

**Sir Henry Recruitment
HEALTHCARE**

Join today & you will never regret it!

For office use only

Reference No.:

Submission date:

STANDARD APPLICATION FORM TO JOIN SIR HENRY RECRUITMENT

Please fill in this application form online or in **BLACK INK**. You can also submit your CV instead. Please check your form carefully before you submit it.

APPLICATION FOR EMPLOYMENT IN UNITED KINGDOM

Details entered in this form will be used in the recruitment and job application process. Giving false information will disqualify you from registering with Sir Henry Recruitment. In line with GDPR, we need to collect and store data about you to enable us to process your job application. A copy of our Privacy Policy can be obtained on our website <https://www.sirhenryrecruitment.com/>.

| | |
|--------------------------------------|--|
| Job Applied for | |
| 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) | |
| 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 | |
| Nationality | |
| Passport Number | |
| National Insurance Number (if applicable) | |
| Home Address | |
| | Post Code: |
| Home Telephone No. | |
| Mobile Telephone No. | WhatsApp <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| NOK& Contact Number | |
| Work Telephone No. | |
| May we contact you at work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Email Address | |

| | |
|---------------------------------|---|
| Do you have a Driver's Licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | Endorsements, if any? |
| | What transport access do you have? Car/Public Transport/Other |

| | | |
|---|----------------------------------|---|
| 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"/> Islam | <input type="checkbox"/> Judaism | <input type="checkbox"/> I do not wish to disclose this |
| <input type="checkbox"/> Christianity | | |

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| Are you currently bound over, or do you have any unspent convictions issued by a Court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give details. Please include the country where conviction was issued. | |
| | |
| Depending on post applied for, an Enhanced/Standard disclosure will be required. | |

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| Do you suffer from any medical condition/s that requires you to take medication to a strict timetable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, you may be asked about this at the screening interview. | |

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| At the time of application, are you an expectant mother or planning to start a family in 6 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, you may be asked about this at the screening interview. | |

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| How did you hear about Sir Henry Recruitment? |
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Education & Professional Qualifications

Include in this section all the relevant qualifications. All qualifications disclosed will be subject to a satisfactory check.

| Subject/Qualification | Place of Study | Grade/result | Year |
|-----------------------|----------------|--------------|------|
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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 |
|--------------|-------------------|----------|----------------|
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Membership of Professional Bodies (NMC, NISCC)

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 |
| | | | |
| | | | |
| | | | |

Membership of Trade Unions

Include in this section membership of any trade unions

| Trade Union Includes Indemnity Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No | Membership Number | Membership Type | Expiry/Renewal Date |
|---|-------------------|-----------------|---------------------|
| | | | |
| | | | |

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|---|---|
| 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 |

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| 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 health sector/facility you would like to work in:

- Nursing/EMI Home Residential Care Home NHS (Hospital) Learning & Disability/Mental Health Facilities

- Any of the above

What kind of work are you interested in?

- Days Nights Earlies Lates Any of the above

Training Certificates

Please attach all valid certificates of training. Please be aware that your training records may be made available to Clients in order to evidence regulatory requirements.

All Carers & Support Workers please tick all care tasks that you have experience in:

| Personal Hygiene | Toileting/Continence Care | Care Duties |
|------------------|---------------------------|--------------------|
| bath/shower | use of continence pads | pressure area care |
| bed bath | bedpans/commodes/urinary | simple dressing |
| use of bath aids | changing catheter bag | terminal care |

| | | |
|--|--|--|
| general personal care | attaching a night bag | Practical tasks |
| oral care | emptying a catheter bag | bed making |
| Administrative abilities | stoma care | changing bed linen |
| maintaining confidentiality | Mobility | measuring blood pressure |
| report writing | safe moving & handling | measuring temperature |
| writing care plans | use of walking aids/hoists | measuring respirations |
| leading team/taking charge | Nutrition | blood monitoring & recording above measurements |
| reporting, observing and documenting changes in service user's condition | feeding; preparing meals; assisting with meals; food handling | administration of medication |

| |
|---|
| Please use this space for additional skills/competencies |
| |

All Registered Nurses please indicate all care tasks that you have experience in: Here's a short list to start you off:

- | | |
|--------------------------------------|-----------------------------------|
| Assessment of ADLs | respiratory observations |
| admitting a service user | cardiovascular observation |
| care planning | neurological observations |
| administration of medication | gastrointestinal observations |
| male & female catheterisation | psychological observations |
| epilepsy/seizure management | wound care |
| charge-nurse | renal observations |
| tracheostomy | risk assessment |
| oral suction | PEG tube care |
| trachea suction | care of syringe driver |
| IM/SC injection | enema/suppository administration |
| bladder washout | IV medicine/fluids administration |
| supra pubic catheterisation | pain assessment/management |
| intermittent catheterisation | care of the deceased |
| palliative care | discharge planning |
| ordering medicines | multidisciplinary meetings |
| record keeping | restraint/MAPA |
| dealing with aggressive behaviours | mental health order |
| transfer of service user to hospital | dealing with a complaint |

Please use this space for additional skills/competencies

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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 the interview? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--------------|--|--|------------------------------|-----------------------------|

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

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 hereby freely give Sir Henry Recruitment Ltd consent to use and process my personal data relating to my application and in line with GDPR.

| | | | |
|----------------------------------|--|------|--|
| I agree to the above declaration | | | |
| Signature | | | |
| Print Name | | Date | |