



Nightingales Nursing Recruitment Agency Limited

46 Upper Thomas Street, Merthyr Tydfil, CF47 0BN
Tel: 01685 382999, Out of hours tel: 07974 930849, Fax: 01685 385152
Email: info@nightingalesnursing.com Website: www.nightingalesnursing.com

Dear Applicant,

Thank you very much for showing an interest in joining our team here at Nightingales. Please find an application pack below, once you have completed the application form please send it to the address above.

We will also need the following **original** documentation should you be successful in getting through to the interview stage: -

- **Passport** – Showing work status and VISA documentation
- **NMC Pin Card and Statement of Entry** (Registered Nurses)
- **Birth Certificate**
- **Driving License**
- **Marriage License** – If Applicable
- **Utility Bill or Bank Statement** (must be less than 3 months old) – This is required to verify your current address for your DBS application.
- **National Insurance Number** – NI Card or P60 showing your number
- **Two passport photographs** – One of which will be used for your ID Badge
- **Bank Details** - For Payroll
- **All original training certificates** – If any (we can offer full mandatory training or refresher training from our own Training provider)
- **Record of immunity** – Can be obtained by a blood test from GP/Occupational Health Depart.
Please bring the full written results for the following: -

Hepatitis B	Rubella
Varicella	Measles
Mumps	Hepatitis C
BCG Scar	

Please make sure you have all your supporting documentation when attending your interview as this will ensure a swift application process.

We require two references one of which must be from your current employer. Please inform your referees that we will be sending a reference request form for them to complete.

Yours sincerely

Recruitment team at Nightingales



**Nightingales Nursing
Recruitment Agency Ltd**

Application Pack



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APPLICATION FORM **Section 1- Personal Details**

Full Name: _____ Date of Birth: _____

Title: (Mr/Mrs/Miss/Ms) _____ N.I. No.: _____

Address: _____

Postcode: _____ Tel. No. (h): _____

Tel. No. (m): _____ Nationality: _____

Email Address: _____

Next of Kin: _____
(Name/Address/Tel. No)

Section 2- Professional Details

NMC Qualification: _____

Where Obtained: _____

NMC Pin Number: _____

Registration Date: _____

Expiry date: _____

Section 3- Educational Details

Dates (from/To)	School/College	Subject	Qualifications Attained

Section 4- General Information

Do you hold a full UK driving licence? (Y/N) _____

Do you have your own means of transport? (Y/N) _____

Are you a member of a National Professional body e.g. Unison? (Y/N) _____

Name of Professional body? _____

How long have you been a member of this organisation? _____

Please state whether there is any additional information you believe to be relevant to your application.

Section 5- Employment History

Please provide details of Employment History for the last five years accounting for any breaks in employment (e.g. due to pregnancy, sickness etc) starting with your current or most recent employer including a contact name.

Name/Address of Employer	Position Held	Dates (From/To)	Contact Name	Disciplines / Experience

Have you ever been refused or dismissed from employment? (Y/N) _____

If yes please provide details: _____

Have you ever been involved in a legal dispute? (Y/N) _____

If yes, please provide details: _____

Section 6- References

Please give details of two UK references. The first reference must be from a professional person within the community (e.g. Nurse, Company Director, Accountant etc.) and the second reference must be from your most recent employer. (Relatives, Family & Friends are not acceptable)

Reference No. 1

Name: _____

Position Held: _____

Address: _____

Telephone Number: _____

Email Address: _____

Reference No. 2

Name: _____

Position Held: _____

Address: _____

Telephone Number: _____

Email Address: _____

Section 7- Disclosure & Barring Service

Please note – This section **MUST** be completed

Criminal Convictions - The Rehabilitation Of Offenders Act 1974.

As Nightingales Nursing Recruitment Agency Ltd. meets the requirements in respect of exempted questions under the Rehabilitation Of Offenders Act 1974, all applicants who are offered employment will be subject to an Enhanced DBS check from the Disclosure & Barring Service before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

Furthermore, Nightingales Nursing Recruitment Agency Ltd. complies with the Code of Practice ‘Employing People with Conviction’ (a copy of which can be forwarded to you) and therefore recognises that a conviction will not necessarily be a bar to obtaining employment.

Do you any have objections to a DBS Check? (Y/N) _____

Have you had a DBS check in the past? (Y/N) _____

If yes, please provide the certificate No. _____

***Note: Your answer to the above question may affect your suitability to the job being offered as certain positions (i.e. Registered Nurses and Nursing Auxiliaries are required by law to have an Enhanced DBS Check)**

Section 8- Medical History

Please provide answers to all of the following questions.

Do you suffer from any of the following conditions?

	<u>Yes</u>	<u>No</u>	If 'Yes' please provide details
1) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) Back trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) Gastric problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
8) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>Yes</u>	<u>No</u>
Are you aware of any illness, condition or surgical intervention, which may affect your ability to perform your normal daily tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any hearing or sight defects, which may affect your performance at work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the need for infection control procedures in the prevention of MRSA?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been screened for MRSA or knowingly worked within an MRSA environment?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any prescribed medication? If so what? (Please expand below)	<input type="checkbox"/>	<input type="checkbox"/>
Are you under the care of a Consultant for any further investigations at this time?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of any major illness/sickness in the last five years, or please expand if answered 'Yes' to any of the above questions.

(Please also advise us if you have any condition which may affect your employment e.g. pregnancy)

Please provide details on a separate sheet of paper if necessary.

Section 9- Fire/Health and Safety

YOUR RESPONSIBILITIES

All employees have the responsibility to co-operate with supervisors and managers to achieve a healthy and safe workplace and to take reasonable care of themselves and others. In particular, it shall be the duty of every employee whilst at work:

- ❖ To take reasonable care of the health and safety of himself/herself and of other persons who may be affected by his/her acts or omissions at work
- ❖ As regards any duty or requirements imposed on his/her employer or any other person by or under any of the relevant statutory provisions; to co-operate with him/her so far as is necessary to enable that duty or requirement to be complied with, and
- ❖ Not to interfere with, or misuse, anything provided for his/her health and safety or welfare and to use any such equipment only as instructed by any training received.

Please ensure you read this section and sign the declaration section relating to this policy in Section 11.

Section 10- Professional and Health Certification

Please provide dates that you completed your last training courses and had your last vaccinations for the following list:

1. **Manual Handling** _____
2. **Hep B Immunisation** _____
3. **CPR/BLS** _____
4. **Mantoux/Heaf** _____

Section 11-Declarations

1. This confirms that I have read, and understood, my obligations outlined in Section 9.

Name in block capitals: _____

Signature: _____

Date: _____

2. I declare that, to the best of my knowledge, the information given in this application form is true.

Name in block capitals: _____

Signature: _____

Date: _____



NIGHTINGALES NURSING
RECRUITMENT AGENCY LTD

DIVERSITY QUESTIONNAIRE

THIS INFORMATION IS NOT FOR USE IN THE SELECTION PROCESS

Dear Applicant,

**EQUAL OPPORTUNITIES AND DIVERSITY AT NIGHTINGALES NURSING
RECRUITMENT AGENCY LTD**

Thank you for your interest in this vacancy and for applying to work at Nightingales Nursing Recruitment Agency Ltd.

Please find attached a diversity-monitoring questionnaire which we should be very grateful if you would take a few minutes to complete and return with your application. The questionnaire is voluntary and seeks information on gender, ethnicity and disability. You may wonder why we ask for this information, and we hope the following explanation of Nightingales Nursing Recruitment Agency Ltd.'s equal opportunity and diversity policies may answer any question you may have.

Nightingales Nursing Recruitment Agency Ltd is committed to providing equal opportunities for all, with everyone in Nightingales Nursing Recruitment Agency Ltd treated equally, whatever their race, colour, ethnic or national origin, sex, marital status, responsibility for children or dependents, disability, sexual orientation, religious or political beliefs. We welcome applications from all sections of the community.

To this end, we constantly monitor and review our recruitment processes to ensure that it adheres to our commitment and policy; and to ensure that no-one is disadvantaged at any stage of our recruitment process. One way of monitoring is through the collection and analysis of statistical information. We collect diversity data on a voluntary basis on applications made to Nightingales Nursing Recruitment Agency Ltd. The information you give us is treated as confidential and will be kept separate from your application.

Once the recruitment exercise has been completed, the diversity questionnaires will be analysed and the ethnic origin data for the successful applicant(s) will be transferred to Nightingales Nursing Recruitment Agency Ltd.'s diversity ethnic origin database. Access to this database and its use is strictly controlled by the Code of Practice on Ethnic Origin Data.

The information you provide about disabilities will help us to consider the service and facilities needed throughout Nightingales Nursing Recruitment Agency Ltd.

If you have any questions on any aspect of this questionnaire, please contact the Operations Manager, Deborah Bowler on 01685 382999

Thank you for your time in reading this note and for your co-operation in completing the questionnaire.

Nightingales Nursing Recruitment Agency Ltd is an equal opportunities employer and therefore we want to ensure that all applicants are treated equally whatever their race, colour or ethnic origin. Your answer will be treated **confidentially**. Please feel free to return your completed questionnaire in a sealed envelope with your name, job references and 'monitoring form' clearly marked on the front of the envelope. Please attach securely to your application.

The information which you give on this form will not affect your job application in anyway.

Vacancy: Healthcare Assistant/Qualified Nurse, please specify _____

Your date of birth (dd/mm/yyyy): _____

Please choose **ONE** section from A to E and then tick the appropriate cultural background. (The options given are in line with guidance issued by the Commission for Racial Equality and reflect the question in the 2001 Census on your ethnic group)

Q1. WHAT IS YOUR ETHNIC GROUP

(A) White

- British
- Irish
- Any other White background
(specify if you wish)

(C) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
(specify if you wish)

(B) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background
(specify if you wish)

(D) Black or Black British

- Caribbean
- African
- Any other Black background
(specify if you wish)

(E) Chinese or other ethnic group

- Chinese
- Any other
(specify if you wish)

Q2. DISABILITY

Do you consider yourself disabled?

- Yes
- No

Q3. GENDER

Please specify, are you:

- Male
- Female

GUARANTEED INTERVIEW SCHEME

In recognition of our commitment to Equality and Diversity, Nightingales Nursing Recruitment Agency Ltd supports the principles that underpin the Positive About Disabled People Scheme and is working toward meeting the five commitments in the scheme to:

- ❖ Offer an interview to all disabled applicants who meet the advertised essential criteria for any advertised post and consider them on their abilities;
- ❖ Ensure that disabled employees can develop and use their abilities;
- ❖ Make every possible effort to see that disabled people stay in employment;
- ❖ Take action to ensure that all employees develop the appropriate level of disability awareness; and
- ❖ Review the commitments and to plan ways to improve

To this end, we commit to interview anyone with a disability whose application meets the minimum criteria for the post. By 'minimum criteria' we mean that you must provide us with evidence in your application for which demonstrates that you generally meet the level of competence required, as well as meeting any of the qualifications, skills or experience defined as essential.

What do we mean by disability?

The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities.

How do I apply?

Simply complete the declaration below and send it in with the main application form. Please do let us know if there are any special arrangements you need for your interview. We will try to provide access, equipment or other practical support to ensure that if you have a disability you can compete on equal terms with non-disabled people.

DECLARATION

I consider myself to have a disability as defined above and I would like to apply under the Guaranteed Interview Scheme.

Name: _____ **Date:** _____

Signature: _____

Please return the completed form with your application form, using a sealed envelope if you prefer, marking it clearly on the outside 'GIS', and firmly attaching it to your application.

**ANY FALSE DECLARATION OF DISABILITY TO OBTAIN AN INTERVIEW
WILL SUBSEQUENTLY INVALIDATE ANY OFFER OF A POST**