

REVIVE CARE SERVICE

Phone: 0207 1838229/ 07848998683

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Email: info@revivecareservice.co.uk

APPLICATION FORM

Position applied for:

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 - Personal Details:

Title (MRS, MISS, MS, MR or other title).....

Surname or family name.....

First name(s).....

Name preferred to be known by.....

All other surnames or family names (including maiden name).....

Address

.....

..... Postcode.....

Home phone number..... Mobile number

E-mail address.....

NMC Pin Number (if applicable).....**Expiry Date**...../...../.....

Membership of Professional Body/Union.....

National insurance number**Date of birth**/...../.....

Do you hold a current full UK driving licence? Yes / No

Do you need a work permit to work in the UK? Yes / No

Section 2 - Education: Qualifications obtained from Schools, Colleges and Universities.

School.....Dates.....

Qualifications.....

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College/University.....Dates.....
Qualifications.....
.....

Others.....Dates.....
Qualifications.....
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Section 3 - Employment Details:

1. Current or Most Recent Employer.....
Job Title.....From.....To.....
Summary Of Role & Responsibilities.....
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2. Previous Employer.....
Job Title.....From.....To.....
Summary Of Role & Responsibilities.....
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3. Previous Employer.....
Job Title.....From.....To.....
Summary Of Role & Responsibilities.....
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Section 4 - Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Post.

Section 5 - Criminal Records

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Do you have any criminal convictions in the UK or abroad? Yes / No

If Yes please provide details.....
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Section 6 - References

**Please supply the names and work addresses of two clinical professional referees.
One must be from your present or most recent employer and must be a senior grade to yourself.**

Reference 1	Reference 2
Name	Name
Position	Position
Address	Address
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.....
Phone number	Phone number
Fax number	Fax number
Email address	Email address

Section 7 - Your pre-employment declaration of health

Do you have any impairment which may affect your ability to work safely	YES / NO
Do you have any conditions of vision, hearing or speech which might affect your ability to work	YES / NO
Are you pregnant	YES / NO
Do you have any difficulty in standing, bending, lifting or other movements	YES / NO
Are you currently or regularly taking any prescribed medication	YES / NO
Are you having any treatments or investigations of any kind at the moment	YES / NO
Is there any aspect of your medical history which an employer should or might wish to know	YES / NO
Are there any reasonable adjustments that an employer should make to enable you to work	YES / NO
Have you ever suffered with any stress related disorder or diseases, mental illness / or psychological problems	YES / NO
Have you ever had alcohol or drug problems	YES / NO
Do you have any allergies	YES / NO
Have you any reason to believe you may be infected with a communicable or high-risk infection or disease?	YES / NO
Have you knowingly been in contact with MRSA or worked within an MRSA environment?	YES / NO

Do you now, or have you ever, suffered from or received treatment for:

Respiratory symptoms, disorders or diseases (including asthma, bronchitis, pleurisy, pneumonia or other chest illness)	YES / NO
Cardiovascular symptoms, disorders or diseases (including chest pain, high blood pressure, low blood pressure)	YES / NO
Epilepsy, frequent fainting attacks, giddiness or migraine	YES / NO
Skin symptoms, disorders, diseases (including reactions to gloves and glove powder)	YES / NO
Any kind of back or joint problem (including pain, swelling or stiffness)	YES / NO
Tuberculosis (TB)	YES / NO
Diabetes, thyroid or other glandular problems	YES / NO
Chicken pox	YES / NO
German measles	YES / NO
Hepatitis A, B or C or jaundice	YES / NO
Any other serious illness / operations	YES / NO

If you answered yes to any of the questions above please give details below:

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Section 8 - Declaration & Consent

I confirm that the information given in this application is, to the best of my knowledge, true. I am permitted to work in the UK. I understand that if information given on this form is found to be false it may result in disciplinary action which can include dismissal.

Signed.....

Print Name.....

Date.....

Please return this form to us by post, email or fax. Thank You.