

Position applied for: \_\_\_\_\_

**Personal Details**

<b>Title: Mr/ Mrs/ Miss/Dr</b>	
<b>Surname:</b>	
<b>Forename(s):</b>	
<b>Previous Names:</b>	<b>Marital Status:</b>
<b>Home Address:</b>	
<b>Postcode:</b>	
<b>Your email address (if any)</b>	
<b>Home Telephone:</b>	
<b>Mobile Telephone:</b>	
<b>Work / Other Telephone:</b>	
<b>Nationality:</b>	
<b>Country of Birth:</b>	<b>Date of Birth</b>
<b>Work Permit No (If Applicable):</b>	
<b>National Insurance Number:</b>	
<b>Do you hold a current U.K driving Licence?</b>	
<b>Do you have the use of a car?</b>	

**Next of Kin**

<b>Full Name:</b>	
<b>Relationship:</b>	
<b>Home Address:</b>	
<b>Postcode:</b>	
<b>Home Telephone:</b>	
<b>Mobile:</b>	

**Employment History** *(Start with the most recent and please give a full and continuous employment history since leaving full time education explaining any gaps or breaks.)*

<b>Start Date</b>	<b>Finish Date</b>	<b>Position Held</b>	<b>Employer Name and Address</b>	<b>Reason for Leaving</b>

*(Please attach additional sheets if needed.)*

**Professional Qualification**

*(Please enter in the sections below, only qualifications relevant to the position for which you are applying.)*

<b>NMC Pin Number</b>	<b>Part Register</b>	<b>Expiry Date</b>

<b>Qualifications</b>	<b>Date Obtained</b>	<b>Place of Training</b>

**EDUCATIONAL QUALIFICATIONS**

<b>Name and Address of School</b>	<b>Year attended</b>	<b>Results / Grade obtained</b>

**Do you have any formal training in any of the below?**

	<b>Date obtained</b>	<b>Expiry Date</b>
<b>Moving and Handling</b>		
<b>Food and Hygiene</b>		
<b>Health and Safety</b>		
<b>First Aid</b>		
<b>Infectious Diseases Control</b>		
<b>Challenging behaviour</b>		
<b>Safe administration of Meds</b>		
<b>Safeguarding vulnerable adults</b>		

*(Please list any other relevant courses you have done on a separate sheet)*

**References:**

*(Please supply the details of at least two referees of which, one must be your current or most recent employer. Reference will be sought upon receipt of this application)*

<b>Full Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Telephone Number:</b>
<b>Profession/ Position:</b>
<b>Full Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Telephone Number:</b>
<b>Profession / Position:</b>
<b>Full Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Telephone Number:</b>
<b>Profession / Position:</b>

**If your application is successful, when would you be able to commence work?**

**Date:** \_\_\_\_\_

**If you are applying for this position as secondary income, the responsibility is placed on you, the applicant to seek authorisation where necessary.**

## Rehabilitation of Offenders Act 1974

By virtue of the rehabilitation of offenders act 1974 (Exceptions order 1975) The provisions of section 4.2 of the rehabilitation of offenders Act 1974 do not apply to any employment which is concerned with provision of health services and which is of such a kind as to enable the holder to have access to persons on receipt of such services in the course of his normal duties. Your answer to the following questions should include any 'spent' convictions.

Have you ever been convicted of a criminal offence? If Yes, please give details including dates	Yes	No
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### Declaration

I declare that I have answered the above questions honestly and fully. I am not aware of any physical or mental disability, which may affect my working capacity. I know that any false or incomplete statement on my part will render me liable to disciplinary action or dismissal. I also understand that my details will be submitted for a check by the Criminal Records Bureau.

I agree to comply with the current Health and Safety at Work Act.

It is a condition of employment that you work flexibly in accordance with the requirements of the company. Accordingly if accepted and employed you acknowledge that there may be periods when no work is available and that Virtuous Healthcare Ltd has no obligation to provide an employee with any work or to provide with any minimum number of hours in any day of the week.

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

*(Please enclose 2 passport size photographs.)*

**Please use the space provided below for additional comments:**

**Bank Details Form**

**Name:**.....

**Address:**.....

.....

.....

**Postcode:**.....

**Bank Details**

**Name of account holder:**.....

**Name of bank:**.....

**Account number:**.....

**Sort code:**.....

**Your Signature:**.....