

APPLICATION FORM

Please complete all information in Block Capitals

APPLICATION FORM

PERSONAL INFORMATION

(Mr/Miss/Mrs/Ms) _____

Forename _____

Surname _____

Date of Birth _____

Address _____

Postcode _____

Home Tel No. _____

Work Tel No. _____

Mobile Tel No. _____

Email Address _____

National Insurance No. _____

Car Driver Yes/ No

NEXT OF KIN

Name _____

Relationship _____

Contact Tel Number (s) _____

NATIONALITY DETAILS

Nationality _____

Passport Number _____

Do you require a visa or work permit for this country?
Yes/ No

If you currently hold a visa or work permit please specify
the type: (please circle)

Spouse Ancestry Residency Working Holiday Visa

Work permit/ Sponsorship

Other (please specify) _____

Visa/ Work permit Expiry Day _____

PROFESSIONAL BODY REGISTRATIONS

Professional Body	Registration Number	Expiry Date

WORK REQUIREMENTS

Do you require:

Temporary flexible agency work Short Term contract

Long Term contract Permanent Job

Start Date _____

Where would you like work (i.e town or location):

Clinical area/ speciality you wish to work in (Please circle)

A & E	L/ Disabilities	Endoscopy
ITU	Paediatrics	Midwifery
Medical	Mental Health	Surgical
Theatre	Community	Rehabilitation

Other (Please specify): _____

CURRENT AND PREVIOUS EMPLOYMENT SINCE QUALIFYING

(Please list most recent employer first and account for any gaps in employment, please continue on a separate sheet if needed)

Name and Address of Hospital/ Employer	Position, Grade and Speciality	From month/ year	To month/ year

Are you currently registered with any other nursing or domiciliary agencies? **Yes/ No** *(Please give details)*

PROFESSIONAL QUALIFICATIONS AND TRAINING

Qualifications	Place where obtained	From	To

PROFESSIONAL REFEREES

Please give names and addresses of two professional referees. One should be your present and or previous employer from the last six months and another within the past twelve months. Referees must have worked in a senior position to yourself.

Can we contact your referees immediately? **Yes/ No**

Names: _____ Professional Title: _____ Professional Work Address: _____ _____ Telephone: _____ Email: _____ Capacity in which known: _____
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Names: _____ Professional Title: _____ Professional Work Address: _____ _____ Telephone: _____ Email: _____ Capacity in which known: _____
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ADDITIONAL INFORMATION

(Please include any additional information you believe will support your application)

DECLARATION OF CRIMINAL RECORD

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. (Note that the work you have applied for is exempt from the Rehabilitation of offenders Acts 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to disclosed). Please delete as appropriate below.

Have you ever been convicted by the courts or Cautioned, reprimanded/ given a final warning by the police?

Yes/ No *(Please initial)*

If yes, please give details _____

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 *(Please initial)*

If yes, please give details _____

Have you ever had a police check/ Enhanced Criminal Records Bureau check?

Yes/ No *(Please initial)*

If yes, please give details _____

(e.g CRB Disclosure Number)

I understand that a police check/ Enhanced Criminal Records Bureau Disclosure will be sought in the event of a successful application.

Signed _____

Date _____

IMPORTANT INFORMATION

**PLEASE READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION FORM.
ALL DETAILS MUST GIVE FULL INFORMATION.**

PERSONAL INFORMATION

- Please fill this section in full using BLACK INK AND BLOCK CAPITALS
- Ensure Contact Numbers are correct at the time of application

NATIONALITY DETAILS

- Please complete this section in full

WORK REQUIREMENTS

- Complete in full
- Circle where requested
- Give Availability and Start Date

CURRENT AND PREVIOUS EMPLOYMENT SINCE QUALIFYING AND PROFESSIONAL REFEREES

- Please give details of all Previous Employment and account for any Employment Gaps including Unemployment and Voluntary Work(if not qualified a ten year employment history)
- We require 2 references from Former Employers one of which should be your Last Employer, please ensure you give full names/addresses/contact numbers
- Please complete this section in FULL
- **Without this information we are UNABLE to process your application**

PROFESSIONAL QUALIFICATIONS AND TRAINING

- Please complete and enclose copies of Relevant Training and Certificates

ADDITIONAL INFORMATION

- Add any supporting information that can assist your application

NEXT OF KIN

- Complete in FULL and ensure Contact Numbers are correct

DECLARATION OF CRIMINAL RECORD

- Read carefully and circle where requested

DECLARATION

- Read and sign the Declaration

HEALTH DECLARATION AND VACCINATION DETAILS

- Complete in FULL

GENERAL INFORMATION

- Please complete in FULL

BANK DETAILS

- Complete in FULL and circle where requested

EQUAL OPPORTUNITIES

- Complete in FULL and **tick** (✓) in the boxes

DECLARATION

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, this may result in termination without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profits to Caemac Professionals.

Signed _____ Date _____

When completed, please send this form and any accompanying documents to:-

CAEMAC PROFESSIONALS, 38 MILL STREET, BEDFORD, BEDFORDSHIRE, MK40 3HD
Tel: 08449 970324 Fax: 01234 252223 Email: recruit@caemac.com Web: www.caemac.com