



2017

Nurses, Care Assistant/ Support Worker Application Form

Please return the completed application form to:
ACH Healthcare Ltd
122 Markwell Wood , Harlow, CM195QU.

Alternatively, email form to : recruitment@achhealthcare.co.uk

1. Personal Information

Forename:	Surname:	Title:
Address:		
Town/City:	Postcode:	Photo I.D (for office use ONLY)
Phone No:	Email:	
Mobile No:	Nationality:	
Date of Birth:	National Insurance No:	
Do you drive? (Y/N)	Do you own a car? (Y/N)	

2. Application Information

Date Available:	Desired Salary:
Position Applied For?	
Preferred Location of Work?	
Availability (Tick those that apply)	Full Time: <input type="checkbox"/> Weekends Only: <input type="checkbox"/> Ad Hoc: <input type="checkbox"/>
Working Status	Work Permit: <input type="checkbox"/> Student Visa: <input type="checkbox"/> Unrestricted: <input type="checkbox"/>
Do you have a criminal record?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
Are you a UK citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/> If not, can you work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your Manual Handling Training up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, date of expiry:

3. Occupational Health Screening History

Name of trust or hospital that gave your most recent screening:
Date of most recent screening:
GP Address:
GP Contact Number:
Were the results in anyway abnormal?
If the results were abnormal please provide details in the space below:

4. Immunisations Records

Please tick the appropriate option. You will need to provide proof of any clean checks.

Hep B	Varicella	Rubella	TB	Hep C
Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>	Clean Check <input type="checkbox"/>
Needs Immunisation <input type="checkbox"/>	Had Virus <input type="checkbox"/>	Needs Immunisation <input type="checkbox"/>	Scar <input type="checkbox"/>	Needs Immunisation <input type="checkbox"/>

5. Present Employment

Name of Employer:

Address:

Postcode:

Position Title:

Date of Appointment:

Salary:

Department/Section:

Brief description of duties:

6. Previous Employment

Name of Employer:

Address:

Postcode:

Position Held:

Summary of duties:

Reason for leaving:

7. References

7. References	
Reference 1	Reference 2
Name	Name
Position (job title)	Position (job title)
Work Relationship	Work Relationship
Organisation	Organisation
Address	Address
Postcode	Postcode
Telephone No	Telephone No
E-mail	E-mail

8. Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualification/Grades

9. Professional Qualifications

Professional/Technical/
Management Qualifications

Course Details

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10. Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course

Duration of Course

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11. Health Check

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Do you or have you had any problem with the under noted? If Yes please give details on a separate Sheet.	Yes	No
Nervous or psychiatric illness		
Tonsillitis / sinusitis/ ear infection		
Asthma/ hay fever/pleurisy /chest infections		
Tuberculosis		
Heart/Circulation/ High blood Pressure		
Bladder/ Kidney Problems		
Blackouts/ Epilepsy/ giddiness		
Skin rashes/ allergies to food or drugs		
Thyroid /debates/other glandular illness		
Gastro-intestinal / jaundice		
Migraine / headache / varicose veins/ painful periods		
Genitourinary symptoms, disorders or diseases		
Hernia		
Do you have any persistent coughs?		
Immune- deficiency symptoms e.g. HIV positive diseases or disorders		
Stress related disorders or diseases		
Haematological symptoms, disorders or diseases		
Have you ever attended hospital anytime		
Are you receiving any medical treatment		
Have you ever left employment for health reasons		
Have you ever had chicken pox or shingles?		
Date, if yes?		

12. Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.

I understand that providing false/inaccurate information may result in the termination of employment.

I agree that I will endeavour to make myself aware of the Health & Safety procedures for each client I am assigned to.

I understand my C.V and personal information will be shared with potential employers. I give full permission to store my information and distribute it to potential companies and individuals deemed necessary by Progressive Active Recruitment.

Information contained within this document is governed by the Data Protection Act 1998, in line with the Equality Act 2010. Disclosure of Information is only with your informed consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

Signature:

Date:

13. Personal Statement

(Optional) Please use this section to explain in detail how you meet the requirements of the Employee Profile (abilities, skills, knowledge and experience). If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.
