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HEALTH CARE ASSISTANT APPLICATION

This application is part of our recruitment and selection procedure. Please complete in your own handwriting and in BLACK BALL PEN as the form may be photocopied. Please note: We will need to see the originals of all photocopied documents you enclose with this application form. These can be brought with you on or before the day of the interview.

We will also need to see proof of your **National Insurances Number and Eligibility to work in the UK.**

PERSONAL DETAILS

Title Mr /Ms/Miss

Surname

Forenames(s)

Nationality

Date of Birth

Post applied for

Qualifications

Address

Postcode

Contact No.

Alternative Tel No.

E-mail

N.I Number

Please give **FULL** details of a person to be contacted in an emergency.

Name

Relationship

Address

Postcode

Tel Number

Doctors Name / GP

Name and address of Practice

Postcode

Telephone number

Do you have any allergies? Yes **No**

If the answer is yes please state the type of allergy

Do you hold a FULL UK driving license? Yes **No**

Please quote number

Do you have a car available? Yes **No**

EDUCATIONAL LEVEL AND EXPERIENCE

To Enable us to match your previous experience and skills to a client care needs, please provide a copy of your CV.

SECONDARY EDUCATION

QUALIFICATIONS OBTAINED

FURTHER AND HIGHER EDUCATION

QUALIFICATIONS OBTAINED

RELEVANT TRAINING

FULL EMPLOYMENT HISTORY

From the age of 18 years with no gaps

(Please use separate sheet if necessary)

Name of current or most recent employer

Type of business

Address

Postcode

Start date / Leaving date

Pay on leaving

Reason for leaving

Briefly describe your duties

Name of previous employer

Type of business

Address

Postcode

Start date / Leaving date

Pay on leaving

Reason for leaving

Briefly describe your duties

REFERENCES

Please provide the **FULL** names, addresses, telephone numbers and relationship details of the **TWO** people who will give you a reference. One must be a caring or nursing reference mainly from your line manager. You must have known them for at least **12 months** and not be related to them.

PREVIOUS OR CURRENT EMPLOYER REFERENCE

Name

Address

Postcode

Tel No Email

Company name

Position of the referee

CHARACTER REFERENCE

Name

Address

Postcode

Tel No Email

Relationship

I agree that I can be required to work for me than 48 hours per week over the duration of the contract made between the Client Top Class **NURSING SERVICES** and myself because of the continuous nature of the services provided to the client.

Signature

Date

HOLIDAY PAY – PROVIDED

PENSION SCHEME - OPTIONAL

Rehabilitation of Offenders Act (1974)

(Please note that a criminal record will not necessarily be a bar to obtaining a job)

Do you have any criminal convictions either "spent" or "unspent"

If the answer is yes please state the nature of the offence

Yes No

Is there any reason why you can not work in a regulated activity?

Yes No

***NB the Organisation will require an enhanced Criminal Record Disclosure in all cases.
Work will only be allocated to those who have Access NI and two references.**

**Top Class Healthcare have a policy on recruitment of Ex-offenders.
A copy is available on request.**

Signature

Date

YOUR IMMIGRATION STATUS (PLEASE TICK THE BOX THAT MATCHES YOUR IMMIGRATION STATUS)

- I have indefinite leave to remain in the UK
- I am a student on a student visa Expires on
- I am a recognised refugee with indefinite leave to remain in the UK
- I am on a work permit Expires on
- I am on a spouse visa Expires on
- I am on a working holiday visa Expires on
- I am a British passport holder
Passport No. Expiry date
- I am an EU National
- Nationality
Passport No. Expiry date
- I have limited leave to remain and am allowed to work in the UK

Expiry date for limited leave to remain in the UK
For all cases please provide your passports, thank you.

Please note:
We will not be able to process your application if copies of the listed documents are not enclosed.

FOR PAY ROLL DEPARTMENT

(We pay your salary directly into your bank account)

Name of bank

Address

Postcode

NAME AS IT APPEARS ON BANK ACCOUNT

Account number

Sort code

RECRUITMENT POLICY

It is the policy of Top Class Nursing Services to employ the best qualified and experience people and to provide equal opportunities for career advancement of its employees including promotion and training, and to not discriminate against any person because of race, colour, country of origin, gender, marital status, sexual orientation, age, disability, religion or belief. If it is likely that you will need any special arrangements to be made for you during the recruitment process, please let us know in advance and we will be happy to help.

APPLICANT'S DECLARATION

I confirm that the information given on this form is true and correct and I understand that the information given on this form will remain private and confidential and will be used for the purpose of recruitment and selection. I also understand and agree that the organisation may, from time to time use the information for marketing purposes where a detailed profile of my qualifications, NMC pin number, and competence will be sent to different organisations. Where this is the case, processing will take place in accordance with the provisions of data processing act 1984 and 1998. I am aware that the organisation may contact other third parties to verify the accuracy of information that I have given. By signing this form, I am providing the organisation with my consent to all the uses.

Finally, I am fit and able to carry out all the tasks of a carer or Registered Nurse.

Signed Date

Please say how you heard about the agency (eg Job Centre, Advertisement, specific post etc)
If newspaper, please state which paper. If Job Centre please give reference number and specific post.

FOR OFFICIAL USE ONLY

Application received Date Initials

All documents received Yes No

Candidate allowed to work in the UK Yes No

Access NI Received: Anything recorded? Yes No