



# FIRSTCALL HEALTHCARE SERVICES APPLICATION PACK

Name: \_\_\_\_\_

Date of application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**Please use capital letters and complete all sections**

Name:

Address:

Postcode:

E mail:

Home Telephone: Mobile:

Date of Birth:

N.I. NO :

Marital Status:

Name of next of kin:

Relationship:

Address:

Postcode:

Tel:

Nmc Pin NO:

Expiry date:

Professional Qualifications:

**For Nurses:** All self-employed Nurses are required to provide their professional indemnity insurance. Please provide a copy of your insurance certificate on interview.

**UTR Number(tax reference):**

Educational Qualifications:

**Nurses must provide at least one professional reference**

Name of referee:	Position:
Address :	
Postcode	Tel:
Email:	

Name of referee:	Position:
Address :	
Postcode:	Tel:
Email:	

**PLEASE PROVIDE US TWO REFERENCES NOTE: ONE REFERENCE MUST BE FROM YOUR MOST RECENT OR LAST EMPLOYER**

<p><b>Declaration of right to work in the UK</b>          You must have eligibility to work in the UK.          Are you able to provide the following documents:          Current Valid Passport ( )</p>
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Work permit ( )

SIGN.....Date.....

LANGUAGES SPOKEN:

**TRANSPORT**

Do you have your own Transport? Yes ( ) or No ( )

Do you have driving licences? Yes ( ) or No ( )

Is this clean licence? Yes ( ) or No ( )

**Confidentiality Policy: -**

All the information regarding **FIRSTCALL HEALTHCARE SERVICES LTD**, all their clients, information data chart, company policy, and documentations created by the business conducted by the company, must be treated in the strictest confidence and any breach of this agreement may result in instant dismissal, legal action or other disciplinary action.

**I understand the above policy and agree to abide by it.**

**Sign**.....

**Name**.....

**Date**.....

**DECLARATION**

I declare that the information I have given on this form is correct and complete. False or misleading statements may be sufficient grounds for cancelling any agreements made.

If I am required to apply for a new DBS, I acknowledge and confirm that I will be charged the full fee, and confirm that I agree/ yes / No

Not agree yes/ No

to pay for this.

**Sign:**

**Date:**

**Employment History** (if you provided your CV please leave blank)

Please list starting with your **most recent employment** details, the full name and address of all Company's, Businesses or Organisations you have been employed by in the last **10 years**.

1. EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer)

Name and Address of Employer and Nature of Business:	Dates to and from employed	Job Title: job Functions/ Responsibilities:	Final Salary and Reason for Leaving

## Health Questionnaire

**(In confidence)**

**The purpose of our Health Questionnaire is to establish whether you have any health problems that could affect your ability to undertake the duties of the post or put you at risk at the work place.**

Name and Address of GP .....

..... Tel. No. ....

May we contact your GP to verify health details? YES/NO

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Please give details of all absences from work on medical grounds during last two years.

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Are you undergoing any medical treatment at present? YES/NO

If YES please give details.

Do you suffer any illness/ impairment/disability which may affect your work?

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**Have you ever suffered from any of the following?**

Chicken pox/ shingles	YES / NO	High blood pressure	YES / NO
Tuberculosis	YES / NO	Mental illness	YES / NO
Asthma	YES / NO	Nervous breakdown	YES / NO
Bronchitis	YES / NO	Diabetes	YES / NO
Back pain	YES / NO	Chest pain	YES / NO
Fits/fainting	YES / NO	Headaches/migraine	YES / NO

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Are you taking any medication? YES / NO

Do you expect to ask for leave of absence on medical grounds in the year future? YES / NO

Have you had any psychiatric treatment? ..... YES / NO

Immunisation history: have you had any of the following immunisations:

Triple vacc Dip? Tet/whooping cough/polio and tetanus.

Hepatitis B (dates of immunisation .....

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I declare that to the best of my belief the above information is true. I understand and Acknowledge that if it is subsequently discovered that the above information is incorrect in any Way, or that I have failed to make full disclosure, I shall be liable to be dismissed.

I consent, under Data Protection legislation, to the Company processing the information received from my Doctor and/or Consultant for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the Company deems necessary.

Signed ..... Date .....

## EQUAL OPPORTUNITIES MONITORING FORM

**Firstcall healthcare services Ltd** Wholeheartedly supports the principle of equal opportunities in employment and service provision. To help us monitor our equal opportunities policy in recruitment and selection procedures, you are requested to complete the following questionnaire.

The information you provide does not form part of the selection procedure, it is used only for the monitoring purpose. This sheet will be separated from your application form before short-listing.

Post Applied

For.....

Please tick the appropriate box

Sex	Male	( )			Female	( )
Age bracket	18-21	22-29	30-39	40-49	50-59	60-over

What best describe your ethnic group?

( ) Black African ( ) Black Caribbean Other Black (Please Describe).....

( ) Chinese ( ) Japans Other Ethnic (Please Describe).....

( ) White ( ) Irish Other White (Please Describe).....

( ) Indian ( ) Pakistan Other Asian (Please Describe).....

( ) Bangladeshi ( ) Afghani Other Arabian (Please Describe).....

( ) Polish ( ) Slovakia Other European (Please Describe).....

Any Other Mixed Background (Please Describe).....



**Form for requesting information about (filtered) criminal convictions**

**Filtering rules: As of 29 May 2013 you are no longer required to disclose information about any ‘filtered’ offences. You are not required to disclose on any part of this form any convictions or cautions that have been ‘filtered’.**

Guidance and criteria on the filtering of these cautions and convictions can be found on the [Disclosure and Barring Service website](#)

Subject to the filtering rules failure to declare a conviction that you must to disclose may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

**Section 1:**

Name: .....

**Do you have any unspent\* criminal convictions?**

**Yes / No** (delete as applicable)

If yes, please list your criminal convictions and their dates below **subject to the filtering rules** (see above). The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of FIRSTCALL HEALTHCARE SERVICES LTD the offence is relevant to the post for which you are applying.

\*A conviction will become spent after a ‘rehabilitation period’.

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**Section 2:**

As an exception to the Rehabilitation of Offenders Act 1974, for certain roles and professions you are required to disclose all **spent and unspent** convictions. The attached *DBS checks*: If this is relevant to work that you are seeking please list all criminal convictions (spent and unspent) and their dates below, subject to the filtering rules.

**If this section does not apply to you, please write ‘not applicable’**

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**Signed:** .....

**Date:** .....