



Please affix photograph here
The other copy to be used for ID

Please return your completed application form to:

Head Office
Xperience Recruitment Ltd
Suite 11 Kingsway House
King Street
Bedworth
CV12 8HY

Telephone 024 7631 5440 Fax 024 7631 5430 email xperience123@btconnect.com
www.xperiencerecruit.com

Application details accepted in our database ONLY after a face to face recruitment interview

APPLICATION FOR EMPLOYMENT

Profile/Grade _____ (HCA, Nurse, Clerical etc) Date _____

1. PERSONAL DETAILS

TITLE _____ SURNAME _____ OTHER NAMES _____

ADDRESS _____

_____ POST CODE _____

DATE OF BIRTH _____ MARITAL STAUTS _____

RELIGION _____ NATIONALITY _____

NATIONAL INSURANCE NO _____

TELEPHONE NUMBER HOME _____

TELEPHONE NUMBER MOBILE _____

DRIVER YES/NO

REQUIRE WORK PERMIT YES/NO

IF YES, EXPIRY DATE: _____

Explain type of permit: _____

NEXT OF KIN _____

NEXT OF KIN ADDRESS _____

_____ POST CODE _____

NEXT OF KIN HOME TEL NO _____

NEXT OF KIN MOBILE TEL NO _____

NEXT OF KIN EMAIL _____

RELATIONSHIP TO NEXT OF KIN _____

2. CRBCHECKS-NOT PORTABLE, WE ONLY ACCEPT XPERIENCE RECRUITMENT CHECKS

DATE CRB APPLIED _____ DATE CRB RECEIVED _____

DATE POVA APPLIED _____ DATE POVA RECEIVED _____

3. BANK DETAILS

NAME OF ACCOUNT _____

NAME OF BANK _____

ADRESS OF BANK _____

SORT CODE _____ ACCOUNT NO _____

4. HEALTH SCREENING AND MEDICAL HISTORY

a. Have you completed and signed the attached Xperience Recruitment self declaration for fitness to work questionnaire? Yes/ No

If “YES” please enclose a copy which will be filed with application form. If “NO” please complete one and attach with this application form

b. Are you immune against the following?

HEPATITIS B	documentary proof required	YES/NO
HEPATITIS C(EXPOSURE PRONE)	documentary proof required	YES/NO
RUBELLA(GERMAN MEASLES)	documentary proof required	YES/ NO
TB	documentary proof required	YES/ NO

VARICELLA(CHICKEN POX) - SELF DECLARATION

Please note that the documentary proof has to be from a qualified occupation Health practitioner or GP you are required to be immune to above if you are to work in the NHS

NAME OF GP:	ADDRESS	
TELEPHONE		
FAX		

5. QUALIFICATIONS

(Qualified Nurses must also provide documentary details of their professional registration with NMC which will placed in their personnel file)

	DATE	QUALIFICATION	COURSE TITLE	INSTITUTION	GRADE ATTAINED
1.					
2.					
3.					
4.					
5.					

6. MANDATORY AND INDUCTION TRAINING (This applies to all Healthcare Workers)

	DATE OBTAINED	EXPIRY DATE
FIRE SAFETY AND PROCEDURES		
MANUAL HANDLING		
FIRST AID-BASIC LIFE SUPPORT		
HEALTH & SAFETY		
INFECTION PREVENTION		
LONE WORKING TRAINING		
MANAGEMENT OF VIOLENCE AND AGGRESSION		
FOOD HYGEINE		
EFFECTIVE COMMUNICATIONS 1 & 2		
ABUSE IN THE CARE HOME		
POVA		
RAISING CONCERNS AND WHISTLE BLOWING		

PROFESSIONAL MEMBERSHIPS

	DATE ADMITTED	NAME OF BODY	DETAILS OF MEMBERSHIP	LEVEL
1.				
2.				
3.				
4.				

Note that it is your responsibility to inform Xperience Recruitment when you are suspended/removed from list or under investigation from that professional body

7. WORK HISTORY/EXPERIENCE AND REFERENCES

(note that this is authority for us to ask for references from your most recent employer. We need you to complete a minimal continuous 5 years history. If not worked for sometime in this period, please provide explanation for any gaps. We need at least 2 past Employers to give us references

Employer Name Address & Telephone Number	From	To	Position held including main duties and responsibilities	Reason for leaving

Continue on a separate sheet if necessary

Please provide details of two referees who will give us Employer references

NAME _____ TELEPHONE _____

COMPANY NAME _____

ADDRESS _____

POST CODE _____ POSITION HELD _____

FAX _____ Email _____

NAME _____ TELEPHONE _____

COMPANY NAME _____

ADDRESS _____

POST CODE _____ POSITION HELD _____

FAX _____ Email _____

Please also provide details of a work colleague who will give us your character reference

NAME _____ TELEPHONE _____

ADDRESS _____

POST CODE _____ POSITION HELD _____

FAX _____ Email _____

8. WORK PREFERENCES

Please use this space to tell us if you have any work preferences-shifts, location etc

9. MEDICAL HISTORY

DO YOU, OR HAVE YOU EVER SUFFERED FROM (if yes, please give details.)

Any impairment that may affect your ability to work or perform duties safely	Yes/no	
Eyesight problems not corrected by glasses/contact lenses	Yes/no	
Difficulties in walking, bending, lifting or any other movement	Yes/no	
Difficulties in hearing not correctable by hearing aid	Yes/no	
Muscular-skeletal problems, including arthritis or a back problem	Yes/no	
Significant discomfort when using a keyboard	Yes/no	
Psychological conditions including stress at work	Yes/no	
Fits/blackouts or epilepsy	Yes/no	
Suffered any accidents that significantly affected you physically or mentally	Yes/no	
Suffered from asthma, bronchitis or serious chest problems	Yes/no	
Treated for tuberculosis	Yes/no	
Gastrointestinal problems including hepatitis	Yes/no	
Diabetes, thyroid or endocrine problems	Yes/no	
Cardio-vascular problems including hypertension or a blood disorder	Yes/no	
Dysentery, typhoid, paratyphoid, food poisoning, salmonella, severe gastroenteritis or diarrhoea	Yes/no	
Had an operation in the past 2 years	Yes/no	
If you are under any medication (please give name of drug and dosage)	Yes/no	
Are you waiting for any medical treatment, investigation or test at the moment	Yes/no	
Have you ever suffered from any serious/frequent headaches or episodes of migraine	Yes/no	
Do you think you had any illness that was made worse by your work	Yes/no	
Have you ever had any drug or alcohol problem	Yes/no	
Do you consider yourself as having any disability	Yes/no	
Have ever had any concern/fear that you may have a health problem	Yes/no	

Coughs/vomiting/diarrhoea/rash- in the last 12 months, have you had a cough for more than 3 months, ever coughed/vomiting/diarrhoea/rash blood or any unexplained loss of weight or fever	Yes/no	
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Allergies-state here if any:

Do you have any more relevant information you think is not covered above? If yes, please state here or continue on a separate sheet of paper:

10. DECLARATION

a) Declaration of offenders Act 1974)-You are not entitled to withhold information regarded as “spent” under the act. This is due to the nature of work of the post which may be exempt from sec.4(2).

Any information which you give will be treated in strict confidence and in accordance with the data protection Act, which Xperience Recruitment adheres and complies with.

Have you ever been convicted of a criminal offence? Yes/no

If “YES” please provide details of all convictions and cautions, including those considered “spent”

b) By signing this application form, you also declare that to the best of your knowledge:

i) All information is my full disclosure including that which might be omitted by the CRB/POVA check.

ii) I will inform Xperience Recruitment any time that I am not of good health and not fit before starting for any work placement offered.

iii) I have been made aware of my responsibility to prevent myself from infectious environments and among others issued with handouts covered at clause 4 above, POVA, MRSA, Clostridium Difficile, HSC 1998/226 on AIDS/HIV, Protection of Children, Health & Safety and Manual Handling.

iv) issued with a contract of employment, Staff handbook in which I was made aware of the company policies and procedures contained therein and not limited to Complaints, grievances and disciplinary, general conduct, Timesheets and payroll issues including working time regulations etc.

v) To comply with the Mandatory Training, performance appraisal procedures in place from time to time.

vi) That Xperience Recruitment has the right to withhold payment against revenue lost due to my negligence and non coverage of placements per contract of employment.

Name _____

Signature _____

Date _____

SELF DECLARATION BY APPLICANT

1. I declare that the information provided on this questionnaire is true to the best of my knowledge and accept that will form the basis upon which is Qualified medical practitioner will base the certification as to my fitness to work for the position applied for:
2. I also state that I will inform Xperience Recruitment of any changes that may occur that may affect my ability to work for the position applied.
3. I understand that is it is my responsibility to ensure that all information provided is based on my truthfulness and that if I fail to notify Xperience Recruitment of any changes that may occur at any time, Xperience Recruitment may at their choice cease placing me for job vacancies
4. I accept that my personal details will be safely stored and handled by Xperience Recruitment in accordance with the Data Protection Act 1998, and that the same maybe made available for Audit/review by relevant organisations and where the law permits the service users
5. I understand that I am required to declare when unfit (including suffering from vomiting, Diarrhoea or a rash) before accepting any placement.
6. I also understand that all female workers must declare when they become pregnant
7. I understand that a service user may require me to undergo medical check up before commencement of an assignment
8. I confirm that I have been made aware and been issued with fact sheets on MRSA, Varicella, Clostridium Difficile, POVA, Prevention of abuse of children and that I will undertake necessary training when asked by the Company.
9. I confirm that I have received a job description /specification which enabled me to complete the above questionnaire for the part relating to Exposure levels.

NAME _____

SIGNATURE _____

DATE _____