



Attach Photograph
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NURSE APPLICATION FORM

Please complete this form in black ink and complete all sections

Position applied for	
Full Names	

Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

Address			
Postcode			
Telephone/mobile			
Email			
Nationality			
Next of kin To be contacted in case of emergency			
Name			
Address			
Telephone/mobile			
Do you hold a driver's license? If yes, what type?(Provisional, full, LGV,PCV)			
Languages			
Are you a member of a union or any organisation offering indemnity insurance?	Body name	Amount of cover	
	Policy number	Expiry date	
DBS certificate number		Update service number	

Professional Details

The service we give depends on accurate up to date information. Please keep us informed of all developments in your career. To assist us in finding suitable work for you, please tick all nursing specialities of which you have significant, post training experience.

	Yrs exp.		Yrs exp.	<input checked="" type="checkbox"/>	Yrs exp.
A & E		Isolation			
Aero medical		ITU			
AIDS/HIV+		Learning disabilities			
Anaesthetics		Liver Unit			
Burns and plastic		Marie Curie			
Cardio-thoracic		Medical			
CCU		Mental Health			
Dental Nursing		Midwifery			
Dermatology		Nanny			
District nursing		Neurology			
Elderly care		NNU			
ENT		Occupational Health			
Family Planning		ODA			
Genito-urinary		Oncology			
Gynae		Ophthalmics			
Haematology		Orthopaedic			
ICU		Paediatrics			
Industry		NVQ Details			

Please give details of any certificates or qualifications you hold. (Including any in specialities listed above.)

Employment history
Please provide previous employment below over the last five years

Name and address of employer	Position and experience

Training, provide refresher period in brackets	Undertaken(YES,NO)	Dates completed
Emergency First Aid at Work (including CPR) (3 yrs.)		
Mental Capacity Act & Deprivation of Liberty (1 yrs.)		
Manual Handling Practical and Theory (1 yrs.)		
Food Hygiene Level 2 (3yrs)		
Health & Safety		
Equality and Diversity		
Fire (1 years)		
Infection Control		
Medication Administration		
Safeguarding of Vulnerable Adults		
Clinical and medication scenarios (3 yrs.)		
Support work		
Learning disability		

Preference regarding work

Which types of work do you prefer?	
Hospitals	
Nursing home	
Residential home	
Nights/days	
NHS	

Personal Declaration

I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and

I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.

I give permission for the processing of the personal data contained in this form for employment purposes
I understand that any false or misleading information could result in my dismissal.

Signed

Date

Note:

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and Attach this to your completed Application Form)