL INDEMNITY INSURANCE WITH:

Royal College of Nursing , Unison or Other:		Expiry Date:	
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Please note that we will pay you every 15th of the New Month in arrears into your nominated account.



I confirm the details I have provided are accurate and I agree with the method of payment stated above.

Name:

Signature:

Date:

#### REHABILITATION OF OFFENDERS:

The position you are applying for (whether paid or voluntary) is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, so we are entitled to ask Exempted Questions as defined by Section 113(5) of The Police Act 1997 about you.

The nature of the work placements offered by us means the terms of Section 4 part 2 of the Rehabilitation of Offenders act (1974) (exceptions) Order 1975, apply. You must declare here any convictions or cautions you have ever received, even those which would normally be considered spent.

Have you ever received a Criminal Conviction? ☐ Yes ☐ No

Have you ever received a Police Caution? ☐ Yes ☐ No

Are you, as far as you know, under investigation by the Police? ☐ Yes ☐ No

Do you have any Prosecutions pending? ☐ Yes ☐ No

Has there ever been a suggestion that you are unsuitable to work with Vulnerable People? ☐ Yes ☐ No

If you have answered YES to any of the above, please provide a full written statement with your application form. Any information you provide will be treated in the strictest confidence.

I understand that my DBS Certificate information may be shared with any Client considering employing me on a temporary or permanent basis. When this occurs, I will inform Promised Care Ltd about this immediately of any changes that would affect my answers to the above.

Name:

Signature:

Date:

#### REHABILITATION OF OFFENDERS:

Have you been outside the UK for 6 months or more in the past 5 years? ☐ Yes ☐ No

In addition to the DBS check, all overseas applicants, or any applicant (including UK residents) who have spent a continuous period of 6 months or more outside the UK, within the last 5 years prior to registration with Promised Care Ltd, will be required to provide an overseas Police Check. The overseas Police Check must be in accordance with that country's justice system and the UK's requirements, and not be more than 3 months old at the time of registration with Promised Care Ltd.

#### WORKING TIME REGULATIONS (WTR) OPT OUT AGREEMENT:

I, the undersigned, agree with Fenwick Healthcare that the limit in regulation 4(1) of The Working Time Regulations Act 1998 shall not apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with The Working Time Regulations 1998)

I agree that I shall comply with any and all policies of the employer which relate to the maintenance of records of my hours of work. This agreement can be terminated by me giving one month's notice in writing to the employer. The agreement shall apply from today's date until further notice

Name:

Signature:

Date:



### ADDITIONAL INFORMATION:

BY Signing this application form, you agree to its entire content, which includes; you cannot accept employment from any of our stakeholders, meaning clients, whom had it not been for Promised Care linking you with the client, you would not have found this client on your own.

Promised Care Ltd, is a profit making business, therefore, any attempt made by you to circumvent our client, will result in Legal actions taken against you, to which you will be responsible for Litigation and our cost of Litigation and including financial cost of the business we have lost from you making such a decision. If you are an oversea student whose continues employment depends on your Visa Renewal, we will inform the Home office, if your work conduct is not good, and you failed to follow the conditions of your visa status in the UK. This means, any changes in your status, you must inform us so we can make update your status as required by the Home office.

This also means, you will inform us if you are a student and you are on holiday, you must bring such evidence to our office, so that we have it on records. Verbal explanation that you are now on holiday or have resumed your studies is not enough.

**Please sign below to acknowledge you have read and understood the content of this information.**

<b>Name:</b>	<input type="text"/>	<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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### DECLARATION OF ACCURACY

I hereby confirm that the information provided on this Application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly providing false information will automatically result in de- registration with Promised Care Ltd.

<b>Name:</b>	<input type="text"/>	<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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### DATA PROTECTION

I understand that Promised Care Ltd. may hold data about me, whether obtained directly from me or from other sources, and that some of this data may be sensitive. This data may be held indefinitely, and I give my permission for this data to be disclosed to third parties in the course of seeking employment or training for me and in the event of an external compliance audit.

<b>Name:</b>	<input type="text"/>	<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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### HEALTH ASSESSMENT DECLARATION

Please circle which of the following statements applies to you **A** or **B**.

**A.** I am not aware that I have a health condition of disability that might impair my ability to undertake effectively the duties of the position I am applying for: \_\_\_\_\_

**B.** I do have a health condition or disability that might affect my work and may require special adjustments to my work or my place of work.

### PLEASE PROVIDE DETAILS OF YOUR GP:

We will only contact your GP with your permission.

GP. Name:	<input type="text"/>		
Practice Name:	<input type="text"/>	Contact Number:	<input type="text"/>
Address:	<input type="text"/>		



## ADDITIONAL INFORMATION FROM GP:

Confirming Health Status of this applicant:

## REVALIDATION:

Revalidation Date:		Date of your Last Appraisal:	
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## REGISTRATION INTERVIEW (for qualified staff only):

Please bring ALL the following documents with you to your interview, along with this completed Application Form. You will be sent full details of when and where to attend by email.

Your interview will be conducted by our Senior grade Nurse and will include a clinical Scenario Test and a Numeracy / Drugs calculation test as required by the NHS Framework Agreement.

If you have any questions regarding your interview, please contact the recruitment team.

### Interview Checklist:

- ✓ Full Employment History / CV
- ✓ 1 Recent Passport Photo
- ✓ Current Passport / Visa
- ✓ EU Card / Biometric Card (if applicable)
- ✓ Original Birth Certificate
- ✓ Marriage /Divorce Certificate if name changed)
- ✓ Proof of National Insurance Number
- ✓ Original Qualification Certificate
- ✓ NMC Statement of Entry
- ✓ Current Mandatory Training Certificates
- ✓ Driving License if driving to/from work
- ✓ 2 Proofs of Address less than 3 months old
- ✓ (Bank Statements, Utility Bills in your name)
- ✓ Blood results showing immunity to Hepatitis B
- ✓ Varicella, Rubella and measles as a minimum
- ✓ Proof of TB scar
- ✓ Copy of current DBS

“Fenwick Healthcare is committed to operating under the ‘Guidance for Employers’ in relation to the sharing of appropriate and relevant information between healthcare organisations about the conduct or performance of a healthcare worker where there is an identified risk to public and/or patient safety.”

## EQUAL OPPORTUNITIES MONITORING

As an Equal Opportunities Employer, Fenwick Healthcare aim to ensure that all temporary workers and applicants do not receive less than favorable treatment through discrimination on the grounds of age, disability, race, religion or belief, sex or sexual orientation.

To enable us to monitor the effectiveness of our policy, we kindly request that all applicants complete the Equal Opportunities questionnaire you have been provided with. This document will be stored separately from the rest of your application pack and all information provided will be kept confidential and only used for equality monitoring purposes.

## Promised Care Limited

Companies House Registration Number: 8790420  
CQC Provider ID: 1-7563148920  
UKHCA Member

