



**FIRST CITY NURSING
AND CARE
APPLICATION FORM**

POSITION/DEPARTMENT APPLIED FOR:-

SECTION 1 PERSONAL DETAILS			
Title	Current Address		
Forenames in Full			
Maiden Name			
Surname	Postcode		
Previous Name (if any)	Previous Address (if under 5 years)		
Date of Birth	Postcode		
Nationality	Email address		
Religion	Mobile No./Other		
	Home No.		
SECTION 2 NEXT OF KIN (TO BE NOTIFIED IN THE CASE OF AN EMERGENCY)			
Name	Do you have consent to provide this personal		
Address	information from next of kin? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Mobile No.		
	Home No.		
Post Code	Relationship to you		
	Work No.		
SECTION 3 RELEVANT QUALIFICATIONS			
Please list all qualifications including GCSE's, NVQ's, Diplomas, Apprenticeships, Care Certificate.			
Place	Dates to and from	Subject	Achievement
School			
College			
University			
Further studies			
Any relevant training			
SECTION 4 GENERAL INFORMATION			
Do you hold a current full driving licence?	Yes	No	
Do you have a car or other transport available?	Yes	No	
Do you have insurance to use your vehicle in connection with your work?	Yes	No	
Please list any languages you speak fluently:			
Give details of other jobs you currently wish to maintain:			
When can you start work:			

SECTION 6 EMPLOYMENT HISTORY

YOU MUST complete details of your full employment history, beginning with your current or most recent Job **please record from when you left education**

For Office Use only
Tick as completed

Name & Address of Current Employer	Position Held	Type of Organisation	Date From	Reason for Leaving
			/ /	
			Date Until	
			/ /	
Brief description of duties:				Reason for any Gap
Name & Address of Employer	Position Held	Type of Organisation	Date From	Reason for Leaving
			/ /	
			Date Until	
			/ /	
Brief description of duties:				Reason for any Gap
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			/ /	
			Date Until	
			/ /	
Brief description of duties:				Reason for any Gap
Name & Address of Employer	Position Held	Type of Organisation	Date From	Reason for Leaving
			/ /	
			Date Until	
			/ /	
Brief description of duties:				Reason for any Gap

SECTION 7 REFERENCES - For employment references emails provided must where possible be professional emails

Please supply us with the names of people including your present or most recent employer who we may approach for a reference. Family members are not acceptable.

Please include any volunteering you may have done. Where an employment reference isn't available, please replace with a strong character reference. A character reference must have known you a minimum of 2 years unless they are providing confirmation of education. We must have at least 1 Character reference.

1. **Current/ most recent Employer:** Name _____

Work Address _____

Work Email _____ Work Tel _____

Please detail in what capacity the applicant is known to you : _____

2. **Employer:** Name _____

Work Address _____

Work Email _____ Work Tel _____

Please detail in what capacity the applicant is known to you: _____

3. **Reference:** Name _____

Work Address _____

Email _____ Work Tel _____

Please detail in what capacity the applicant is known to you: _____ No of years known _

4. **Reference:** Name _____

Work Address _____

Email _____ Work Tel _____

Please detail in what capacity the applicant is known to you: _____ No of years known _

SECTION 8 DECLARATION OF CRIMINAL RECORD

Due to the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the Police?
(Note the post you have applied for is expected from the *Rehabilitation Of Offenders Act 1974*, which means that all convictions, cautions, reprimands and final warnings on your record need to be disclosed)

Yes No If Yes, please give details of offences, penalties and dates. _____

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes No If Yes, please give details of offences, penalties and dates. _____

Are you happy for your information to be shared with other First City branches and partners?

Yes No

Signed _____ Date _____

SECTION 9 WORKING TIME DISCLAIMER

Please sign this section if you are happy to work more than 48 hours in any one week.

I hereby agree to opt out of the 48 hour working week limitations as laid down by the Working Time Regulations 1998

I understand that I may end this agreement by giving one weeks notice to First City Nursing Services.

Signed _____ Date _____

SECTION 10 DECLARATION

The information that I have given in this registration form is to the best of my knowledge complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with First City Nursing Services.

Signed _____ Date _____

GENERAL COMMENTS

PROCESSING PERSONAL DATA

I agree to First City Nursing Services processing and storing my personal data in accordance with the privacy statement.

I have read and understand the privacy statement

Signed _____ Date _____

FOR OFFICE USE ONLY**INTRODUCTION**

Date / / Met by: _____ Venue _____ Status _____

Existing holidays:

Rate of pay:
