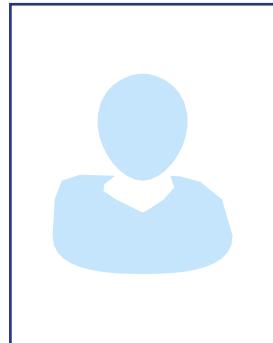




CHROMIUM CARE LTD
G15B ASTON COURT
Kingsmead Business Park
Frederick Place
HP11 1JU, HIGH WYCOMBE
Tel: 0333 7722 187
Email: Info@chromiumcare.com



APPLICATION FORM

Mobile Phone

PERSONAL DETAILS

Surname	Title
First Name(s)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Mobile Phone
Current Address	Home Phone
	Email
Post Code	Referrer

Do you drive? Yes No

Driving Licence No.

NEXT OF KIN (TO BE NOTIFIED IN CASE OF EMERGENCY)

Name	Relationship to You
Address	Mobile Phone
	Home Phone

EDUCATION, TRAINING AND QUALIFICATIONS

SECONDARY AND FURTHER EDUCATION

Name of School/College/University Qualifications currently studying Date from/to

--	--	--

Name of School/College/University Qualifications and Grade Obtained Dates from/to

MANDATORY TRAINING

Training Course

Date of Last Training

Date Update Required

Moving and Handling/Fire safety		
Health and Safety 1974/1999 Act including COSSH/RIDDOR		
Infection Prevention & Control		
Basic Life Support/First Aid Training		
Safeguarding Adults/Children		
Management of Aggression & Violence		
Information governance inc. the Caldicott Protocols and Data Protection		
Lone Worker Training		
Medication Management		

YOUR WORK HISTORY

Please ensure you complete this section even if you have a Curriculum Vitae. The NHS requires that 'Employment history should be recorded on an application form which is signed'. Please ensure that you leave **no gaps** unaccounted for and it covers **10 years**, or up to your education. Please use a continuation sheet if necessary.

Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	

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Position Title	Grade
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Position Title	Grade
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YOUR WORK HISTORY Continued...

Please ensure you complete this section even if you have a Curriculum Vitae. The NHS requires that 'Employment history should be recorded on an application form which is signed'. Please ensure that you leave **no gaps** unaccounted for and it covers **10 years**, or up to you education. Please use a continuation sheet if necessary.

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Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	

REFERENCES

Please give the names and addresses of **two** clinical professional people of a senior/grade position to you from whom references may be obtained. One of these must be your present and most recent employer or agency whom we may approach for a nursing reference, excluding relatives. Please remember that the two references must cover the last 3 year period.

1. Name

Position/Grade

Is this referee senior to you?

Yes

No

Work Address

Phone Number

Email

How long has this person known you?

May we contact this person prior to your interview?

Yes

No

2. Name

Position, Grade

Is this referee senior to you?

Yes

No

Work Address

Phone Number

Email

How long has this person known you?

May we contact this person prior to your interview?

Yes

No

WORK PREFERENCES

When are you able to work?

Mornings Afternoons Occasional Weeks

Full Time

Part Time

Evenings

Nights

Weekends

Date Available to Commence:

Please state the specialised areas in which you feel competent and confident to work:

1st Choice

2nd Choice

3rd Choice

Would you be willing to work at short notice?

Yes

No

Do you have any commitments that reduce your flexibility to work?

Yes

No

If yes, please state:

Please list any other agencies you are currently registered and work for:

COMPETENCIES, SKILLS AND EXPERIENCE

GENERAL COMPETENCIES

Level of competency of the English Language

Written: Fluent Good Fair

Spoken: Fluent Good Fair

Have you passed each of the academic modules of the IELTS test?

Yes

No

Please provide copies of all IELTS certificates held by you.

COMPETENCIES, SKILLS AND EXPERIENCEContinued...

Please tick all skills/competencies in which you have experience.

PERSONAL HYGIENE

Bath/shower/strip wash	<input type="checkbox"/>	Bed bath	<input type="checkbox"/>
Use of bath aids	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
Mouth care (including dentures)	<input type="checkbox"/>	Care of hair	<input type="checkbox"/>
Care of feed	<input type="checkbox"/>	Care of fingernails (excluding toenails)	<input type="checkbox"/>
Dress/undressing of patients	<input type="checkbox"/>	Care of eyes	<input type="checkbox"/>

TOILETING

Emptying of catheter bag	<input type="checkbox"/>	Recording fluid balance	<input type="checkbox"/>
Care of bladder and bowels	<input type="checkbox"/>	Changing a colostomy bag	<input type="checkbox"/>
Use of bedpans/commodes etc.	<input type="checkbox"/>		

MOBILITY

Lifting and transferring of patients	<input type="checkbox"/>	Use of hoists	<input type="checkbox"/>
Lifting and handling course	<input type="checkbox"/>	Use of walking aids	<input type="checkbox"/>

OBSERVATION

Temperature	<input type="checkbox"/>	Pulse	<input type="checkbox"/>
Respiration	<input type="checkbox"/>	Urine testing	<input type="checkbox"/>

NUTRITION

Experience with dementia	<input type="checkbox"/>	Feeding a helpless patient	<input type="checkbox"/>
Ensuring pressure is healthy	<input type="checkbox"/>	Report writing/giving	<input type="checkbox"/>
Ensuring medication has been taken	<input type="checkbox"/>	Light housework	<input type="checkbox"/>
Washing of personal laundry	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Bed making	<input type="checkbox"/>	Experience in a hospice	<input type="checkbox"/>
Changing a bed/draw sheet with patient in/on it	<input type="checkbox"/>	Experience in First Aid	<input type="checkbox"/>
Observing client confidentiality	<input type="checkbox"/>	Sitting with a terminal patient	<input type="checkbox"/>
Simple dressing procedure	<input type="checkbox"/>		

Record instruction from GP/District Nurse

Observe changes in patient/client's condition and report to the person in charge of their care

DECLARATIONS

DISCLOSURE AND BARRING SERVICE (DBS)

The Disclosure and Barring Service (DBS - formerly Criminal Records Bureau CRB) is the executive agency of The Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS disclosure information. NHS Trust and Private Sector hospitals and nursing homes insist on agencies making information recruitment decisions which require DBS checks to be made on all staff. It is a condition of proceeding with your application that you apply for a DBS disclosure check. The disclosure will be compared with the information given below and any inconsistencies could invalidate your application or lead to the cancellation of your registration with us.

REHABILITATION OF OFFENDERS ACT 1974 AND CRIMINAL RECORDS

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986 the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should therefore list all offences below even if you believe them to be 'spent' or 'out of date' for some other reason.

Have you been convicted of a criminal offence?

Yes

No

Have you ever been cautioned or issued with a formal warning for a criminal offence?

Yes

No

If you have answered 'yes' to either of the above questions please list details including dates below.

Signature

Date

DECLARATIONS Continued...

RIGHT TO WORK

It is a legal requirement that before any offer of work can be made all candidates provide the company with confirmation of their eligibility to work in the UK by providing one of the original documents detailed below.

A passport which describes the holder as a British Citizen or as having a right of abode in the United Kingdom or a passport or other travel document to show that the holder has INDEFINITE LEAVE TO REMAIN in the United Kingdom and is not precluded from taking the work in question.

A passport or identity card issued by a State which is a party to the European Union and EEA agreement and which describes the holder as a national or a state which is a Party to that agreement.

A letter issued by the Home Office or the Department of Education and Employment indicating that the person named in the letter has permission to take agency work in question or a biometric residence permit.

WORKING TIME DIRECTIVES

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. You are under no obligation to accept work offered to, therefore you will never be compelled to work more than 48 hours per week but you may choose to do so.

Please confirm that you have read and understood this information by indicating your preference below.

I DO NOT wish to work more than 48 hours per week

I DO wish to work more than 48 hours per week

Signature

Date

REGISTRATION FORM DECLARATION

I declare that all information given in this registration form is to the best of my knowledge complete and accurate in all respects and that I am eligible to work in the UK.

I understand that any false or misleading information may result in my removal from SNA's register of members.

Signature

Date

Print Full Name

FOR OFFICE USE ONLY

Date sent:

Signature:

Date received:

Signature:

Reference 1

Reference 2

Date application form received:

Date fully registered:

NI Card/Gov. Letter

Interview:

Date:

Interviewer:

Comments:

Date commenced work: