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Application Form

Please complete clearly in black ink	
Position applied for:	Date of application:
How did you hear about this company?	Date processed: <i>(For official use only)</i>
Type of Work required Residential Home YES/NO Nursing Home YES/NO Hospital YES/NO Supported Living YES/NO	

PERSONAL DETAILS		
Surname:	Mr/Mrs/Miss/ Ms	First Names:
Address:		Postcode:
Home Tel No:		Mobile:
Date of birth:		E-mail:
Nationality:		

PERSONAL INFORMATION (delete where required)		
National Insurance Number	NMC PIN No:	Please delete: Male/Female
Bank Name: Acct Name:		Do you have permission to work in the UK? YES/NO
		Visa type/Indefinite Leave:
Acct No:	Sort Code:	Are you a car driver? YES/NO
Next of Kin	Relationship to you	Next of Kin contact number:

QUALIFICATIONS AND EDUCATION		
Relevant trainings/NVQ	Dates Attended	Results/Qualification
University/College		

EMPLOYMENT HISTORY			
PRESENT OR LAST EMPLOYER:			
Address of Employer:			
Dates of Employment: From: _____ To: _____ Job Title: Duties:			
Previous employment (This MUST include the last 5 years employment history with dates)			
Start Date	End Date	Name of Employer	Job Title and main responsibilities

REFERENCES	
Name of Employer:	Name of Employer:
Referee Name/Position:	Referee Name/Position:
Address:	Address:
Daytime tel. no:	Daytime tel. no:
Email:	Email:

SKILLS AND EXPERIENCE CHECKLIST

SUPPORT WORKERS + HCA'S	TICK	REGISTERED NURSES	TICK
Supported Living		Male Catheterisation	
Hospitals		Female Catheterisation	
Care Homes		IV Cannulation	
Nursing Homes		IV Medications	
Dementia Homes		IV Therapy	
Adults with Learning Disability		Defibrillation	
Physical Disability		Peg Feeds	
Sheltered Accommodation		Tracheotomy Care	
Autism/Aspergers Syndrome (ASD)		Patient controlled analgesia	
Safeguarding		Phlebotomy	
Palliative Care		O2 Therapy inc Nebulisers	
Parkinson's Disease		Wound Care/Suture Removal	
Diabetes		Stoma Care	
Epilepsy		Drains	
Catheter Care		Endoscopy	
Stoma Care		Use of suction equipment	
Administration of Medicines		Bladder washouts	
Challenging Behaviour		B.M Monitoring	
Person Centred Planning		Sub-cutaneous fluids	
Record Keeping		Naso-Gastric tubes	
Baseline observations		Theatres/Recovery	
		Neurology	
		Intensive Care Units	
		Coronary Care	
		Chest Wards	
		A&E	
		Paediatrics	
		Orthopaedics	
		Haematology	
		Oncology	
		Cardiothoracic	

HEALTH DECLARATION

Do you suffer from any of the following?

Any serious infectious diseases?	Y	N
Any Joint or back problems?	Y	N
Any allergy (including hay fever)?	Y	N
Fainting spells, blackouts or epilepsy?	Y	N
Any vision problems not corrected by glasses?	Y	N
Ear problems, infections or hearing defect?	Y	N
Dermatitis, eczema or any skin problems?	Y	N
Any disability?	Y	N
Depression/mental illness/eating disorders?	Y	N
Diabetes?	Y	N
Are you taking any regular medication?	Y	N
Do you have any health problems that we should be aware of?	Y	N
Chicken pox	Y	N

Because of the nature of the work for which you are applying, the provisions of section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (Exceptions) order (Amendments) order 1986. **Applicants are therefore required to give information about convictions, which for other purposes, are 'spent' under the provisions of the Act.** The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of **Royalty Care Solutions**, the offence is relevant to the post for which you are applying. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment, if the offence is not declared, but later comes to light.

Have you at any time been convicted of a criminal offence or cautioned by the police either in the UK or abroad?
YES ☐ NO ☐

If 'YES' please complete a Statement of Conviction form. Have you enclosed this with your application YES ☐
NO ☐

Have you ever had police check in another country? If so, provide details YES ☐ NO ☐

Are you aware of any current police investigations that may have a bearing on your suitability for this post? YES ☐
NO ☐ If yes provide details.

Are you willing to undergo a full enhanced DBS Disclosure?
YES/NO

Are you willing to pay the required fee for a DBS Disclosure?
YES/NO

Are you on the DBS update service and do you give Royalty Care Solutions consent to check this online?
YES/NO

Name:

Signature:

OFFICIAL USE ONLY: CONSULTANT NOTES	
Personal details fully completed	
Current address and contact details completed	
Emergency contact details fully completed	
Full employment history completed	
Training history fully completed and certificates obtained	
Referee details covering 3 years fully completed, sent and references received	
Criminal convictions section completed	
DBS application completed, submitted and received or verified online	
All declarations signed	
Right to work verified	
Terms and conditions of service given to applicant	

Please complete the relevant parts of the application form and forward to **Royalty Care Solutions** via info@royaltycaresolutions.co.uk