

Application Form

Personal Details

Position Applied for:

Title:

Current Forename:

Current Surname:

Middle Name:

Previous Names:

Date of Birth:

National Insurance No:

Place of Birth:

Marital Status:

If married please fill in the following:-

Maiden Name:

Date of Marriage:

Nationality:

Ethnicity:

Email Address:

Home Tel:

Mobile Tel:

Current Address:

Postcode:

Years lived at current address:

Previous addresses resided in the last 5 years:

Do you have your own transport?

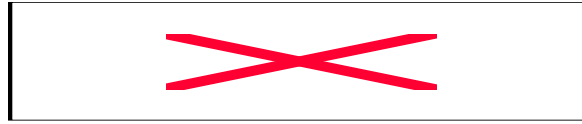
Emergency Contact

Name:

Mobile:

Home Tel:

How did you hear about 1st Care Nursing Ltd?



Character References

Please provide 2 character references. You must have known the nominated references for at least 3 years and they cannot be family members.

Character Reference 1

Name: _____

Address: _____

Tel. No: _____

Relationship: _____

Known for: _____

Character Reference 2

Name: _____

Address: _____

Tel. No: _____

Relationship: _____

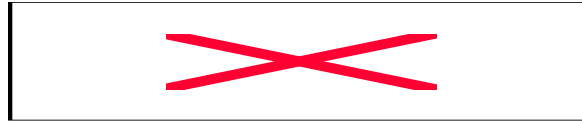
Known for: _____

Education and Qualifications

*Please only complete this section if you have attended educational establishments in the last 3 years, if not please move on to the next section

Secondary Education:

Name and Address of School	From mm/yyyy	To mm/yyyy	Subject Title	Grade Obtained



College Education:

Name and Address of College	From mm/yyyy	To mm/yyyy	Course Title	Result

University or Other Relevant Training:

Name and Address of University / Training Provider	From mm/yyyy	To mm/yyyy	Course Title	Result

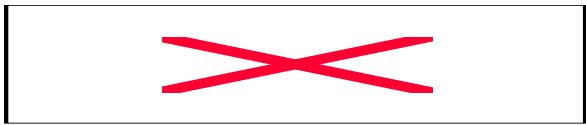
Membership of Professional Bodies: (e.g. NMC (UKCC), GMC, CPSM)

Professional Body: _____

Registration Type: _____
(e.g. full or provisional)

Registration Number / PIN number: _____

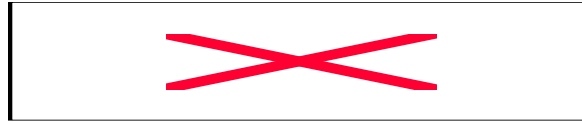
Renewal Date: _____



Employment History

*Please provide a working history of 3 years starting with the most recent. Please state previous employment dates, addresses and contact telephone numbers. Please also be sure to include any dates in which you might have a claimed a benefit, if so please state the job centre in which you were assigned and what type of benefit that was claimed. (1ST CARE NURSING LTD RESERVES THE RIGHT TO APPROACH PREVIOUS EMPLOYERS FOR EMPLOYMENT REFERENCES FOR SUCCESSFUL APPLICANTS)

Job Title	Name & Address of Employer & Contact Telephone Number	From mm/yyyy	To mm/yyyy	Reason for Leaving



Job Centre

*Please only fill in this section if you have made a claim in the last 3 years.

Job Centre location:

Name of Claim:



Other Information:

Have you been convicted of any criminal offences?

Do you have any reprimands or cautions against you?

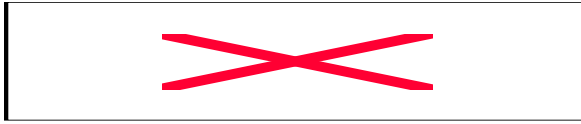
Do you have a Child Support Agency or any deduction from earnings orders?

If so, please provide details below

Declaration:

I declare that the information given in this form is true and complete. I understand that any false information may result in my dismissal if appointed.

Signed: _____ Date: _____



OFFICE STAFF USE ONLY:

Paediatric

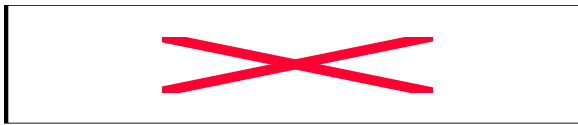
Domiciliary

Complex

Recruitment Window:

Interview Date:

Start Date:



Equal Opportunities Monitoring Form

1st care nursing LTD is committed to achieving equal opportunities in service provision and employment. It is the policy of 1st care nursing LTD to ensure that no job applicant receives less favourable treatment on grounds such as age, colour, disability, ethnic origin, family circumstances, marital status, national origin, race, religion, sexual orientation or social status class.

In order to assist 1st care nursing LTD in monitoring its Equal Opportunities Policy, all applicants are requested to answer the following questions voluntarily. This information will be used solely for monitoring purposes and will be treated as confidential. This sheet will be separated from your application form on receipt.

This form will not be used as part of the recruitment and selection process, and will not be seen by the managers considering your application.

Application for the post of : _____

Department / Ward : _____

Job reference : _____ **Date :** _____

Nationality : _____

1. Please circle category which you feel best describes your ethnic origin:

WHITE

British AA
Scottish AC
Welsh AD
Irish BA

OTHER WHITE BACKGROUND

Spanish CB
Italian CC
Portuguese CD
Cypriot (part not stated) CE
Greek (inc.Greek Cypriot) CF
Turkish (inc.Turkish Cypriot) CG
Bosnian CH
Kosovan CJ
Romany CK
Armenian CL
Kurdish CM
Traveller CN
Other Mediterranean CP
Other Former Yugoslav CR
Other former USSR CS
Other White background CT

MIXED BACKGROUND

White and Black Carribean DA
White and Black African EA
White and Asian FA
Black and Asian GA
Black and Chinese GB
Black and White GC
Chinese and White GD
Asian and Chinese GE
Other Mixed GF

OTHER ETHNIC GROUPS

Afghani SA
Arab SB
Filipino SC
Iranian SD
Iraqi SE

ASIAN

Indian/British Indian HA
Pakistani/British Pakistani JA
Bangladeshi/British Bangladeshi KA
Mixed Asian LA
Punjabi LB
Kashmiri LC
Sinhalese LD
Sri Lankan LE
Tamil LF
East African Asian LG
Other Asian, British Asian LH

BLACK CARIBBEAN

Jamaican MA
Other Caribbean MB

BLACK AFRICAN

Angolan NA
Congolese NB
Eritrean NC
Ethiopian ND
Ghanian NE
Kenyan NF
Madagascan NG
Nigerian NH
Somali NJ
South African NK
Sudanese NL
Tanzanian NM
Ugandan NN
Other African NP

OTHER BLACK ORIGIN

Black British PA
Black Irish PB
Other Black Origin PC

Japanese SH
Latin American SF
Moroccan SG
Vietnamese SH
Any Other Group SJ

2. Male Female Do not wish to reply

3. Do you consider that you have a disability? Yes No Do not wish to reply

If yes, please state the nature of your disability: _____

4. Please state your date of birth: _____ Do not wish to reply