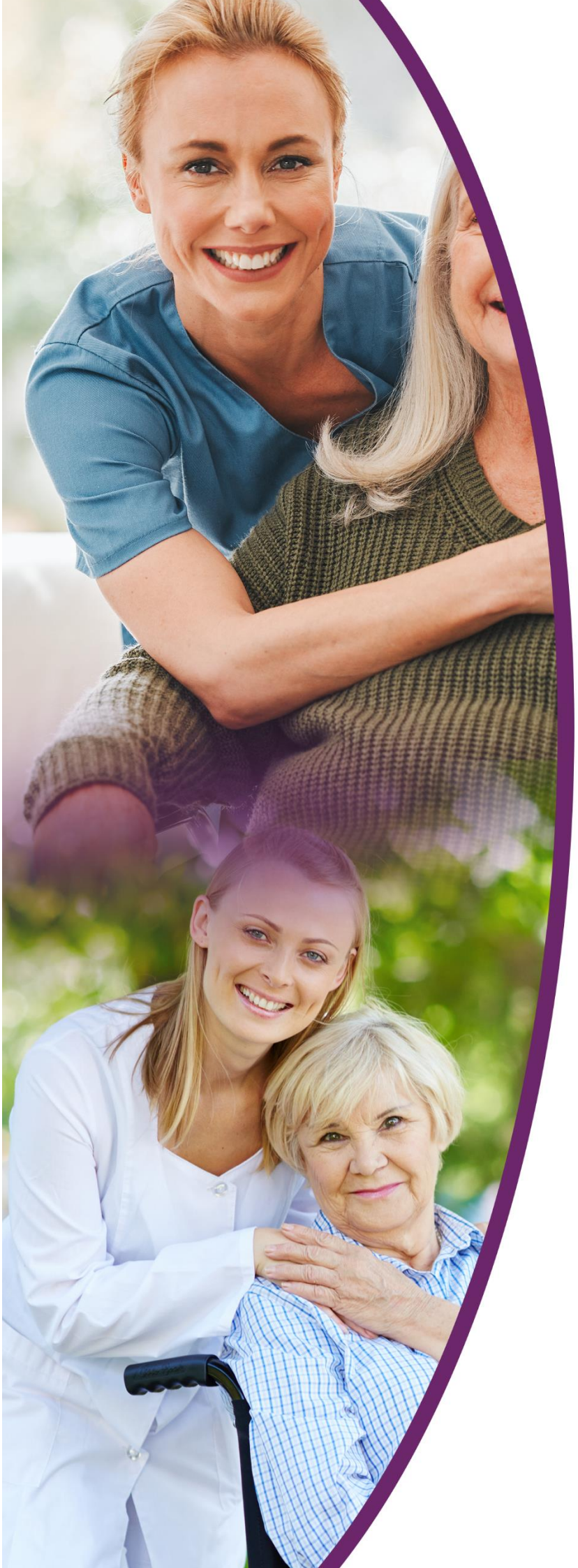

UPWARDS **CARE**

NURSING EMPLOYMENT APPLICATION FORM

t:02033049196
e: recruitment@upwardscare.com
w: www.upwardscare.com

Employment Checklist

Thank you for showing an interest in joining Upwards Care, one of the fastest growing recruitment companies in the UK.

Please complete all the pages in this document and bring all the listed documentation below to our head office, in order to complete your application.

If you have any problems filling out the form, please contact our helpful office staff on **02033049196** or if you prefer email: **recruitment@upwardscare.com**

TO MAKE AN APPLICATIONYOU WILL NEEDTO BRINGTHE FOLLOWING:

Trained Nurses

- NMC statement of entry
- 2 recent passport pictures
- Details of diploma/NVQ
- Details of membership of RCN/UNISON
- 2 referee details of previous, current, and most recent employers, including all contact details,

Details of your immunisation history. We require:

- TB - Certificate from your GP / Occupational health department to say you have a scar or a positive skin test
- Measles & rubella - Certificate of vaccination or blood test results demonstrating immunity
- Varicella (chicken pox) - Certificate of vaccination or blood test results demonstrating immunity
- Hepatitis B - You must provide a copy of the most recent pathology report, showing titre levels of 100miu/ml, or any evidence of natural immunity
- Certificates of CPR, Fire & safety, manual handling within the last 12 months together with any other certificates that you have attained during your nursing career
- PASA training list
- Proof of identity - passport, driving licence, utility bill
- Proof of National Insurance number, i.e. card, P45, previous NHS payslip
- DBS fee is applicable (at current rate)
- A recently updated CV/resume (mandatory electronic e-mail with 10 years employment required)
- Certificate of Incorporation (if Limited Company)
- Proof of change of name documents (if applicable) i.e. marriage certificate, deed poll certificate

Midwives,Theatre, A&E Nurses & others performing EPP's procedures

- Proof of negative Hepatitis C
- Proof of negative HIV result
- Proof of negative Hepatitis B antigen

Health Care Assistants

- All of the above, apart from details of professional registration.
- You can also provide any other certificates that you hold, for example, NVQ2

To ensure your application can be processed please:

- Ensure the form is fully filled out
- Use black ink and complete in CAPITALS
- Ensure all the documents mentioned in the check list are supplied

POSITION APPLYING FOR _____

YOUR PERSONAL DETAILS

Position applying for - i.e. RGN, RMN, HV, HCA Other:

_____

Title: Mr ☐ Mrs ☒ Ms ☒ Miss Other ☒ _____

Surname: _____

First Names: _____

Preferred Name: _____

Any other names you may be known as including Maiden name:

_____

Address: _____

_____

Postcode: _____

Day Time Telephone No.: _____

Mobile Phone No.: _____

Email Address: _____

Do you hold a current driving licence: Yes ☒ No ☐

Date of Birth: _____

Nationality: _____

National Insurance No.: _____

Next of Kin's Name: _____

Next of Kin's Address: _____

_____

Next of Kin's Telephone No.: _____

Next of Kin's Mobile Phone No.: _____

YOUR PROFESSIONAL DETAILS

NMC Pin Number: _____

NMC Expiry Date: _____

NMC Part(s) or Register: _____

HPC Number (ODP) _____

HPC Expiry Date: _____

ENB Courses/Degree held & date when attained: _____

_____

DATES OF MANDATORY TRAINING

COURSE:	TRAINED BY:	EXPIRY DATE OF CERT.
Moving & Handling		
Fire & Safety		
C.P.R. - Basic Life Support		
Cardiotocography for Newborns & Cartiotocograph traces		
Health and Safety including COSHH and RIDDOR, acts 1974 & 1999		
Infection Control		
Food & Hygiene		

DETAILS OF YOUR TRAINING HISTORY

NAME & ADDRESS OF TRAINING SCHOOL/UNIVERSITY/COLLEGE:	DATES FROM:	DATES TO:

NAME & ADDRESS OF TRAINING SCHOOL/UNIVERSITY/COLLEGE	DATES FROM:	DATES TO:

EMPLOYMENT HISTORY

- Please provide the last 10 years with the most recent first.
- Please state month and year for each period of employment and if there are any gaps please explain.
- If you have a detailed C.V. this will be sufficient.
- Continue on a separate sheet if required.

Employers Name and Address: _____ Main Duties: _____

Band (Grade): _____

Dates From: _____ Reason for Leaving: _____

Dates To: _____

Employers Name and Address: _____ Main Duties: _____

Band (Grade): _____

Dates From: _____ Reason for Leaving: _____

Dates To: _____

Employers Name and Address: _____ Main Duties: _____

Band (Grade): _____

Dates From: _____ Reason for Leaving: _____

Dates To: _____

YOUR PASSPORT DETAILS

Your Current Visa Status (Please tick one): If 'Other", please explain: _____

I am a British Citizen: _____ ☐

I have Permanent Residency: _____ ☐

I have Indefinite Leave to remain: _____ ☐

I am a European national: _____ ☐

Other: _____ ☐

YOUR CLINICAL SETTING PREFERENCES

What areas are you completely confident to work within:

A&E ☐ Community ☐ Elderly Care ☐ General ☐ Gynaecology ☐ Health Visiting ☐ Homecare ☐ Nurse Prac. ☐

ITU ☐ Learning Disabilities ☐ Liver ITU ☐ Medical ☐ Mental Health ☐ Midwifery ☐ Neonatal / PICU ☐ ODP ☐

Orthopaedics ☐ Paeds ☐ Practice Nursing ☐ Recovery ☐ Renal ☐ SCBU ☐ Surgical ☐ Theatres ☐

Urology ☐ Other (Please Specify) _____

Please list the area that you would like to work, e.g. South London, Surrey etc.: _____

I am interested in FULL TIME WORK ☐ PART TIME WORK ☐

PROFESSIONAL CONDUCT

Have you ever been suspended from the register or dismissed, or have there ever been any proceedings of medical negligence made against you? YES ☐ NO ☐

If yes, please supply details: _____

Have you ever been restricted from working at any Trust? YES ☐ NO ☐

If yes, please supply details: _____

Are you aware of any investigations against you with your current or any previous employers? YES ☐ NO ☐

If yes, please supply details: _____

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitation of Offenders Act 1974 (Exception Order 1975). Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act, and in the event of employment, any 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 relation to an application for positions in which the Order applies and should be entered at the end of any particulars you give in support of your application. A copy of our written policy is available upon request. A criminal record will not necessarily be a bar to obtaining a position.
PLEASE PROVIDE ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION.

Have you ever been convicted of an offence? (NB the Rehabilitation of Offenders Act 1974) YES ☐ NO ☐

If yes, please supply the details: _____

You may be offered an opportunity to work within an Environment or establishment where you come into contact with children or other vulnerable groups, or your professional occupation may fall within certain expected categories where this is likely to apply, the Rehabilitation of offenders Act 1974 (exceptions) order 1975 requires us to ask you for additional information. A DBS disclosure (Disclosure Baring Service) may be required when this type of work is sought.

Do you have any previous convictions, whether "spent", or "unspent" within the Act, including any cautions, reprimands, final warnings, bind-overs or any convictions from overseas? YES ☐ NO ☐

If yes, please supply the details: _____

SECURITY CLEARANCE - Have you got a current security clearance? If so please give details below. _____

DBS AUTHORISATION TO COMPLETE STATUS CHECK - I hereby confirm I am a member of the DBS Update Service facility. I give my permission for Upwards Care Ltd to utilise my DBS disclosure information for the purpose of carrying out regular Status Checks. I confirm that this authorisation will remain in place for the duration of my employment with Nursing 2000 Ltd.

Signature _____ Date _____

YOUR REFERENCE DETAILS

- Please supply details of 2 professional clinical referees. Home addresses must not be used.
- One MUST be from your present employer and must be a senior band (grade) to yourself.
- You should have worked for both referees for at least 4 months where permissible.
- Please be advised that we will contact your referees as soon as we receive your application, unless otherwise advised.

REFEREE 1

Name: _____ Daytime phone number: _____

Position: _____ Fax number: _____

Work Address: _____ Email Address:

_____ In what capacity was the referee known to you? _____

Postcode: _____ How long has this person known you? _____

REFEREE 2

Name: _____ Daytime phone number: _____

Position: _____ Fax number: _____

Work Address: _____ Email Address: _____

_____ In what capacity was the referee known to you? _____

Postcode: _____ How long has this person known you? _____

YOUR BANK ACCOUNT DETAILS

Your wages are paid directly into your bank account.

Address of Bank: _____

Name of Bank: _____

_____

Branch: _____

Sort Code: _____

Account Holder Name: _____

Account Number: _____

I would like to be paid through a limited company ☐ and the company name is _____

The bank account details are - Name of Bank _____ Account No._____ Sort Code _____

I am self employed: ☐ I wish to work on a P.A.Y.E. basis. ☐ Please provide a P45 if we are to be your main employer.

PRE-EMPLOYMENT DECLARATION OF HEALTH

Please answer all of the following questions accurately.
If you answer 'YES' to any, please provide details. It is your responsibility to inform Nursing 2000 immediately if any of the following changes:

HEALTH HISTORY:	YES	NO	DETAILS:
1) Have you knowingly been in contact with MRSA? If yes, were you swabbed and what were your results and dates?	☐	☐	
2) Have you ever had either a drug or alcohol problem?	☐	☐	
3) Have you got any allergies?	☐	☐	
4) Have you got any impairments that may affect your ability to work safely?	☐	☐	
5) Is there any aspect of your medical history that an employer should know?	☐	☐	
6) Have you ever suffered any mental illness episodes and / or psychological problems, including stress related disorders?	☐	☐	
7) Are you pregnant?	☐	☐	
8) Are you currently taking any prescribed medication?	☐	☐	
9) Are you currently receiving any treatment?	☐	☐	
10) Have you any reason to believe that you may be infected by a high risk infection or disease?	☐	☐	

HAVE YOU EVER, INCLUDING YOUR CHILDHOOD, SUFFERED FROM OR RECEIVED TREATMENT FOR:	YES	NO
11) Chicken Pox or Varicella Zoster virus?	☐	☐
12) German Measles?	☐	☐
13) TB,Tuberculosis?	☐	☐
14) Hepatitis A, B or C / Jaundice?	☐	☐
15) Skin disorders, skin disease, skin reactions?	☐	☐
16) Diabetes?	☐	☐
17) Thyroid problems or other glandular problems?	☐	☐
18) Cardiovascular disorders or diseases or symptoms, including, high blood pressure, angina, low blood pressure?	☐	☐
19) Epilepsy, fainting attacks?	☐	☐
20) Any kind of back or joint problems?	☐	☐
21) Respiratory symptoms, including asthma, bronchitis, pneumonia, pleurisy?	☐	☐

If you answered 'YES' to any of the previous questions please explain below, referring to the question number that your comments relate to:

_____

ADDITIONAL INFORMATION

If you have any information that relates to your health that may affect your ability to work safely, please make a note here.

DECLARATION SECTION

- I understand that if I provide Upwards Care with incorrect bank details this will delay payment
- I declare that all the information provided in my declaration of health is true and to the best of my knowledge. I also realise I must inform Upwards Care if there is any change to my health. Failure to do so could mean Upwards Care terminating my employment
- I give Upwards Care the permission to contact my GP to obtain further information, if so required
- I confirm that I have read the Upwards Care contract of services and fully understand the contents & have been given a copy
- I declare that under data protection law, Upwards Care retains the right to keep this application and any other information associated with this application and also to pass it on to any 3rd party. I also agree that Upwards Care can retain the details of my application for employment for as long as is reasonably necessary in accordance with the Data Protection Act 1998
- I declare that I have received copy of Upwards Care staff handbook and Policies and Procedures, and I have read and understood its

Signed by Employee _____ Date _____

Print Name _____

Trained Nurse's Skills

Notes:
1. I am used to this skill and can perform independently.
2. I have seen this procedure and would need supervision.
3. I understand the procedure, but have not performed it.
4. No understanding or knowledge.

WOUND MANAGEMENT	Number 1	Number 2	Number 3	Number 4	Comments
Aseptic technique					
3 Layer					
Removal of sutures					
Removal of clips					
Removal of staples					
Removal of drains:					
a) Redivac					
b) Closed drainage systems					
Drain dressing					
Change of vacuum drain					
Chest drain					
Prevention of pressure sores					

RESPIRATORY MANAGEMENT	Number 1	Number 2	Number 3	Number 4	Comments
02 therapy					
Suctioning:					
a) Oropharyngeal					
b) Endotracheal					
Tracheostomy care:					
a) Suction of trachy					
b) Changing of tubes					
c) Changing dressing					
Chest drain					
Removal of drain tubes					
Care of ventilated patient					
Blood gas interpretation					
Obtaining blood gases					
Intubation					
Assisting in intubation					
BiPAP					

ADMINISTRATION OF MEDICATION	Number 1	Number 2	Number 3	Number 4	Comments
Oral					
Injection:					
a) IM					
b) IV					
c) SC					
Rectal administration					
Topical					
Eye drops					
Ear drops					
Cytotic drugs					

IV MANAGEMENT	Number 1	Number 2	Number 3	Number 4	Comments
Admin of drugs by continuous					
Admin of drugs by infusion					
Admin of drugs by injection					
Admin of drugs by direct (bolus)					
Admin of blood and other blood products					
Infusion pumps					
Syringe drivers					
CVP readings					
Venepuncture					
Arterial lines:					
a) Setting up					
b) Taking a sample					
c) Removal					

RENAL MANAGEMENT	Number 1	Number 2	Number 3	Number 4	Comments
Catheter insertion:					
a) Male					
b) Female					
Care of catheter					
Suprapubic catheter					
Nephrostomy tube					
Bladder lavage and irrigation					
Care of renal transplant patient:					
a) On peritoneal dialysis					
b) Haemodialysis					
c) Following surgery					

NEUROLOGICAL MANAGEMENT	Number 1	Number 2	Number 3	Number 4	Comments
Neuro obs and assessment					
Care of EP patient					
Care of a patient with:					
a) CVA					
b) Spinal cord injury					
c) Head injury					
d) Unconscious patient					
e) During and after LP					
f) Post neuro surgery					

EMERGENCY CARE	Number 1	Number 2	Number 3	Number 4	Comments
Suturing					
Plaster of paris					
Resus room working					
Trauma care					
Triage					
ATLS	YES	NO			
ENP	YES	NO			

CARDIOVASCULAR MANAGEMENT	Number 1	Number 2	Number 3	Number 4	Comments
Perform 12 lead ECG					
Cardiac monitoring					
Interp basic arrhythmia					
CPR					
Management cardiac arrest					
Carried out defibrillation					
Assisting with pacemaker:					
a) Swan-ganz					
b) Ballon pump					
Care of post MI					
Care of patient with CCF:					
a) Cardiac surgery					
b) Cardiac catheteristion					

CARDIAC ARREST	Number 1	Number 2	Number 3	Number 4	Comments
Manage a cardiac arrest					
Understand what drugs are used					
Use of ambu bag and airway					
Cardiac compressions					

GASTROINTESTINAL	Number 1	Number 2	Number 3	Number 4	Comments
Stoma care					
NG feed					
Care of NG tube					
Passed NG tube					
TPA					
Care of gastrostomy tube					

OTHERS	Number 1	Number 2	Number 3	Number 4	Comments
Barrier nursing					
MRSA prevention					
Care of confused patient					
NMC codes					

Registered Mental Health Nurse Skills

Notes:
1. I am used to this skill and can perform independently.
2. I have seen this procedure and would need supervision.
3. I understand the procedure, but have not performed it.
4. No understanding or knowledge.

SPECIALISM	Number 1	Number 2	Number 3	Number 4	Comments
Schizophrenia					
Autistic Spectrum Disorder (inc Aspergers					
Syndrome)					
Bi-Polar Disorder					
Depression					
Suicide/Self Harm					
Overdose					
Personality Disorder					
Psychotic Disorder					
Eating Disorder					
Learning Disabilities					
Challenging Behaviours					
Elderly Mental Health					
Child Protection					
Issues in Child/adolescent Psychiatry					
PICU					
Mother and Baby					
Learning Disorder					
Family Therapy					
Drug and Alcohol					
Rehabilitation					
HMP's					
Forensic Psychiatry					
Low/Medium Secure					

Health Care Assistants Skills

Notes:
1. I am used to this skill and can perform independently.
2. I have seen this procedure and would need supervision.
3. I understand the procedure, but have not performed it.
4. No understanding or knowledge.

SPECIALISM	Number 1	Number 2	Number 3	Number 4	Comments
Catheter Care					
Elderly care					
Fluid Charts					
Home Care					
Hospitals					
Learning disabilities					
Nursing homes					
Mental Health					
Nursery Nursing NNEB					
Observations:					
a) blood pressure					
b) Temperature					
c) Pulse					
d) Respirations					
Residential homes					
Schools					
Paediatrics					
Private homes					
Urinalysis					

Equal Opportunities Monitoring

We are an equal opportunity employer and positively encourage applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, or religion or belief. To enable us to improve and monitor our employment processes, please complete the section below and note that this information is confidential and will be used only for the purpose of monitoring.

SEX: *Please tick the appropriate box.*

Male ☐ Female ☐ Transgender ☐ Undisclosed ☐

DATE OF BIRTH:

_____

ETHNIC ORIGIN:

WHITE

English ☐ Scottish ☐ Welsh ☐ Irish ☐

Other, please specify: _____

MIXED

White & Black Caribbean ☐ White & Black African ☐

White & Asian ☐ Other, please specify: _____

ASIAN

Indian ☐ Pakistani ☐ Bangladeshi ☐

Other, please specify: _____

BLACK

Caribbean ☐ African ☐

Other, please specify: _____

CHINESE

Chinese ☐ Other, please specify: _____

OTHER

Please state: _____

Prefer not to answer this question ☐

NATIONALITY:

_____

DISABILITY:

The disability discrimination Act 1995 defines disability as a "physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"

Do you consider yourself to be a disabled person?

Yes ☐ No ☐ Undisclosed ☐

If yes, please give brief details of your disability: _____

_____

_____

_____

SEXUAL ORIENTATION:

Bisexual ☐ Heterosexual ☐ Homosexual ☐

Undisclosed ☐ Other, please specify: _____

RELIGION or BELIEF:

Anglican ☐ Catholic ☐ Other Christian ☐

Protestant ☐ Buddhist ☐ Hindu ☐ Jewish ☐

Muslim ☐ Sikh ☐ Other, please specify: _____

ELIGIBILITY TO WORK IN THE UK

Changes to the Asylum and Immigration Act 1996, which came into force on 1st May 2004, mean we are now required to make basic document checks, to ensure potential employees are eligible to work in the UK. If we invite you to interview, we will ask for proof of your eligibility to work in the UK. This could be an in-date passport, National Identity Card or a photo card driving license with counterpart registered at your current address. If you do not have one of these, we will require a document giving you permanent National Insurance Number (for example, a P45, P60, NI card), together with one of the following: a birth certificate issued in the UK, or certificate of registration or naturalisation, or a Home Office document stating eligibility to remain in the UK.

Are you able to provide documentary evidence of your legal right to work within the UK?

Yes ☐ No ☐

UPWARDS CARE OFFICE USE ONLY

Nurses Induction

Name of agency worker _____ Qualification _____

	Yes	No	N/A	Comments
Is the application form complete?	☐	☐	☐	
Has an ID badge been issued and copied?	☐	☐	☐	
Has nurse/HCA been advised that ID badge has to be worn all the times and for Upwards Care every shift?	☐	☐	☐	
Has the statement of employment been issued to & understood by agency worker? Have 2 copies been signed?	☐	☐	☐	
Staff handbook with policies and procedures been given?	☐	☐	☐	
Have you explained to agency worker that they would have dedicated compliance office and booking consultant?	☐	☐	☐	
Have you explained how our on-call service works?	☐	☐	☐	
Are you aware of our number 02033049196?	☐	☐	☐	
Have you informed agency worker must inform us about change of address, phone number, email and any other personal circumstances?	☐	☐	☐	
Uniform policy been explained?	☐	☐	☐	
Have you explained that an annual health check is carried out by our occupational health dept & a pre-employment screening is required?	☐	☐	☐	
Have you explained the option for the agency worker to offer his/her services through a Limited company & how the agency worker can save tax by working through an umbrella company?	☐	☐	☐	
Is the agency worker aware of Upwards Care: web address, where they can access, e-mail addresses, Timesheets & main office number?	☐	☐	☐	
Explained the deadline for timesheets & how they should be filled out?	☐	☐	☐	
Electronically sent / given handouts to the agency worker, details of Upwards Care policies & procedures?	☐	☐	☐	
Have you explained Upwards Care bonus schemes to the agency worker including our generous "refer a colleague scheme"?	☐	☐	☐	
Explained the Indemnity insurance weekly fee?	☐	☐	☐	
Informed the agency worker that statutory training MUST be carried out yearly?	☐	☐	☐	
Informed the agency worker that we need to carry reference check on annual basis?	☐	☐	☐	

How do you rate the agency worker's nursing experience / knowledge? _____

Please comment on the agency worker's communication skills both verbally & written _____

Please comment on agency worker's clinical skills _____

I confirm that the agency member of staff has received an induction into how Upwards Care operates, both internally and with our clients.

Upwards Care office staff _____ Signature _____ Position _____ Date _____
(print name)

Payroll/Admin Checklist

	Yes	No	
References sent?	☐	☐	Date _____
Comment _____			
References returned? Ref 1	☐	☐	Date _____
Ref 2	☐	☐	Date _____
NMC PIN & Quals confirmed	☐	☐	Date _____
How CRB paid? (no cheque payments) _____			

Date _____ Sent? _____

Documents seen/verified & copied if appropriate

	Yes	No
• Passport - Verified & able to work in the UK	☐	☐
• Proof of national insurance number	☐	☐
• Existing DBS	☐	☐
• Proof of address	☐	☐
• NMC statement of entry	☐	☐
	☐	☐

Application on IQX _____

Refer a friend or colleague

Refer a friend or colleague to Upwards Care and receive a cash bonus!

Name _____ Contact telephone number _____

Specialty _____ Working Location _____

Terms and conditions apply - please contact us for further details.

Notes

UPWARDS CARE

T: 020 3304 9196

E: recruitment@upwardscare.com

W: www.upwardscare.com