

Please complete this application form and call us for an appointment.
You will need to bring the following with you:

- Passport or Birth Certificate for European Union Citizen,
- For Non-European Union Citizen, your passport must contain the following status:
 - 1) Indefinite leave
 - 2) Exceptional Leave to Remain
 - 3) Covering letter from the Home Office confirming status
 - 4) Work Dependent Stamp Holders
 - 5) Students must bring in their passport, College enrolment letter and Student ID Card,
- Two (2) Proofs of your current address, within last 3 months.
- Two (2) passport sized photographs (one to be retained on your file and one for your ID Badge)
- Proof of National Insurance Number, (NI Card/Letter/Payslip/P45/P60).
- Contact names and business addresses, including e-mail addresses of two referees at management level for current and previous employers.
- Employment/Background History for the past Ten years, (Updated CV).
- Enhanced Disclosure from the Disclosure and Barring Service (DBS), a fee will be charged for DBS checks.
- Immunisation details and test results of MMR, Varicella, TB, and Hepatitis B vaccination.
- Relevant Certificates of training, including all certificates of Specialist Training undertaken and mandatory 12 monthly training.
- Driving Licence (if available).
- Original/Certified Registration certificates, professional qualifications, memberships of professional bodies.
- Proofs of professional indemnity cover (RCN / RCM/ Unison Membership).
- NMC Pin Card and Statement of Entry for qualified/trained nurses.

Please make sure you bring originals of all requested documentation when you come to register as we are required to verify all documents.

It is our company requirement that you are able to read, write, speak and understand the English language.

(Anytime Recruitment Ltd T/A Anytime Care 2020 is an Equal Opportunities employer.)

APPLICATION FORM

Please read this application form carefully before completing all sections of the form to ensure that you provide all of the information requested. Please complete this form in black ink and BLOCK CAPITALS.

POSITION APPLIED FOR:	INTERVIEW DATE:
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SECTION 1 – PERSONAL DETAILS

Title:	Surname:	Previous Names(if any):
Forename(s):		
Address:		
Post Code:		
Home Telephone:	Mobile Number:	NI Number:
Date of Birth:	Place of birth:	Nationality:
Email address:		
Next of Kin (Name):		Relationship to you:
Home Telephone:	Work Telephone:	Mobile Number:

SECTION 2 – GENERAL INFORMATION

What Languages do you speak (please tick if fluent)			
Language	Speech	Reading	Writing
Do you hold a current driving License? YES/NO	Do you have a car? YES/NO		YES/NO
How did you first hear about Anytime Recruitment? :			
Are you free to remain and take up employment in the UK?			YES/NO
Please state type of Visa and details endorsements/ restrictions(if applicable):			

SECTION 3 – EDUCATION AND TRAINING (including refresher courses) Please start with the most recent.

Name of College/Uni./Training body.	Name of Course.	Date From	Date To	Results/Qualification

Are you a member of a Union or Professional Organisation? YES/NO (please state):

SECTION 4 – EMPLOYMENT HISTORY AND WORK EXPERIENCE

Please provide details of your previous employment beginning with the most recent first, including reasons for any gaps (if any). Include work done through Agencies (if any). If you need more space please use additional sheet(s).

Name & Address of Employer.	Position(s) held; Duties performed.	Date From (MM/YY)	Date To (MM/YY)	Reason for leaving
Post code:				
Post code:				
Post code:				
Post code:				

You are required by law under the Care Standards Act to state, if you have worked with Children in the past 10 years. Please state where you worked, in what capacity and the reason why you left(if applicable):

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Current Salary:	OR.	Hourly Rate:
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OTHER SKILLS: Please give details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere that may be relevant for your application. If you need more space please use additional sheet(s):

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SECTION 5 – REFERENCES		
Please provide Names and Addresses of two referees one of whom must be your current or most recent employer. (Testimonials or references from friends or relatives are not acceptable.)		
1.Name:	2. Name:	
Position:	Position:	
Company/ Organisation:	Company/ Organisation:	
Address:	Address:	
Post code:	Post code:	
Telephone Number:	Telephone Number:	
Fax Number:	Fax Number:	
E-mail address:	E-mail address:	
Length of time known (months/years):	Length of time known (months/years):	
May we contact your referees before your interview?	YES	NO

SECTION 6 – REHABILITATION OF OFFENDERS ACT 1974 AND OTHER DISCLOSURES		
<p>Due to the nature of work, the post you are applying for is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ or ‘pending’ 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 by the Company. Any information supplied will be completely confidential and will be considered only in relation to your application. A criminal record will not necessarily be a bar to obtaining a position.</p>		
<p>Have you therefore had any convictions, cautions or reprimands, either in the UK or overseas, whether ‘spent’ or ‘pending’? YES/NO Are you currently or have you previously been the subject of an investigation alleging abuse of Vulnerable Adults or Children either in the UK or overseas? YES/NO</p>		
<p>If yes, please give details (if you need more space please use separate sheet):</p> <p>.....</p> <p>.....</p>		
<p>In keeping with current industry standards and Government requirements, all staff members involved with the provision of Care to Children and Adults at risk are required to complete an Enhanced Disclosure form for the Disclosure and Barring Service (DBS). <u>No applicant</u> will be offered work with Anytime Recruitment Ltd prior to these DBS checks.</p>		
<p>Do you agree to apply for Enhanced DBS checks? (a fee will be charged for these checks) YES/NO</p>		
Signature:	Date:	

SECTION 7 – CONFIDENTIALITY		
<p>During the course of your employment you may see, hear or have access to information on matters of a confidential nature relating to the work of the organisation, or to the health and personal affairs of clients. Under no circumstances should this information be divulged or passed on to any unauthorised person or organisation, either during the course of your employment or any time after. You have got a statutory obligation regarding this.</p>		
<p>I have read and understand the above and agree that breach of such confidentiality will be regarded as gross misconduct, which could result in disciplinary action or dismissal.</p>		
Signature:	Date:	

SECTION 8 – WORKING TIME DIRECTIVE

Under the Working Time Regulations 1998 a worker’s average working time (including overtime) must not exceed 48 hours in each 7 day period. The Regulation provides that this limit will not apply where a worker has agreed to opt out of the initiative.

If, however, you do wish to agree to this opt-out, then please sign where indicated on the statement below. You may withdraw your agreement by a 14 days notice in writing, and you will not be subjected to any detriment if you do not give your agreement.

I have read and understood the ANYTIME RECRUITMENT LTD OPT-OUT OF 48-HOUR WORKING WEEK AGREEMENT and I hereby consent that the working week limit shall not apply to my assignments in accordance with paragraph 3 of the agreement. I understand that under paragraph 4, WITHDRAWAL OF CONSENT, I can end this agreement by giving the Employment Business 14 days notice in writing.

Signature:

Date:

SECTION 9 – BANK DETAILS (Complete all sections accurately – your money will be paid directly into your bank account)

Account holder Name:

Contact Address:

Bank/Building Society Name:

Sort Code:

Account Number:

Signature:

Date:

SECTION 10 - AREAS OF EXPERIENCE (QUALIFIED NURSES ONLY)

NMC Registration Number:

Expiry Date:

Specialty:

Grade:

Do you have professional indemnity insurance?(e.g. RCN or UNISON): YES/NO

Expiry Date:

Area	Length of Experience	Area	Length of Experience
Hospitals		Midwifery	
Community Nursing		Learning Disability	
Mental Health		Care of the Elderly	
Prison Services		Nursing Homes	
Paediatric Nursing		Palliative Care	
Other (please specify):			

MIDWIVES ONLY

Are you currently practicing?

Yes

No

Intention to practice form completed

Yes

No

Your Mentor Full Name :

(Must be one of your referees)

SECTION 11 - AREAS OF EXPERIENCE (HEALTHCARE ASSISTANTS/SUPPORT WORKERS ONLY)

Area	Length of Experience	Area	Length of Experience
Hospitals		Care Homes	
Home Care		Learning Disability	
Mental Health		Palliative Care	
Paediatrics		Other (please specify)	

SECTION 12 – DECLARATION (ALL CANDIDATES)

I declare that the information on this application form is to the best of my knowledge accurate and correct. I certify that I am at present in good physical and mental health and will, if engaged, be liable to disciplinary action or immediate dismissal from Anytime Recruitment Ltd for any incorrect or misleading information given in this form.

I hereby give permission for Anytime Recruitment Ltd to allow access to my file information only as part of an official audit or client compliance purposes, carried out by but not limited to CQC, NHS, GPS or other official regulatory bodies. Access will only be granted in terms of the Data Protection Act.

I acknowledge that Anytime Recruitment Ltd has made me aware of the limits of indemnity available under the Clinical Negligence scheme for Trusts (CNST) and the cover is by no means sufficient to cover all the situations in which I might find myself. Anytime Recruitment Ltd has advised me of the importance of taking out my own personal professional indemnity insurance and I realize that without this insurance I could be liable for all costs relating to any claim against me.

Date:

Signature:

Print Name:

MEDICAL HEALTH QUESTIONNAIRE

(Strictly Private and Confidential)

MEDICAL HEALTH QUESTIONNAIRE(Strictly Private and Confidential)		
All candidates are required to complete this Health Questionnaire. Any positive answers will not necessarily affect your application.		
Title:	Surname:	
Forename(s):		
Contact Number(s)	Home:	Mobile:

Please provide full contact details of your current GP below:	
Name of GP:	
Surgery Address (including post code)	
Telephone Number:	
How long have you been with the GP: _____ Years. _____ Months	

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. IF YOU ANSWER YES, PLEASE GIVE DETAILS IN THE SPACE PROVIDED BELOW.	Yes	No	Don't Know
1. Do you have any illnesses or disabilities which can be affected by work?			
2. Do you have any illnesses or disabilities which have been caused by work?			
3. Are you receiving or waiting for any medical treatment at the moment?			
4. Are there any adjustments that you may need to enable you to perform your proposed role?			

In the following section, please give details of any of the questions which you have answered **YES** to.

Details which may be useful to include:-

- How long did you have this problem for?
- When was this?
- What type of treatment, if any did you receive?
- Were you admitted to hospital, unable to work or prevented from carrying out your normal activities because of the problem?
- Does the condition continue to affect you in any way?

Please continue on a separate sheet of paper if necessary.

Question Number	Details

5. Do you have the following:	Yes	No
a) A cough which has lasted for more than 3 weeks?		
b) Unexplained weight loss?		
c) Unexplained fever?		
Have you had tuberculosis (TB) or been in recent contact with open TB?		

	Immunisations		Date of immunisation		Blood Tests	
	Yes	No			Date of blood test	Results of blood test
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	1 st	→		
			2 nd	→		
			3 rd	→		
			Booster	→		
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>		→		
HIV	<input type="checkbox"/>	<input type="checkbox"/>		→		
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		→		
Rubella (German Measles)	<input type="checkbox"/>	<input type="checkbox"/>		→		
MMR	<input type="checkbox"/>	<input type="checkbox"/>		→		
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>		→		
BCG/Mantoux/Heaf test	<input type="checkbox"/>	<input type="checkbox"/>		→		
Has your BCG scar been seen?	<input type="checkbox"/>	<input type="checkbox"/>		→		
Varicella (chicken pox/shingles)	<input type="checkbox"/>	<input type="checkbox"/>		→		
Have you ever been diagnosed with chicken pox or shingles?	<input type="checkbox"/>	<input type="checkbox"/>		→		

DECLARATION OF HEALTH		
<p>I declare that I am in good physical and mental health.</p> <p>I understand that Anytime Recruitment Ltd may wish to contact my GP and / or specialist / consultant for further information regarding my health and I give my full consent.</p> <p>I hereby declare that the information I have given in the Medical Health Questionnaire and GP details are correct to the best of my knowledge, and I understand that incorrect or misleading information may lead to dismissal.</p>		
Date:	Signature:	Print Name:

EQUAL OPPORTUNITIES MONITORING FORM

(Strictly Private and Confidential)

NAME:

Anytime Recruitment Ltd is committed to the principle of equal opportunities in employment. Employees are therefore put forward for work irrespective of race, ethnic or national origin, sexual orientation, marital status, religious belief, dependents, disability, age or gender.

In order to monitor the effectiveness of our Equal Opportunities Policy, we request all candidates to give the following information. Your answers will be treated with the utmost confidence and will be used only for statistical purposes. This form will be kept in a central file for monitoring the recruitment and selection process of staff only:

1. Age Group (Please tick the appropriate box)

Date of Birth: ____/____/____

- 16 - 20 21 - 35 36 - 50 51+

2. Gender

- Male Female

3. Disabilities

- Registered disability Unregistered disability No Disability

State nature of Disability if any:.....

4. Ethnic Group (Please tick appropriate box to best describe your Ethnic Group).

White

- British Irish
 Any other White background, please specify:.....

Black or Black British

- Caribbean African
 Any other Black background, please specify:.....

Asian or Asian British

- Indian Pakistani Bangladeshi
 Any other Asian background, please specify:.....

Mixed

- White and Black Caribbean White and Black African White and Asian
 Any other Mixed background, please specify:.....

Chinese or other ethnic group

- Chinese Any other background, please specify:.....

5. Religion or Belief (Please tick appropriate box to best describe your Religion).

- Christian Muslim None Other, please specify:.....

Signature:

Date: