



Application Form

Please complete all sections in capital letters and use black ink only or type

Post applied for:
How did you hear about this? Other(specify)

Personal details

Surname/ Family Name:	First Name(s):	
Previous Surnames:	D.O.B	
Current Address:		Nationality:
		DBS Online number:
		Mobile number:
Postcode:		

Email address (required):

Right to work in the UK

Section 8 of the Asylum and Immigration Act 1996 requires all employers in the United Kingdom to make basic document checks on every person they intend to employ.

Do you have a right to work in UK? Yes / No	National Insurance No:
Do you have a British Passport? Yes / No	Passport No:
Do you have full British driving license Yes / No	Full Driving license No:
Do you have daily use of a car Yes / No	Which type of visa do you have?

Registered nurses only

Professional memberships	Date first issued	Expiry/Renewal date
NMC UKCC Pin Number		
Royal College of Nursing		
Other professional memberships		



Please provide details of your availability to work and hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Education

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.

Subject/Qualification	Place of Study	Grade/result	Year

Training Courses Attended

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

Course Title	Training Provider	Duration	Date Completed

Membership of Professional Bodies

Indicate your Professional Registration status:

☐ Not Required for this post

☐ I have current UK registration

☐ UK registration applied for

☐ UK registration not yet applied for

☐ I am a student

If professional registration is not required, then go to **Employment History**

If you are registered, then please enter the relevant details below:

Professional Body	Registration type	Membership/Registration PIN	Expiry/Renewal Date
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If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practice 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
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Employment History and references

Please record below the details of your previous employment beginning with the most recent and explain any gaps in employment in the 'Supporting Information' section below. Please add additional employers/information on a separate sheet

Previous Employer. 1				Previous Employer. 2			
Employer Name				Employer Name			
Address				Address			
Job Title				Job Title			
From Date		To Date		From Date		To Date	
Reason for leaving				Reason for leaving			

Supporting Information	

References

Please give the names and addresses of two professional persons from whom the company may obtain work experience references. Preferably your two most recent employers (if applicable).

Reference 1		Reference 2	
Name:		Name:	
Position (Job title):		Position (Job title):	
Work relationship:		Work relationship:	
Organization:		Organization:	



Address:		Address:	
Postcode:		Postcode:	
Telephone no:		Telephone no:	
Email Address:		Email Address:	

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Address History

Next of Kin details

In case of emergencies, it is vital that we have these details on file. If any details change in the future, then contact Human Resources Team or you Manager to change them.

Next of Kin 1		Next of Kin 2	
Next of kin:		Next of kin:	
Relationship:		Relationship:	
Address:		Address:	
Post code		Post code	
Tel Mobile:		Tel Mobile:	
Home:		Home:	

Applicant's Bank Details

Title (Miss/Mrs./Mr.)

Surname																			
First Name																			
Address																			



Postal Code																		
Mobile Phone No.																		
Home Phone No.																		
NI Number																		
Bank Name																		
Account Number																		
Sort Code																		

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Declaration

I confirm that, to the best of my knowledge, the information that has been supplied on this form is correct and I understand that the information given may be used for registered purposes under the Data Protection Act 1998.

Names: _____ **Signed:** _____

Date: _____

Please return completed applications to: info@Influential-care.com