PRAYNGEL
HEALTHCARE LTD

Application form

Dear Sir / Madam

Thank you for your interest in the Recruitment Consultant Job. Please find enclosed an application form.

When you have completed your application form, please telephone 03303909535 to organise an interview.

Important note: When you attend your interview, please ensure you bring ALL the following original documents with you, as well as photocopies.

	ORIGINAL	PHOTOCOPY
1. Passport (showing work status)	☐	☐
2. Original Birth certificate 3. (UK citizens only – in absence of Passport)	☐	☐
4. NMC Pin Card and Statement of Entry for Nurses only	☐	☐
5. Existing CRB with current or previous employer (if available) or confirmation of update service- Not Applicable	☐	☐
6. Proof of address – must be less than 3 months old)	☐	☐
7. All Relevant Training Certificates	☐	☐
8. Qualification certificates	☐	☐
9. National Insurance Number	☐	☐

You will also need to bring the following documents

	NEED TO BRING TO INTERVIEW
1. A clear colour passport sized photograph	☐
2. Completed application form	☐
3. Up to date CV (if available)	☐
4. Signed declarations on back of application form	☐
5. Details of your 2 referees	☐

Care light, 42-46 Waterloo Road , Wolverhampton, WV1 4BX
T: 03303909535

Title, enter MRS, MISS, MS, MR or other title	
Surname or family name	

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First name(s)	
Name preferred to be known by	
All other surnames or family names you have been known by. Please include maiden name.	
Address (including postcode)	
	Postcode

Daytime phone number		Mobile phone number	
E-mail address		Do you hold a current full UK driving licence?	YES ☐ NO ☐

Your passport details

Acton Banks does not employ any nurse requiring a work permit or with limited leave to remain

National insurance number		Date of birth	/ /
Your nationality & place of Birth			
What is your current visa status?	I am a British citizen ☐ x	I am a European National ☐	I have indefinite leave to remain ☐
	I have permanent residency ☐	Other ☐	
If other please specify			

Your next of kin & Emergency Contact details

Name	
Relationship to you	
Address (including postcode)	
	Postcode

Daytime phone number		Mobile phone number	

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Your employment history

- **Please supply details of your full employment history starting with your most recent position first.**
- **Please explain any gaps in employment.**
- **Comprehensive CV is acceptable. See CV or CV Attached ☐**
- **Please continue on a different sheet if required.**

DATE FROM	DATE TO	EMPLOYER'S NAME AND ADDRESS	PRINCIPAL DUTIES	GRADE	REASON FOR LEAVING

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Your professional conduct

Have there been any proceedings of professional misconduct against you and have you ever been suspended or dismissed?	**YES ☐ NO ☐**
If "YES" please supply details:	

Rehabilitation of offenders act

The position for which you have applied is exempted from the Rehabilitation of Offenders Act 1974. This means that you must declare all criminal convictions, including those that would otherwise be considered spent.

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Have you at any time been convicted of an offence or received a caution?	**YES ☐ NO ☐**
If "YES" please supply details:	

Your bank account details

We pay your wages directly into a bank account.

Name of bank		**Branch name**	
Account holder name			
Address (including postcode)			
	Postcode		
Sort code		**Account number**	

I wish to be paid through a Ltd. Company and enclose details	**YES**
I am working for an umbrella company	**YES ☐ or**
I am on P.A.Y.E (Please enclose P45 if we are your main employer)	**YES ☐**

Read all the following statements carefully and tick the one box that applies to you

A or	**This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.**	**YES ☐ or**
B or	**This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.**	**YES ☐ or**
C	**I have another job or receive a state or occupational pension**	**YES ☐**
D	**I'm a student: Please name the establishment:**	**YES ☐**

Your reference details

- **Please supply the names and work addresses of two clinical professional referees.**
- **One must be from your present or most recent employer and must be a senior grade to yourself.**
- **You must have worked for that person for a period of more than three months duration.**

May we contact your referees	**YES ☐ NO ☐**

Reference 1

Name			
Company Name			
Position			
Address (including postcode)			
		Postcode:	
Daytime phone number		**Fax number**	
Email address			
In what capacity has this person known you?		**How long has this person known you?**	

Reference 2

Name	

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Company name			
Position			
Address (including postcode)			
		Postcode	
Daytime phone number		**Fax number**	
Email address			
In what capacity has this person known you?		**How long has this person known you?**	

Your pre-employment declaration of health

- **Please answer all the following questions**
- **If you answer yes to any of these questions then please provide details in the space below.**

Basic health history

1. Do you have any impairment which may affect your ability to work safely	**YES ☐**	**NO ☐**
2. Do you have any conditions of vision, hearing or speech which might effect your ability to work	**YES ☐**	**NO ☐**
3. Are you pregnant	**YES ☐**	**NO ☐**
4. Do you have any difficulty in standing, bending, lifting or other movements	**YES ☐**	**NO ☐**
5. Are you currently or regularly taking any prescribed medication	**YES ☐**	**NO ☐**
6. Are you having any treatments or investigations of any kind at the moment	**YES ☐**	**NO ☐**
7. Is there any aspect of your medical history which an employer should or might wish to know	**YES ☐**	**NO ☐**
8. Are there any reasonable adjustments that an employer should make to enable you to work	**YES ☐**	**NO ☐**
9. Have you ever suffered with any stress related disorder or diseases, mental illness/ or psychological problems	**YES ☐**	**NO ☐**

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10. Have you ever had alcohol or drug problems	YES ☐	NO ☐
11. Do you have any allergies	YES ☐	NO ☐
12. Have you any reason to believe you may be infected with a communicable or high-risk infection or disease?	YES ☐	NO ☐

Do you now, or have you ever, suffered from or received treatment for

13. Respiratory symptoms, disorders or diseases	YES ☐	NO ☐
14. Cardiovascular symptoms, disorders or diseases	YES ☐	NO ☐
15. Epilepsy, frequent fainting attacks, giddiness or migraine	YES ☐	NO ☐
16. Skin symptoms, disorders, diseases	YES ☐	NO ☐
17. Any kind of back or joint problem (including pain, swelling or stiffness)	YES ☐	NO ☐
18. Tuberculosis (TB)	YES ☐	NO ☐
19. Diabetes, thyroid or other glandular problems	YES ☐	NO ☐
20. Chicken pox or german measles	YES ☐	NO ☐
21. Hepatitis A, B or C or jaundice	YES ☐	NO ☐
22. Any other serious illness/operations	YES ☐	NO ☐

Your pre-employment occupational health check continued

- **In the following section, please give details of any of the questions which you answered YES to**
- **Please continue on a separate sheet of paper if necessary**

QUESTION NUMBER	DETAILS

Your declarations

Health

- **I declare that the answers given with this Declaration of Health on this form are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from Care light. I give Care light permission to contact my GP to obtain further information if necessary.**

Terms & conditions

- **I confirm that the information given in this application is, to the best of my knowledge, true.**

- **I am permitted to work in the UK.**
- **I understand that my appointment is subject to the receipt of at least two satisfactory references (Character reference applicable)**
- **I undertake to inform Care light should I be convicted of an offence in the future.**
- **I undertake to inform Care light immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.**
- **I agree to respect the confidentiality of and any other information I may have access to, at all times.**
- **I confirm that the following have been handed to me before commencement of work**

Handbook & Induction Manual

- **I have received a full induction and received a copy of the Staff Handbook and Policy and procedures .**

Working time regulations

- **For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Care light not less than three months' notice. I understand that my appointment with Care light can be terminated at any time following unsatisfactory work reports.**

Bank Details

- **I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.**

Data protection

- **I agree that Care light retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act..**

DBS

- **N/A**

Signed		**Date**	

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