

Sir Henry Recruitment Healthcare

Join today & you will never regret it!

For office use only

Reference No.:.....

Submission date:.....

REGISTERED NURSE STANDARD APPLICATION FORM

Please fill in this application form. You can submit your CV instead. Please check your form carefully before you submit it.

APPLICATION FOR EMPLOYMENT IN UNITED KINGDOM AS A REGISTERED NURSE

Details entered in this form will be used in the recruitment and job application process.

Job Reference Number	
Job Title	Registered Nurse
Application Form to be submitted to:	Office 3, 56 University Street, Belfast, BT7 1HB or email to: info@sirhenryrecruitment.com .

Personal Details

Title & Surname	
Previous Surname (if any)	
First Name (Middle Name/s)	
Name in which you registered with a professional body (if applicable)	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/>
Country of Birth & Place of Birth	
National ID Number (if applicable)	
Passport Number	Expiry Date:
Driver's Licence No. & Class	
Home Address	
Home Telephone No.	
Mobile Telephone No.	WhatsApp <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Telephone No.	
May we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address	

Please indicate your religion or belief

<input type="checkbox"/> Atheism	<input type="checkbox"/> Jainism	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Other
<input type="checkbox"/> Christianity	<input type="checkbox"/> Judaism	<input type="checkbox"/> I do not wish to disclose this
<input type="checkbox"/> Islam		

Training Courses Attended

Include in this section any relevant training/professional courses that you have attended. Include details of courses that you are currently undertaking.

Course Title	Training Provider	Duration	Date Completed

Membership of Professional Bodies

Include in this section any relevant professional registrations or memberships. The information you provide will be subject to a satisfactory check.

If you are registered with a professional body, please enter the relevant details below:

Professional Body	Membership or Registration type	Membership/Registration PIN	Expiry/Renewal Date

Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please provide details of any conditions/restrictions you may have.

Employment History

Please record below the details of your current or most recent employer

Employer Name			
Address			
Type of Business		Telephone	
Job Title			
Start Date		End Date	
Grade		Salary	
Reporting to (job title)		Notice Period	
Reason for leaving (if applicable)			
Description of your duties and responsibilities			

Previous Employment

Please record below the details of your previous employment, (minimum 3 years), beginning with the most recent. If required, please provide additional information regarding your employment history within the 'Supporting Information' section.

Previous Employer 1

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			

Description of your duties and responsibilities

Previous Employer 2

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

Previous Employer 3

Employer Name			
Address			
Job Title		Grade	
From Date		To Date	
Reason for Leaving			
Description of your duties and responsibilities			

***You can add additional employers/information on a separate sheet.**

Supporting Information

In this section please give your reasons for applying to Sir Henry Recruitment. This can include relevant clinical care (skills, knowledge, experience).

Supporting information (Please continue on additional sheets if necessary).

Please indicate your preference of which part of UK & health sector/facility you would like to work:

- Northern Ireland London Scotland Wales
 Nursing/EMI Home Residential Care Home NHS (Hospital)
 Learning & Disability/Mental Health Facilities
 Any of the above

References

Please state the names and contact details of the people who have agreed to supply references covering a minimum of 3 years employment/training. **If you are or have been employed for the past 3 years, these should include your two most recent employers, your line manager or someone in a position of responsibility** who can comment on your work experience, competence, personal qualities and suitability for an overseas nursing post. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of some standing within your community i.e. doctor, solicitor, etc. Personal references such as friends and relatives are not acceptable.

Please note, all reference requests will be sought through the line manager or other relevant department manager and your employment history will be verified. Please ensure that you provide full contact details. Referees may be contacted prior to interview.

Referee 1

Surname/Family name		First Name	
Title			
Job Title			
Address			
Telephone		Fax	
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referee 2

Surname/Family name		First Name	
Title			
Job Title			
Address			
Telephone		Fax	
Email			
Relationship		Can the referee be contacted prior to interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No

You can use this space for additional information you feel can be useful for your application.

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DECLARATION

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent expulsion from the placement process or dismissal if employed. Where applicable, I consent that the Agency can seek clarification regarding educational and training qualifications; professional registration details or any information in relation to my application.

I agree to the above declaration			
Signature			
Print Name		Date	