



Application Form

Private and Confidential

Dear Sir/Madam,
Thank you for requesting our application form.

Please complete the form and return it either via email to Noblecareconsultancy@gmail.com or to our office address. Ensure the application form is filled out entirely, as we do not accept CVs. Include your complete employment history, detailing any gaps and reasons for leaving previous positions.

Additionally, provide two references, one of which should be from your current or most recent employer.

I look forward to receiving your completed application.

Kind regards,

Director

Checklist for candidates

To help us with your application please answer all the questions. If you have any problems with any of the questions, please contact our office. Our consultants will be more than happy to assist you with your application form. You will be expected to bring the following for us to help you with your application form.

Passport size photograph (attach to page 2)	Vaccination report from your GP or Occupational Health Department i.e. Hepatitis B, Varicella (Chicken Pox, Rubella (German Measles
Driving Licence	Completed CRB/DBS Form. Online DBS INFORMATION. Due to the new legislation on POVA (Protection of Vulnerable Adult) listing, a new CRB/DBS has to be done when joining the Agency.
National Insurance Number Card, p60, P45 or other Inland Revenue documents must be produced	Proof of Identity Driving Licence or Passport Home Office Letter or Card.

Council Tax Bill	Proof of Professional Indemnity
Birth Certificate	Proof of Current address, Utility Bill, Bank Statement
Letter from University or College	Certificates i.e., care work or Nursing
Pin Card, Name and Number	Qualified Staff-NMC Statement of entry.

Please ensure you bring ALL REQUESTED DOCUMENTS with you when you come to register with us. Bring the above documents to your interview

1 Personal Details		
Title (Mr,Mrs,Miss,Ms)	First Name(s) :	Last Name:
Address details		Telephone No:
Full Postcode :		Mobile No :
		E-mail Address :
Date of Birth:	Marital Status:	Previous Surname(s):
National Insurance No:		Nationality:
Country of Birth		Right to Work: Yes/No
Work Applied for: Pin No if apply for nursing role:		What is your usual means of transport?
Do you have a full driving licence? Yes/No		Do you consider yourself to have a disability? Yes/No Disability nature:
2 Next of kin		

Name:	Relationship to you:	Telephone Number(s)
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3. Your right to work in the UK

I confirm that I am entitled to work in the UK on the following basis (*tick one*)

UK Citizen: Yes/No	Work Permit:	Expiry Date:
EU Citizen: Yes/No	Student Visa: Yes/No	
Workers Registration scheme:	Working Holiday: Yes/No	
Permanent Residency:	Other (Please state)	

**4. Employment History (Most recent job first going back 5 years).
Include email address for reference purposes.**

COMPANY NAME:		Company Address:	Email address:
Telephone Number:			
Line Manager:		Your Main duties	
Job Title:			
<u>Salary/Pay Rate</u>	Dates From: To: date	Reason For Leaving:	

COMPANY NAME:	Company Address	Email/ Fax:
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Telephone Number:			
Line Manager:		Main duties (If agency, please state companies you were placed at):	
Job Title:			
Salary/Pay Rate	Dates (Month & Year) From: To:	Reason For Leaving: -	

COMPANY NAME:		Company Address	Email/ Fax:
Telephone Number:			
Line Manager:		Main duties (If agency, please state companies you were placed at):	
Job Title:			
Salary/Pay Rate	Dates (Month & Year) From: To:	Reason For Leaving: -	

5. Gaps in Employment

Please explain gaps in the employment history above, including dates, if appropriate:
(e.g. study, childcare, unemployment)

Have you ever been dismissed from any employment at all?
YES / NO

6. Training and Qualifications

Please bring all your certificates to interview

List all relevant Qualification(s) and Training

7. About You

Please tell us why you want to do this type of work?		
The work you have applied for may require you to wear a uniform. Please circle your uniform size	<i>Male</i> Chest size 28,30,32,34,36,38,40,42,44,46	<i>Female</i> 8 10 12 14 16 18 20 22 24 26 28 30

8. Health Questionnaire

Do you have, or have you ever had any of the following?								
	YES	NO		YES	NO		YES	NO
Back problems			Diabetes			Hearing problems		
Hypertension			Sight Problems			Liver/Kidney Problems		
Heart Disease			Nervous Disorder			Depression		
Epilepsy			Hay Fever or other allergies			High Blood Pressure		
Have you ever had an operation that could affect your ability to carry out your normal duties at work?			YES/NO	Have you ever had more than five consecutive days off work due to illness/injury within the last 2 years?			YES/NO	
If you have answered YES to any of the above questions, please give details below: (Continue on a separate sheet if necessary)								
Do you consider yourself physically and mentally fit to carry out the normal duties required for the type of work for which you are applying?								YES/NO

9. Immunisation

Are you vaccinated against the followings? You may be asked to provide proof of the following if necessary

Name	Yes/No	Date	Name	Yes/No	Date
Tetanus			Rubella		
Diphtheria			M.M.R		
Whooping Cough			Hepatitis B		
Polio			B.C.G		

10. Disclosure

Please read, tick and sign

I confirm that I do have a Criminal Record. Yes/No

I confirm that I do not have a Criminal Record. Yes/No

Signed..... Full Name...

Date.....

11. Declaration

Please read and sign

I understand that it is my responsibility to check that I am up to date with any immunisations which are relevant to the type of work for which I am registering. I understand that my engagement with the Agency is subject to the receipt of a satisfactory DBS, Enhanced Criminal Records Bureau Disclosure. I confirm that the information given on this application is to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform the Agency if any of the details on this application form change.

I agree to the Terms and Conditions of Engagement of the Agency (the terms and conditions of engagement will be given to you after interview)

Signed.....

Full Name.....

Date.....