

application form

private and confidential

AMG

Position:	Ref:
Date:	

Personal Details

Title	
Surname	
Previous Name	
Forenames (in full)	
Home Address	
Postcode	
Telephone No.	Mobile:
Date of Birth	
Nationality	
Country of Birth	
National Insurance No.	
Do you hold a current UK driving licence?	
Do you have the use of a car?	
Next of kin and relationship	
Address	
Postcode	
Telephone No.	

nursing and care at its best
caring about the future

Qualifications

Qualification	Date Obtained	Place of Training	Dates of Training

NMC Registration No.	Part of Register	Expiry Date

Employment Details (most recent first)

Date from	Date to	Position Held & Grade	Employer	Reason for leaving

References

Please supply the details of two referees one of which must be your previous employer.

References will be sought before you are offered employment.

Name	Name
Position	Position
Qualification	Qualification
Address	Address
Postcode	Postcode
Telephone No	Telephone No

May we contact your current employer?

European Working Time Directives

I am aware that under the European Working Time Directives staff cannot be compelled to work more than 48 hours per week unless they wish to do so.

I wish to exercise my right to work more than 48 hours per week, and understand that it is my responsibility to ensure that I take adequate rest breaks between shifts.

Signed:

Date:

Eligibility to Work in the UK

I am legally entitled to work in the UK, and am able to produce documentary evidence to support this.

I acknowledge that if it is found that I am working without the relevant permission that my employment will be terminated immediately.

Signed:

Date:

Equal Opportunities Statement

To assist our Equal Opportunities monitoring, we would be grateful if you will provide the following information:

Sex Male Female

Ethnic Origin

White European White Other Asian South East Asian

Black African Caribbean Other - please specify

Do you have any disabilities? If so, please give details:

Would you require AMG to make any reasonable adjustments under the Disability Discrimination Act 1995 that would allow you to fulfill the requirements of this post?

Yes No

If yes, please describe the adjustments:

Health Declaration

	YES	NO	If YES, give details and dates
Have you been absent from work due to ill health during the last 12 months (including illness such as colds)?			
Have you ever left, or been denied a job on health grounds?			
Have you ever been denied a driving licence on health grounds?			
Have you ever suffered from any work-related health conditions?			
Have you ever had an accidental sharps injury or exposure to blood / bodily fluids with broken skin or mucous membranes? If YES include opposite: • Date of the incident • Status or source, if known • Details of treatment given at time of injury • Details of follow up blood test results / surveillance			
Do you have or have you had in the past: Conditions of the lungs? Asthma? Bronchitis? Pleurisy? Tuberculosis?			
Other chest complaints? Coughing up blood? Shortness of breath? Any other conditions?			
Conditions of the heart? High blood pressure? Heart attacks? Angina?			
Nervous system disorder? Blackouts? Epilepsy? Muscular weakness? Paralysis?			
Migraine or persistent headaches?			
Conditions of the digestive system? Irritable bowel syndrome? Liver complaints/jaundice? Colitis? Gastric/duodenal ulcer?			
Conditions of the kidney or bladder? Urinary infection? Kidney stone?			
Conditions of the bones, joints and limbs? Arthritis? Rheumatism? Back problems? Neck or shoulder problems? Sciatica? Upper limb disorder? Tennis elbow? Any other conditions?			
Allergies? (including allergies to drugs, animals and pollens)			
Skin conditions? Eczema? Dermatitis? Psoriasis? Recent Infection? Skin Cancer?			
Gland trouble? Diabetes? Thyroid overactive/underactive?			
Eye conditions? Restricted vision? Glaucoma? Iritis? Any other condition?			
Ear conditions? Restricted hearing? Tinnitus? Ear infections?			
Alcohol or drug problems? Problems related to alcohol or drug usage or dependency?			
Mental illness and / or stress related problems?			
Nervous breakdown? Mental fatigue? Anxiety? Depression? Panic attacks? Significant sleep disturbance? Stress related problems? Eating disorders? Self harm? Any other conditions?			
Have you consulted a specialist or needed any operations other than already stated?			
Have you spent any time in hospital other than already stated?			
Have you consulted your GP in the last 12 months?			
Are you receiving medical treatment at the present time?			
Do you take any regular medication?			
Have you any other health issues that have not been mentioned above or about which you would like to provide further details?			

I declare that all the foregoing statements are true to the best of my knowledge and I am fit for work.

Signature:

Date:

Outcome: Fit Clinical assessment required Health interview required Fit with adjustments / advice

Signature:

Date:

EXPERIENCE QUESTIONNAIRE

Qualified Nurses

A&E		Occupational Health	
Anaesthetics		ODA / ODP	
Burns and Plastic		Oncology	
Cardio Thoracic		Ophthalmics	
CCU		Orthopaedic	
Dental Nursing		Outpatients	
Dermatology		Paediatrics ICU	
Disabilities		Paediatrics	
District Nursing		Phlebotomy	
ENT		Practice Nursing	
Family Planning		Psychiatric - Acute	
Genito Urinary		- EMI	
Elderly Care		- Long Stay	
Gynae		- Forensic	
Haematology		Radiography	
Industrial		Recovery	
Infection Control		Renal Dialysis	
ITU/ICU		SCBU	
Learning Disability		Screening	
Challenging Behaviour		Social Work	
MRI Unit		Surgical	
Medical Care		Terminal Care	
Medica		Theatre	
Midwifery		Tropical Diseases	
Nanny		X-Ray	
Neurology			

EXPERIENCE QUESTIONNAIRE

Care Support Workers

Personal Care		Domestic Care	
Bath / Shower / Strip Wash		Shopping	
Use of Bath Aids		Preparation of Meals	
Bed Bath		Light Housework	
Shaving		Washing of Personal Laundry	
Dressing / Undressing		Bedmaking	
Mouth Care (including dentures)		Terminal Care	
Care of Eyes		Sitting with Terminally Ill Client	
Care of Hair		Dealt with Relatives of Ill and Terminally Ill Client	
Care of Fingernails		Experience in Hospice	
Care of Feet (excluding toenails)		Changing a Bed/Drawsheet with Client in/on it	
Care of Prosthetics (false limbs, eyes)		Assisted with Last Offices	
Feeding a Helpless Client		Record Keeping	
Elimination		Formulating Care Plans	
Care of Bladder and Bowels		Implementing Care Plans	
Use of Bedpan / Commode		Evaluating Care Plans	
Emptying a Catheter Bag		Record change of condition in care plan	
Changing a Colostomy Bag		Report Writing / Giving	
Observations		Osbserving Confidentiality	
Temperature		Record Instructions from GP / District Nurse	
Pulse		Compliance with medication regime	
Respiration		Answering the Telephone	
Blood Pressure		Taking, Recording and Conveying Messages	
Recording Fluid Balance		Theatre	
Weight Charts		Return of client from Operating Theatre	
Urine Testing		Care of client from Operating Theatre	
Obtaining Simple Specimens		Application / Change of Simple Dressings	
Blood Glucose Monitoring		Learning Disabilities / Challenging Behaviour	
Changes in Condition		Dementia Care - Elderly	
Mobility		Challenging behaviour - young adults	
Use of Moving & Handling Aids		Challenging behaviour - children / schools	
Use of Hoist		Mental Health hospitals acute	
Ensuring Pressure Areas are Healthy		Mental Health hospitals long stay	
Moving and Handling		Easting disorders	

If your application is successful, when would you be able to commence work?

Would AMG be your only employer? Yes No

Work Preferences (please tick)

Home Care		Days	
NHS		Nights	
Nursing Homes		Weekends	
Residential Homes		Resident	
		Full Time	
		Part Time	

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Orders 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provisions of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should include any "spent" convictions.

Have you ever been convicted of a criminal offence?

If yes please give details including dates

I declare that I have answered the above questions honestly and fully and that I am not aware of any physical or mental disability which may affect my working capacity. I realise that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal. I also understand that my details will be submitted for a Criminal Records Bureau Enhanced Disclosure, and for checking against the PoVA and PoCA lists.

I agree to comply with the Health & Safety at Work Act 1974.

It is a condition of employment that you work flexibly in accordance with the requirements of the Company. Accordingly if accepted and employed you acknowledge that there may be periods when no work is available and the Company has no obligation to provide an employee with any work or to provide any minimum number of hours in any day or week.

Signed

Date

AMG

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