



APPLICATION FORM

The recruitment process within this organisation has a minimum of two stages.

The completion of this application form is part of stage one. This application will be reviewed and a decision made as to whether to proceed to stage two, the interview, based on this information.

PLEASE COMPLETE FULLY AND IN CAPITALS.

Section A: Personal Details	
Position applied for:	Nurse: Carer:
Mr. / Mrs. / Miss / Ms. / Other	First name(s): Surname:
All other surnames or family names (including maiden name & name changes)	
Telephone number (home):	Mobile number:
Email Address:	
Current Address:	
Post Code:	
Previous address Note: For Criminal Record check purposes, addresses covering the five years up to the application date must be supplied. If necessary, use another sheet of paper.	Post Code:
Do you hold a full Driving Licence:	Yes No
Section B: Identity Details	
Date of Birth:	Nationality:
Eligibility to work (Please tick below)	
<input type="checkbox"/> I am eligible to work in the UK and do not require a work permit.	
<input type="checkbox"/> I am already in possession of a work permit to work in the UK. Permit Type: Expiry date: / /	
<input type="checkbox"/> I need to obtain a work permit to work in the UK	
(Nurses Only) NMC pin number:	NMC expiry date / /
(All applicants) National Insurance Number:	
Please notify Barmat healthcare via email or in writing of any issues, warnings, convictions or hearings regarding your NMC PIN number: admin@barmathealthcare.co.uk	

CAPACITY TO WORK IN THE UK

Are there any restrictions to your residence in the UK, which might affect your right to take up employment in the UK?	Yes / No <i>(circle as appropriate)</i>
If yes, please provide details.	
If you are successful in the application, would you require a work permit prior to taking up employment?	Yes / No <i>(circle as appropriate)</i>

Note: Minimum age legislation dictates that Care workers in general must be 16 years old or older. Please inform your interviewer immediately if you do not meet these specifications.



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Section C: Education	
School/College/University	Examinations Passed/Qualifications Gained
	<i>(Please supply original copies of certificates)</i>

TRAINING HISTORY/PROFESSIONAL STATUS

Date of Graduation/Qualification	Location/Details	Notes
	<i>(Please supply original copies of certificates/membership details)</i>	

ADDITIONAL COURSES ATTENDED

Subjects	Location and date



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Section E: Membership of Professional body/ Organisations			
Name of Organisation	Date Registered	Registration Number/ Details	Expiry Date

Section F: Mandatory Training <i>(All courses dates should be within the last 6 months)</i>			
Course	Date Attended	Course Provider	Location
Manual Handling			
Basic Life Support			
Health & Safety			
Safeguarding Children Level 2 & 3			
Safeguarding Vulnerable Adults Level 2 & 3			
Infection Control			
Lone Worker			
Conflict Resolution			
Fire Safety			
Information Governance			
Complaints Handling			

Barmat Skills Assessment Form (Carers Only)	
<input type="checkbox"/> Mouth care	<input type="checkbox"/> Eye Care
<input type="checkbox"/> Blood Sugar Testing	<input type="checkbox"/> Feeding patients
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Washing and dressing
<input type="checkbox"/> Vital signs monitoring & recording	<input type="checkbox"/> Basic Dressing
<input type="checkbox"/> Continence care	<input type="checkbox"/> Use of Hoist
<input type="checkbox"/> Catheter care	<input type="checkbox"/> Pressure area care
<input type="checkbox"/> Stoma care	
Please list other relevant experience below:	



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EMPLOYMENT CONTINUITY CHECK

- It is essential to check the continuity of employment, as stated in the application form, and to note and investigate any gaps in employment. Failure to carry through such checks has been identified as a significant factor in several recent abuse cases.
- Use the “timeline” below to place in order all stated instances of employment and other activities (such as training), and identify any gaps for discussion during the interview. Assess and record the results of the enquiries, which must be followed through if interview answers are unsatisfactory.
- The period considered must be the whole working life of the applicant, to date.

Example:			
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Section G: Next of Kin	
First Name:	Surname:
Relationship:	
Tel no:	
Address:	Email Address:



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Section H: Declarations (**Please read carefully**)

- I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal

Staff responsibility for compliance:

- Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your file is up to date at all times. If any of your compliance items lapse, it may cause the suspension and/or termination of your placement.

Print:

Date:

Signature:

Staff Consent

- I understand that authorised inspectors from the Care Quality Commission (CQC) and other regulatory bodies may access any personal information stored by Barmat Healthcare, from time to time. I hereby grant permission for these individuals to have access to my records.

Print:

Date:

Signature:

I give consent to Barmat Healthcare to carry out necessary checks for registration including external organisations. Whilst on assignment with Barmat Healthcare, you may have access, see or hear very confidential information. You are required not to disclose any form of information, particularly relating to Service Users details, medical notes etc, to any unauthorised persons. You are reminded that any **breach of confidentiality** may result in disciplinary action or dismissal.

Print:

Date:

Signature:

This is a binding agreement, by signing the declarations you are agreeing to all the above statements and Barmat Healthcare's policies and procedures.



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Section I: Referees

- You must provide references from your two most recent employers. Please provide an additional character referee. All will be contacted, therefore please inform the referees of the fact that you have used their name. If you are unable to provide the required references, please discuss the matter with us.
- NB: If you cannot provide in date senior references you cannot register with Barmat Healthcare

Current or most recent employer

First Name:	Surname:	
Address:		Email Address:
Post code:		
Tel No:		
Job title:		

Previous employer to the one above

First Name:	Surname:	
Address:		Email Address:
Post code:		
Tel No:		
Job title:		

Character reference

First Name:	Surname:	
Address:		Email Address:
Post code:		
Tel No:		
Relationship to you:		



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Section J: Criminal Record

- Workers of The Agency are subject to the Health and Social Care Act 2008, and will be subject to a Police Record Check through the DBS. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.
- Please note, you may not be eligible for work in a Care setting if you are on the DBS Register(s).

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below.

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief, the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be false, my contract may have been fundamentally breached and my employment may be terminated immediately. I consent to my personal data and CV being forwarded to clients.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my DBS Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the DBS.

If the Service User wishes to employ me directly while on assignment for Barmat Healthcare, I duly acknowledge that Barmat Healthcare will be entitled either to charge the Service User an introduction/transfer fee, or to agree an extension of the hiring period with the Service User (after which I may be employed directly by the Service User without further charge to the Service User).

I understand that until a satisfactory response is received from the DBS, and my employment is confirmed, I will be supervised at all times at work, and will not seek or have unsupervised access to vulnerable people. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the Nursing and Midwifery Council records and registers. By my signature, I authorise Barmat Healthcare Limited to request a DBS Register check and a criminal records check from the DBS, on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my DBS Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed: _____

Date: _____



APPLICATION FORM

EQUAL OPPORTUNITIES MONITORING FORM

INTERVIEWER – DETACH THIS FORM FROM THE PACK AND HAND IT TO THE CANDIDATE, TOGETHER WITH A STAMPED ADDRESSED ENVELOPE. NO MARKS TO IDENTIFY THE CANDIDATE MAY BE MADE – THE REPLY IS ANONYMOUS AND CONFIDENTIAL.

- Barmat Healthcare Limited is committed to promoting equal opportunities for all its employees and all prospective employees.
- To ensure that all applicants are dealt with equally; we wish to monitor your recruitment process and would ask for your help by completing the details below by placing a 'tick' in the appropriate box. This will allow the organisation to monitor its policies.

PLEASE NOTE

- You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose.
- Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

GENDER

What is your gender (please tick)?

Male	
Female	
Prefer not to say	

Do you identify as transgender?

- For the purpose of this question, 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

Yes		No		Prefer not to say	
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ETHNIC GROUP

A		B		C	
White:		Mixed race:		Asian or Asian British:	
British - English, Scottish or Welsh		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Other White background		White and Asian		Bangladeshi	
		Other Mixed background		Other Asian background	



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D		E			
Black or Black British:		Chinese and other groups:			
Caribbean		Chinese		Prefer not to say	
African		Other ethnic group			
Other Black					

AGE

What is your age (please tick)?

16–17		18–21		22–30		31–40		41–50	
51–60		61–65		66–70		71+		Prefer not to say	

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

Heterosexual / straight		Bisexual		Prefer not to say	
Gay man		Gay woman / lesbian			

DISABILITY

- The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes		No	
Used to have a disability but not anymore		Don't know	
Prefer not to say			



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