APPLICATION FORM

PRIMROSE COURT CARE

Registered Nurse Application Form

Title

First Name

Known As

Middle Name(s)

Last Name

Maiden Name

Gender Male ☐ Female ☐

Date of Birth

Nationality

Address

Town/City

County

Postcode

Date moved to this address:

Email:

Tel: Home

Tel: Mobile

How Did You Hear Of Us:

* PLEASE ATTACH A LIST OF PREVIOUS ADDRESSES FOR LAST 6 YEARS - FORM ATTACHED

Work Status

Self Employed or PAYE

National Insurance No

Driving License **Yes** ☐ No ☐

Car Owner **Yes** ☐ No ☐

CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list using most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

CAREER HISTORY cont.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

QUALIFICATIONS & TRAINING

Date Qualified: _____

NMC Pin Number: _____

Expiry Date: _____

Where did you train?: _____

Please give details of training undertaken and qualifications obtained:

_____

_____

_____

_____

_____

You should supply any certificates such as ENB or Diplomas etc -please note that we require manualhandling/CPR certifications that have been updated in the last 12 months

BAND (NEW TERMINOLOGY) 1-8								
2 ☐	3 ☐	4 ☐	**5** ☐	**6** ☐	7 ☐	8 ☐		
TYPE OF WORKER								
RNLD ☐	RHV ☐	EN ☐	RSCN ☐	RFN ☐	RM ☐	RGN ☐		
RMN ☐	RH ☐	ENM ☐	ENG ☐	ENMH ☐	**RNMH** ☐			
RECORDABLE QUALIFICATIONS								
RN1-1st Level General Nursing					YES ☐	NO ☐		
RN2-2nd Level General Nursing (England & Wales)					YES ☐	NO ☐		
RN3-1st Level Mental Illness					YES ☐	NO ☐		
RN4-2nd Level Mental Illness (England & Wales)					YES ☐	NO ☐		
RN5-1st Level Learning Disabilities					YES ☐	NO ☐		
RN6-2nd Level Learning Disabilities (England & Wales)					YES ☐	NO ☐		
RN7-2nd Level Nurses (Scotland & Wales)					YES ☐	NO ☐		
RNB-1st Level Sick children					YES ☐	NO ☐		
RN9-Fever Nurse					YES ☐	NO ☐		
RN12-1st Level Adult Learning					YES ☐	NO ☐		
RN13-1st Level Mental Nursing					YES ☐	NO ☐		
RN14-1st Level Learning Disability					YES ☐	NO ☐		
RN15-1st Level Children					YES ☐	NO ☐		
MRM-Midwifery					YES ☐	NO ☐		
HRHV-Health Visiting					YES ☐	NO ☐		
SPAN-Special Practitioner Adult Nursing					YES ☐	NO ☐		
SPMH-Special Practitioner Mental Health Nursing					YES ☐	NO ☐		
SPCN-Special Practitioner Children's Nursing					YES ☐	NO ☐		

SPLD-Special Practitioner Learning Disabilities	YES ☐	NO ☐	
SPGP-Special Practitioner General Practice	YES ☐	NO ☐	
SPCM-Special Practitioner Community Mental Health	YES ☐	NO ☐	
SCLD-Special Practitioner Community Learning Disabilities	YES ☐	NO ☐	
SPCC-Special Practitioner Community Children's Nursing	YES ☐	NO ☐	
SPOH-Special Practitioner Occupational Health	YES ☐	NO ☐	
SPSN-Special Practitioner School Nursing	YES ☐	NO ☐	
SPDN-Home/District Nursing with integrated nurse prescribing	YES ☐	NO ☐	
V100-Independent Nurse Prescribing V100	YES ☐	NO ☐	
V200-Extended Nurse Prescribing V200	YES ☐	NO ☐	
V300-Extended/Supplementary Prescribing	YES ☐	NO ☐	
TTTT-Lecturer/Practice Educator	YES ☐	NO ☐	
MIDWIFES ONLY			
Practising	YES ☐	NO ☐	
Intention to practice completed (you cannot work without this as a Midwife)	YES ☐	NO ☐	
Expiry Date:			
Mentor Name & Address:			

MEDICAL HISTORY

Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES ☐	NO ☐
Diabetes	YES ☐	NO ☐
Asthma/Hay fever	YES ☐	NO ☐
Bronchitis/Pneumonia/Pleurisy	YES ☐	NO ☐
Epilepsy	YES ☐	NO ☐
Headaches/Migraine	YES ☐	NO ☐
Tuberculosis	YES ☐	NO ☐
Psychiatric Illness/Anxiety/Depression	YES ☐	NO ☐
Dermatitis/Psoriasis/Eczema	YES ☐	NO ☐
Back problems	YES ☐	NO ☐
Recurrent infections	YES ☐	NO ☐
Hepatitis/Jaundice	YES ☐	**NO** ☐
Are you taking any prescription drugs?	YES ☐	**NO** ☐

If you have answered yes to any of the above questions please give details on separate paper attached to theback of the application form.

Have you ever been vaccinated, immunized or tested for/against any of the Following?

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Varicella	YES ☐	NO ☐
Tuberculosis including BCG	YES ☐	NO ☐
Heaf, Mantoux or Tine	YES ☐	NO ☐
Rubella (German Measles)	YES ☐	NO ☐
Poliomyelitis	YES ☐	NO ☐
Hepatitis B	YES ☐	NO ☐
Hepatitis	YES ☐	NO ☐
HIV	YES	NO
Tetanus	YES ☐	NO ☐
Typhoid	YES ☐	NO ☐
Any Other Please State:	☐	☐

Have you been vaccinated against Covid -19?

Injection 1	Injection 2	Injection 3	Any further Covid injections?
Date:	Date:	Date:	Date:
If no, please explain why?			

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Name Of Referee: Place of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

Name Of Referee: Place of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

ANY OTHER OR SPECIAL NOTES

DISCLOSURES

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2of the rehabilitations of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled towithhold information about convictions which for other purposes are 'spent' under the provisions of the act andin the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in elation to an application forpositions in which the order applies, and should be entered at the end of any particulars you give in support ofyour application.
A copy of our written policies is available upon request. A criminal record will not necessary be a bar toobtaining a position.

Have you ever been convicted of a criminal offence? YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions?

YES ☐ NO ☐

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order),all previous cautions, warnings and convictions will always be detailed regardless of how long ago.

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Any conviction, caution, reprimand will require a written statement of each and every event and how it doesnot affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautionsor reprimands?

YES ☐ NO ☐

Have you ever been involved in court proceedings?

YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application on aseparate page.

DECLARATION

I confirm that the information I have provided in support of this application is complete and true andunderstand that knowingly to make a false statement could be a criminal offence.

Signature: _____ Date: _____

I consent to Primrose Court Care checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist otherorganizations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

Signature: _____ Date: _____

Primrose Court Care retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:-Compliance Team

Primrose Court Care
Interchange House
1st floor, 81-85 station road
Croydon, Greater London
CR0 2AJ United Kingdom

ADDITIONAL INFORMATION/CHECKLIST

On receipt of a satisfactorily completed application form, Primrose Court Care will provide/send the following:-

1. Assist you with your DBS application for an enhanced DBS.

Please bring this Application Form to your interview along with the following ORIGINAL documentation forus to view and take copies. Without this information we cannot progress with your application.

	Please Tick Boxes
NMC pin card and your statement of entry	☐
Valid Passport	☐
Valid Visa/Work Permit/Certificate of British Nationality (if applicable)	☐
National Insurance Number Card	☐
2 additional forms/proof of Identity & Address - (Driving Licence or copy bills etc.)Full	☐
Immunisation record :	
Hep B	☐
MMR 1	☐
MMR 2	☐
Varicella	☐
Hep B (IVS) HBSAg	☐
Hep C (IVS)	☐
HIV (IVS)	☐
Training Certificates including:	
Moving and Handling (practical)	☐
BLS / ILS / ALS	☐
Complaints Handling	☐
Conflict Resolution (inc management of violence & aggression)	☐
Fire Safety	☐
Information Governance (including Caldicott Protocols and Data Protection)	☐
Health & Safety at Work (including COSHH andRIDDOR)	☐
Infection Control (including MRSA and C-Diff)	☐
Lone Worker Training (if applicable)	☐
Food Hygiene (if applicable)IV	☐
Certificate (if applicable)	☐
Full CV	☐
Addresses covering the past 6 years and dates of residency	☐
2 Passport size photos	☐

GDPR

The information shall be used and referred for purposes of knowing, understanding, and validating the information in relation to the qualifications for which the applicant is applying for purposes of recruitment and if successfully recruited, for information keeping and administration of employment with the Human Relations Department of the Company.

The Company shall treat all personal information with the utmost confidentiality in line with the standards of data protection required by the EU General Data Protection Regulation (GDPR).

I consent to Primrose Court Care checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

I agree that all the information collected in this form is necessary, the gathering information about me, as the applicant for the job and for the position that I am applying for.

I agree

YES ☐

NO ☐

Signature: _____ Date: _____

Primrose Court Care retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

We will also need details of your Bank / Building Society account for our Payroll Department
We try to make our registration process as swift and painless as possible but we are sure that you understand that owing to the sensitive nature of your profession our checks have to be thorough.

Bank details

LTD Company Bank details or if PAYE Personal Bank Details
The details shown below are the account your wages will be paid in

Bank Building Society Name									
Bank Building Society Address									
Postcode									
Account Number									
Sort Code									
Building Society Reference									
Unique taxpayer Reference (Mandatory unless you are paid PAYE)									

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PRIMROSE
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