



## EMPLOYMENT APPLICATION FORM

<b>Please read this application form carefully before completing all sections of the form to ensure that you provide all of the information requested. Please complete this form in black ink and BLOCK CAPITALS.</b>			
<b>POSITION APPLIED FOR:</b>		<b>INTERVIEW DATE:</b>	
<b>SECTION 1 – PERSONAL DETAILS</b>			
<b>Title:</b>	<b>Surname:</b>	<b>Previous Names (If any):</b>	
<b>Forename(s):</b>			
<b>Address</b>			
<b>Post Code:</b>			
If less than 5 years, please provide previous addresses			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Home No:</b>	<b>Mobile No:</b>	<b>NI Number:</b>	
<b>Date of Birth:</b>	<b>Place of Birth:</b>	<b>Nationality:</b>	
<b>Email Address:</b>			
<b>Next of Kin:</b>		<b>Relationship:</b>	
<b>Home No:</b>	<b>Work No:</b>	<b>Mobile No:</b>	

<b>SECTION 2 GENERAL INFORMATION</b>			
<b>What Languages do you speak (Please tick if fluent)</b>			
<b>Language</b>	<b>Reading</b>	<b>Writing</b>	<b>speech</b>
<b>Are you a car driver with UK driving License?</b>			<b>YES</b> <b>NO</b>
<b>Do you have a car?</b>			<b>YES</b> <b>NO</b>
<b>If you intend to use your car for business, do you have the required insurance cover?</b>			<b>YES</b> <b>NO</b>
If yes, you will be required to produce both your driving licence and motor insurance certificates			
<b>How did you hear about Gims Care Recruitment?</b>			
<b>Are you free to remain and take up employment in the UK?</b>			<b>YES</b> <b>NO</b>
Please state the type of visa you have and details of endorsement/restrictions (if applicable)			



Please give details of your employment over the last 10 years commencing with your most recent job and including any agencies worked for. Where applicable please explain any gaps in your employment and provide evidence e.g. maternity, looking for work, studying, unemployed etc.

Name & Address of Employer	Positions Held Including Duties	Date From (MM/YY)	Date To (MM/YY)	Reason for leaving
Post Code:				
Post Code:				
Post Code:				
Post Code:				

You are required by law under the Care Standards Act to state, if you have worked with children in the past 10 years. Please state where you worked, in what capacity and reason for leaving (if applicable):

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Please state your Current Salary:	Monthly Rate:	Hourly Rate:
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**OTHER SKILLS:** Please give details of your skills, knowledge and experience gained in employment, voluntary or somewhere else that may be relevant for your application. If you need more space, please use additional sheets.

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## SECTION 5 – PROFESSIONAL REFERENCES

Please provide at least two referees who would give reference on your character, work experience, and suitability for the post applied for. Referees must be in a senior position to you. Please be aware that we are unable to offer you work until satisfactory references have been obtained. Please also note we are required to obtain references for you on an annual basis.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Email address:	Email address:
Length of time known (MM/YY)	Length of time known (MM/YY)
May we contact your referees before your interview? <b>YES</b> <span style="float: right;"><b>NO</b></span>	

## SECTION 6 – REHABILITATION OF OFFENDERS ACT 1974 AND OTHER DISCLOSURES

In view of the nature of the work for which you are applying, the post is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 as contained within the Exceptions Amendment Order 1986. Applicants are required to give details of all convictions for criminal offences, including pending convictions and those which would otherwise be considered "spent". Failure to provide details of convictions could result in dismissal or disciplinary action. If there are no convictions, please state "none". Having a criminal record will not necessarily bar you from working with us. Gims Care Solutions complies fully with the DBS Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosures and Disclosure information. We make every subject of a DBS Check aware of the existence of the DBS Code of Practice and make a copy available on request.

Do you have any Spent or unspent convictions either in the UK or Oversea: YES/NO

Are you currently or have you previously been the subject of an investigation alleging abuse of Vulnerable Adults or Children either in the UK or overseas? YES/NO

If yes, please give details (if you need more space please use separate sheet):

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In keeping with current industry standards and Government requirements, all staff members involved with the provision of Care to Children and Adults at risk are required to complete an Enhanced Disclosure form for the Disclosure and Barring Service (DBS). No applicant will be offered work with Anytime Recruitment Ltd prior to these DBS checks.

Do you agree to apply for Enhanced DBS checks? (a fee will be charged for these checks) YES/NO

SIGNATURE:

DATE:

## DISCLOSURE AND BARRING SERVICE (DBS) CHECK

I authorise Gims Care Solutions to carry out a DBS check on my behalf as and when required, also to retain a copy of my DBS and update service checks. I understand that before I can commence work with Gims Care Solutions, I need to have completed a DBS Check.

Signature:

Date:

## SECTION 7 - CONFIDENTIALITY

During the course of your employment you may see, hear or have access to information on matters of a confidential nature relating to the work of the organisation, or to the health and personal affairs of clients. Under no circumstances should this information be divulged or passed on to any unauthorised person or organisation, either during the course of your employment or any time after. You have got a statutory obligation regarding this.

I have read and understand the above and agree that breach of such confidentiality will be regarded as gross misconduct, which could result in disciplinary action or dismissal.

SIGNATURE:

DATE:

## SECTION 8 – WORKING TIME DIRECTIVE

The Working Times regulations 1998 (“The Regulations”) require Gims Care Solutions (“The Company”) to limit your average weekly working time to 48 hours unless you agree with The Company that the limit shall not apply to you. The Company wished to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

- a. The 48-hour limit on average weekly time will not apply to you.
- b. You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at The Company to whom you usually report 4 weeks’ written notice. Under the Regulations, The Company must keep records relating to your working time. This is the case whether or not you reach an agreement with The Company about waiving working time limits.

If, however, you do wish to agree to this opt-out, then please sign where indicated on the statement below. You may withdraw your agreement by a 4 weeks’ notice in writing, and you will not be subjected to any detriment if you do not give your agreement.

SIGNATURE:

DATE:

## SECTION 9 – BANK DETAILS (Complete all sections accurately – your money will be paid directly into your bank account)

Account Holders Name:	Bank Name:
Account Number:	Sort Code:
Signature:	Date:

SECTION 10 – AREA OF EXPERIENCE (QUALIFIED NURSES ONLY)			
NMC Registration Number:		Expiry Date:	
Specialty:		Grade:	
Do you have professional indemnity insurance? (e.g. RCN or UNISON): YES/NO		Expiry Date	
Clinical Area	Length of Experience	Clinical Area	Length of Experience
Hospitals		Care of the Elderly	
Community Nursing		Nursing Homes	
Mental Health		Palliative Care	
Midwifery		Prison Services	
Learning Disability		Paediatric Nurse	
Other (Please specify):			

SECTION 11 – SKILLS EVALUATION (QUALIFIED NURSES ONLY)
<p><b>Please tick the box to indicate your level of competence:</b></p> <p>a. I am experienced and competent in this.</p> <p>b. I am familiar with this procedure but do not have experience.</p> <p>c. No Knowledge of this procedure</p>

Administration of medicines:	A	B	C	Comments
Administration of oral, injections and topical medications				
Administration of rectal and vaginal preparations				
Administration of medication in other forms e.g. eye & ear drops, inhalations				
Cytotoxic medication administration				
Cardiovascular:	A	B	C	Comments
Performing a 12 lead electrocardiograms (ECG).				
Interpretation of basic arrhythmias				
Cardiac monitoring				
Cardiac Arrest and knowledge of medication used				
Cardiopulmonary resuscitation				
Defibrillation				
Aortic balloon pump				
Swans-Ganz catheter				
Care of patient with cardiac conditions e.g. MI, AF Angina				
Care of patient post cardiac surgery (e.g. coronary vein grafts, aortic valve replacement)				
Care of patient post cardiac catheterization				
Gastrointestinal:	A	B	C	Comments
Peg feeding				
Naso-gastric tube insertion, care of and feeding via nasogastric tube				
Stoma Care				
Care of the patient with abdominal wounds/drains e.g. gastrostomy, PEG tube				

Care of a patient during and after a liver biopsy				
Care of a patient post abdominal surgery				
Administration of enemas and suppositories				
<b>Intravenous Therapy:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Administration of medication by intermittent or continuous Intravenous (I.V) infusion				
I.V. Rate calculations				
Administration of blood and blood products				
Infusion pumps				
Syringe drivers				
Central venous catheter				
Central venous pressure readings (CVP)				
Venepuncture (taking blood)				
Arterial lines: setting up for, taking a blood sample from: removal of:				
<b>Neurological:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Neurological observations and assessment				
Care of a patient during or following a seizure				
Care of patient with a head, spinal injury or CVA				
Care of a quadriplegic/ paraplegic patient				
<b>Orthopaedics:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Care of a trauma and orthopaedics patient e.g. in plaster of Paris, with skin traction, with skeletal traction or amputee				
<b>Renal:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Male or Female catheterization				
Catheter care				
Suprapubic catheter				
Bladder lavage and irrigation				
Care of a patient post renal transplant, on haemodialysis, on peritoneal dialysis				
Care of a patient post nephrectomy				
<b>Respiratory:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Oxygen therapy				
Suctioning: oropharyngeal, end tracheal				
Tracheostomy care: changing a dressing, suctioning and changing a tracheostomy tube				
Care of chest drains				
Changing drainage bottles, (under water seal drainage)				
Obtaining arterial blood gases				
Interpreting arterial blood gases				
<b>Total Parental Nutrition (TPN):</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>

Knowledge of solutions				
Administration of TPN				
Site dressing				
<b>Wound Care:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Aseptic technique and wound dressings				
Removal of sutures or Clips				
Drain dressings e.g. redivac and closed drainage system				
Change of vacuum bottle				
Removal of drain				
Prevention of pressure sores, Water low score				
<b>Others:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Barrier nursing - infectious or immunosuppressed patient				
Care of a confused patient				
Knowledge of the NMC Code of Professional Conduct				
Knowledge of the NMC guidelines for the administration of medicines				

<b>SECTION 12 – MANDATORY TRAINING UPDATES (QUALIFIED NURSES ONLY)</b>		
<b>COURSE</b>	<b>Date Attended</b>	<b>Expiry Date</b>
Moving and Handling		
First Aid/BLS/ILS/ALS		
CPR for New-borns (Midwives)		
Fire Safety		
Health & Safety (COSHH and RIDDIR)		
Infection Control		
Prevention & Management of Violence and Aggression		
Safeguarding Adults at Risk		
Food Hygiene		
Other:		

<b>SECTION 13 - AREAS OF EXPERIENCE (HEALTHCARE ASSISTANTS/SUPPORT WORKERS ONLY)</b>			
<b>Clinical Area</b>	<b>Length of Experience</b>	<b>Clinical Area</b>	<b>Length of Experience</b>
Hospitals		Care of the Elderly	
Community Nursing		Nursing Homes	
Mental Health		Palliative Care	
Midwifery		Prison Services	
Learning Disability		Paediatric Nurse	



<b>SECTION 14 – SKILLS EVALUATION (HEALTHCARE ASSISTANTS/SUPPORT WORKERS ONLY)</b>				
<b>Please tick the box to indicate your level of competence:</b>				
a. I am experienced and competent in this.				
b. I am familiar with this procedure but do not have experience.				
c. No Knowledge of this procedure				
<b>Personal Hygiene:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Assisting with washing, Shaving				
Eye Care				
Mouth Care				
Stoma Care				
<b>Toileting:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Continence Care				
Catheter Care				
Use of Commode, Bed pan				
Recording fluid balance sheets				
<b>Observations:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Blood Sugar Testing				
B/P Recording				
TPR Recording				
Urinalysis				
<b>Nutrition:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Feeding Patient				
Meal preparation				
<b>Mobility:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Use of Hoist				
Transferring, Mobilising a Patient				
<b>Other:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Comments</b>
Report Writing				
Pressure Area Care				

<b>SECTION 15 –MANDATORY TRAINING UPDATES (HEALTHCARE ASSISTANTS/SUPPORT WORKERS ONLY)</b>		
<b>COURSE</b>	<b>Date Attended</b>	<b>Expiry Date</b>
Moving and Handling (1 & 2)		
First Aid/Basic Life Support		
Mental Capacity Acts & Deprivation of Liberty (DoLS)		
Fire Safety		
Health & Safety (COSHH and RIDDIR)		
Infection Control Level (1 & 2)		
Conflict Management & Complaints Handling		
POVA Level (1,2 & 3)		
Food Hygiene		
Equality, Diversity and Human Rights		

Other:			
<b>SECTION 16 - YOUR AVAILABILITY FOR WORK</b>			
How many hours would you like to work each week		Hours:	
Which areas would you be able to work in?		Please State:	
Please indicate the times and days you would be available for work			
	<b>MON</b>	<b>TUE</b>	<b>WEDS</b>
<b>Early Shift</b>			
<b>Late Shift</b>			
<b>Long-day</b>			
<b>Nightshift</b>			
Do you have any other work commitments which may impair your ability to carry out your duties for Gims Care Solutions? <b>YES</b> <b>NO</b>			
If Yes (please give details)			

<b>SECTION 17 - EQUAL OPPORTUNITIES MONITORING</b>			
Nationality			
Language Spoken			
Age group (please indicate)	16 – 20	21 – 35	36 – 50
Disabilities (please indicate)	Registered disability	Unregistered disability	No disability
Ethnicity (please indicate which best describes your ethnic origin)	White European	White Other	Black African
	Black Caribbean	Black Other	Indian
	Pakistani	Chinese	Other (Please Specify)
How did you hear about this post?			
Are you related to or do you know any member of staff at Gims Care Solutions?			<b>YES</b> <b>NO</b>
If yes (please give details)			

### THIRD PARTY DECLARATION

I hereby allow any information relating to my registration with Gims Care Solutions to be shared with relevant third parties, including external audits and frameworks. This will be overseen by the governance lead for Gims Care Solutions.

SIGNATURE:

DATE:

### SECTION 18 – DECLARATION (ALL CANDIDATES)

I declare that the information on this application form is to the best of my knowledge accurate and correct. I certify that I am at present in good physical and mental health and will, if engaged, be liable to disciplinary action or immediate dismissal from Gims Care Solutions Ltd for any incorrect or misleading information given in this form.

I hereby give permission for Gims Care Solutions Ltd to allow access to my file information only as part of an official audit or client compliance purposes, carried out by but not limited to CQC, NHS, GPS or other official regulatory bodies. Access will only be granted in terms of the Data Protection Act.

If, during a temporary assignment, the Client wishes to employ me direct, I acknowledge that Gims Care Solutions will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. NMC/HPC) or being investigated by my current or previous employer. I will inform Gims Care Solutions if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Gims Care Solutions.

I agree to inform Gims Care Solutions immediately if I am the subject of any pending prosecution, work related investigation, Disciplinary action/professional misconduct. Also, any changes to my personal circumstances that could affect my fitness to practise as a healthcare professional.

I give Gims Care Solutions permission to carry out all relevant Employment checks necessary for my registration including any external bodies.

I confirm that I am aware that the trust/organisation where I attend assignments have the right to carry out any physical searches of me, my possessions and my vehicle while on the premises. All security checks must comply with the Human Rights Act 1998.

I confirm I have received, read and understood the Gims Care Solutions handbook and agreed to abide by its terms at all times.

I confirm Gims Care Solutions can complete annual updates in relation to my compliance documentation in line with the framework/ contract.

By signing this document, you are confirming all the above agreements and all the company's proposals.

This document will then be a record of agreement.

PRINT NAME:

SIGNATURE:

DATE:

**Please complete this application form and call us for an appointment.  
You will need to bring the following with you:**

- Passport or Birth Certificate for European Union Citizen
- For Non-European Union Citizen, your passport must contain the following status:
  - a. Indefinite leave
  - b. Exceptional Leave to Remain
  - c. Covering letter from the Home Office confirming status
  - d. Work Dependent Stamp Holders
  - e. Students must bring in their passport, College enrolment letter and Student ID Card
- Two (2) Proofs of your current address, within last 3 months.
- Two (2) passport sized photographs (one to be retained on your file and one for your ID Badge)
- Proof of National Insurance Number, (NI Card/Letter/Payslip/P45/P60).
- Contact names and business addresses, including e-mail addresses of two referees at management level for current and previous employers.
- Employment/Background History for the past Ten years, (Updated CV).
- Enhanced Disclosure from the Disclosure and Barring Service (DBS), a fee will be charged for DBS checks.
- Immunisation details and test results of MMR, Varicella, TB, and Hepatitis B vaccination.
- Relevant Certificates of training, including all certificates of Specialist Training undertaken and mandatory 12 monthly training.
- Driving Licence (if available).
- Original/Certified Registration certificates, professional qualifications, memberships of professional bodies.
- Proofs of professional indemnity cover (RCN / RCM/ Unison Membership).
- NMC Pin Card and Statement of Entry for qualified/trained nurses.

Please make sure you bring originals of all requested documentation when you come to register as we are required to verify all documents.

**It is our company requirement that you are able to read, write, speak and understand the English language.**

(Gims Care Solutions is an Equal Opportunities employer.)