

Registration Form

Personal Details:

Title	First Name	Surname	Date of Birth		
Home Tel		Work Tel	Mobile		
Email			Address		

Next of Kin:

Name		Relationship	
Tel no 1		Tel no 2	

Work Requirements:

What position you are applying for?		Do you require?	Flexible agency work	
When are you available for work?			Shot/ Long Term contract	
When are you available until?			Full time/ Part time	
Where would you prefer to work? (Geographical area)			Ad hoc shifts	

Eligibility for Employment:

Nationality					
UK/EC/EEA Citizen with Right to work in UK – please supply details of any permit currently held including number, validity and expiry date					
Immigration Status (Please tick)	EU Passport		Tier 1	Right to abode	
			Tier 2	Ancestry Visa	
			Tier 5	Spousal Visa	
I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have the responsibility to monitor this. Please tick here to acknowledge this:					

Education/ Professional Qualifications:

Place of study		Grade	
Subject/ Qualification		Date obtained	

Training/ Other Qualifications:

Training provider		Duration	
Course duration		Date obtained	

Membership of Professional Bodies:

Qualification		Professional Body	
Date obtained		Prof Reg No/ PIN no	Expiry date

Employment:

Please include all periods of employment, unemployment, study, travel etc. as necessary to cover a minimum period of the last 3 years. There should be **NO GAPS** in your activity history for the last three years.

Employer Name	Address of Employer	From (Month/Year)	To (Month/ Year)

Professional References (two most recent):

Full Name		Full Name	
Position		Position	
Organisation		Organisation	
Phone		Phone	
Address		Address	
Post code:	Email:	Post code:	Email:
Could we contact this reference?	Yes:	No:	Could we contact this reference? Yes: No:

Your clinical details:

Please tick boxes with the clinical areas you have expertise in:

<input type="checkbox"/> A&E	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Clinics
<input type="checkbox"/> Community	<input type="checkbox"/> Diagnostic Imaging x-ray	<input type="checkbox"/> Elderly care
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> General wards	<input type="checkbox"/> Gynaecology
<input type="checkbox"/> HDU	<input type="checkbox"/> Health visitor	<input type="checkbox"/> Homecare
<input type="checkbox"/> ITU	<input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Medical
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Neonatal
<input type="checkbox"/> NICU	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Nursing homes
<input type="checkbox"/> Occupational Health	<input type="checkbox"/> ODP	<input type="checkbox"/> Oncology
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Paediatric A&E
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Palliative	<input type="checkbox"/> PICU
<input type="checkbox"/> Practice Nurse	<input type="checkbox"/> Prison	<input type="checkbox"/> Radiology
<input type="checkbox"/> Recovery	<input type="checkbox"/> Renal	<input type="checkbox"/> Dialysis
<input type="checkbox"/> SCBU	<input type="checkbox"/> Surgical	<input type="checkbox"/> Theatre
<input type="checkbox"/> Triage	<input type="checkbox"/> Urology	<input type="checkbox"/> Walk in centre

Other (Please specify)

Please tick boxes with the Health Care Assistance areas you have expertise in:

<input type="checkbox"/> Personal care	<input type="checkbox"/> Domestic care
<input type="checkbox"/> Bath/ shower/ strip wash	<input type="checkbox"/> Application/ change of simple dressings
<input type="checkbox"/> Bed bath	<input type="checkbox"/> Bed making
<input type="checkbox"/> Bedpans/ commodes	<input type="checkbox"/> Care plans (Evaluating)
<input type="checkbox"/> Blood glucose monitoring	<input type="checkbox"/> Care plans (Formulating)
<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Care plans (Implementing)
<input type="checkbox"/> Care of bladder and bowels	<input type="checkbox"/> Changing abed/ draw sheet with client in/on it
<input type="checkbox"/> Care of eyes	<input type="checkbox"/> Challenging behaviour-children/ schools
<input type="checkbox"/> Care of feet	<input type="checkbox"/> Challenging behaviour-young adults
<input type="checkbox"/> Care of fingernails	<input type="checkbox"/> Care of client from Operating Threat
<input type="checkbox"/> Care of hair	<input type="checkbox"/> Dealt with relatives of ill and terminally ill client
<input type="checkbox"/> Care of prosthetics	<input type="checkbox"/> Dementia care
<input type="checkbox"/> Catheter bag (emptying)	<input type="checkbox"/> Eating disorders
<input type="checkbox"/> Changes in condition	<input type="checkbox"/> Evaluating care plans

<input type="checkbox"/> Colostomy my bag (Changing)	<input type="checkbox"/> Experience in hospice
<input type="checkbox"/> Dressing/undressing	<input type="checkbox"/> Housework (light duties)
<input type="checkbox"/> Elimination	<input type="checkbox"/> Learning disabilities
<input type="checkbox"/> Ensure pressure areas are healthy	<input type="checkbox"/> Mental Health Hospital acute
<input type="checkbox"/> Feeding a helpless client	<input type="checkbox"/> Mental Health Hospitals Long Stay
<input type="checkbox"/> Hoists	<input type="checkbox"/> Observing confidentiality
<input type="checkbox"/> Mobility	<input type="checkbox"/> Record change of condition in care plan
<input type="checkbox"/> Mouth care	<input type="checkbox"/> Record keeping
<input type="checkbox"/> Moving and handling	<input type="checkbox"/> Record instruction from GP/ District nurse
<input type="checkbox"/> Moving and handling aids	<input type="checkbox"/> Report writing/ giving
<input type="checkbox"/> Observations	<input type="checkbox"/> Return of client from operating theatre
<input type="checkbox"/> Obtaining simple specimens	<input type="checkbox"/> Shopping
<input type="checkbox"/> Pulse	<input type="checkbox"/> Taking, recording and conveying messages
<input type="checkbox"/> Recording fluid balance	<input type="checkbox"/> Terminally ill
<input type="checkbox"/> Respiration	<input type="checkbox"/> Washing of personal laundry
<input type="checkbox"/> Shaving	<input type="checkbox"/> Hostel work
<input type="checkbox"/> Temperature	<input type="checkbox"/> Children's residential units including autism and challenging behaviour
<input type="checkbox"/> Urine Testing	<input type="checkbox"/> Eating disorders units
<input type="checkbox"/> Use of bath aids	<input type="checkbox"/> Domiciliary care
<input type="checkbox"/> Weight chart	<input type="checkbox"/> Live in care

Declaration of Criminal Record:

Do you have any unspent criminal convictions, cautions, reprimands or warnings?	Yes:	No:
Are you subject of any pending proceedings?	Yes:	No:
<p>If yes please list your criminal convictions and their dates below. The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of the Company the offence is relevant to the post for which you are applying. Certain types of employment and certain professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults details of all criminal convictions, both spent and unspent, must be given. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.</p>		

Professional conduct:

Are you currently subject to or have previously been subject to any suspension, investigation, serious complaint/s, or dismissed by an employer, professional body or regulator?	Yes		No	
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If yes, please give details

Working hours:

The working time regulations stipulate that employers will limit your average weekly working time to 48 hours, should you wish to waive this right, please confirm by ticking here:

CV:

<p>Please ensure you have supplied us with your CV.</p> <p>CV must contain in full any education and training.</p> <p>CV must contain in full and current or previous employment.</p>	<p>I agree that if I have given false information or have refused to submit any relevant information, this may lead to the application being declined or instant dismissal from any assignment.</p> <p>I declare that I have received and read the Love All Healthcare Ltd candidate handbook and accept the applicable terms of engagement which I understand are available from the company website.</p> <p>I acknowledge that my personal details will be stored and handled correctly by Love All Healthcare Ltd in accordance with the Data Protection Act. I agree that my personal details, including all documentation, may be made available for audit by customers and clients of Love All Healthcare Ltd and their appointed auditors.</p> <p>I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or previous employer.</p> <p>I authorize Love All Healthcare Ltd to disclose any convictions either declared or stated on a CRB, disclosure or any other police checks to any potential employer in accordance with our internal policy the CRB Code of Practice and the Rehabilitation of Offenders Act.</p> <p>I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information. I acknowledge that should I reach the 12 week qualifying period under the Agency Workers Regulations, I may be asked for and will provide further documentation as evidence of qualifying weeks, if Love All Healthcare Ltd deems it necessary.</p>
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Additional Information:

<p>All gaps into your CV must be outlined and explained in full.</p>	
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Name:

Signature:

Date: