

## Please fill in this form in BLOCK CAPITALS

##### Position Applied For:

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr/Miss/Mrs/Ms/Dr  (Delete As Appropriate) |  | | |
| Surname |  | First names |  |
| Date of Birth |  | Nationality |  |
| **National Insurance**  **Number** |  | Mobile & Tel  Number |  |
| Email Address |  | | |
| Postal Address |  | | |

**Passport Details**

Nationality Passport Number

###### Please tell us about your eligibility to work in the UK

* I am eligible to work in the UK and do not require a work permit
* I am already in possession of a work permit to work in the UK
* I need to obtain a work permit to work in the UK If other please specify:

Do you hold a valid UK Driving Licence? YES NO. Do you own a car? YES NO How far are you willing to travel for work?



**Professional Qualifications**

|  |  |
| --- | --- |
| Qualification |  |
| Year obtained |  |
| Professional Body e.g. NMC,GMC etc |  |
| Registration Number |  |

**Employment History**

Please supply details of your full employment history and explain any gaps in your history. Continue on a different sheet if required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Job Title*** | ***Employer*** | ***Date from*** | ***Date to*** | ***Reason for leaving*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Clinical Skills (applies only to nurses)**

Please place a tick next to options with the clinical area you have expertise in:

|  |  |  |
| --- | --- | --- |
| ***A&E*** | ***Cardiac*** | ***Clinics*** |
| * Community * Endoscopy * HDU * ITU * Mental Health * NICU * Occupational Health * Chemotherapy * Paediatrics * Practise Nurse * Recovery * SCBU * Triage | * Diagnostic Imaging/x-ray * General Wards * Health Visitor * Learning Disabilities * Midwifery * Nurse Practitioner * ODP * Orthopaedics * Palliative * Prison * Renal * Surgical * Urology | * Elderly Care * Gynaecology * Homecare * Medical * Neonatal * Nursing Homes * Oncology * Paediatric A&E * Paediatric ICU * Radiology * Dialysis * Theatre * Walk in centre |



**Professional Conduct**

Have there ever been any proceedings of medical negligence or professional misconduct, allegations of misconduct against you and have you ever been suspended or dismissed?

If YES please supply details below:

**Rehabilitation of Offenders Act**

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. All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.

Have you at any time been convicted of an offence? YES/NO If YES, please supply details below:



**Bank Account Details**

|  |  |
| --- | --- |
| Name of Bank |  |
| Branch Name |  |
| Account Holder/ Agent Name |  |
| Sort Code |  |
| Account Number |  |
| Bank Address |  |
| Postcode |  |

**Next of Kin Details**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Daytime Telephone Number |  |
| Mobile number |  |
| Address |  |
| Postcode |  |



**References -** *One of these must be your curre nt or most recent employer*

Please supply the names and work addresses of at least 2 clinical professional referees. One must be of a senior grade than you.

***Reference 1***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Email |  | | |
| Telephone number |  | | |
| Position |  | | |
| Address |  | | |

How long has this person known you for?

***Reference 2***

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
| Email |  | | |
| Telephone number |  | | |
| Position |  | | |
| Address |  | | |

How long has this person known you for?



**Declarations**

**Terms & Conditions**

I certify that the information contained on this application form is accurate and true. I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau.

I undertake to inform Sabaoth Care Ltd should I be convicted of an offence in the future.

I undertake to inform Sabaoth Care Ltd immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.

I agree to respect the confidentiality of service users and any other information I may have access to, at all times.

I am clear that Sabaoth Care Ltd cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary workers, of which I have been given a copy.

**Signed Date**

**Induction**

I am aware that more detailed information on the Staff Handbook and Policy and procedures can be obtained directly from Sabaoth Care Ltd office.

**Signed Date**

**Working Time Regulations**

I am aware of The Working Time Regulations, 1998, and understand their implications with reference to my Terms & Conditions of Employment. Sabaoth Care Ltd time-keeping Records will confirm my hours worked on a weekly basis. Where these records confirm that I have worked in excess of 48 hours per week I agree that this 48-hour week limit under The Working Time Regulations, 1998, shall not apply to me.

I understand that I may agree to opt back into the 48 -hour week limit at any time, giving the appropriate two months notice.

**Signed Date**

**Bank Details**

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

**Signed Date**

**Data Protection**

I agree that Sabaoth Care Ltd retains the right to hold this application and any other data required to process it and to pass on to any authorized third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act 1988.

**Signed Date**



Pre-employment Health Assessment

Questionnaire

Sabaoth Care Ltd

Suite [3 Unit J, Business Resource](mailto:info@bridgecaresolutions.co.uk) Centre Admin Road,

Knowsley, Merseyside, Liverpool,

Post Code: L33 7TX

Mob:07818495292

Email: [recruitment@sabaothcare.com](mailto:recruitment@sabaothcare.com)

**Section 1 - INFORMATION FOR APPLICANTS**

The information provided on this form will be used (i) to assess your medical capability to do the job for which you have applied; (ii) to determine whether any reasonable adjustments may be required to accommodate any disability or impairment which you might have; and (iii) to ensure that none of the requirements of the job for which you have applied would adversely affect any pre-existing health conditions you may have.



**Completing the form**

Please read all the information provided in this form and the attached job description carefully and then complete sections 4 and 5, including the declaration. Should you need assistance to complete this form, please contact Sabaoth Care Ltd team.

If your job will involve clinical contact with patients, or work with human blood, blood products or human tissue you

***must*** complete the relevant questions in section 4.

##### Medical fitness

If you have any doubts about your medical fitness to perform the job you are applying for, please contact the Sabaoth Care Ltd team for further discussion.

##### Data Protection Act 1998 / Freedom of Information Act 2000/ Confidentiality

SABAOTH CARE LTD will treat the information you provide on this form in a strictly confidential manner, and it will be held in accordance with the principles of medical ethics and relevant legislation.

**Equality Act 2010**

This form enables the SABAOTH CARE LTD to assess your medical fitness against the specific requirements of the placements you will be considered for. If you have a disability or impairment, the information you give us about it on this form will help us to ensure right placement safe for you and for the patients you will be looking after. The information you give us will also provide baseline data for any future health assessment(s) that may be made during the time you

work with us.

#### What happens to the information provided?

SABAOTH CARE LTD will use the information you provide to complete their assessment of whether you are medically fit for the work available for you. A copy of sections 2 and 3 ONLY of this form will be returned to the recruiting department to confirm the outcome of the assessment. The original form will be retained confidentially by SABAOTH CARE LTD

**Section 2 - TO BE COMPLETED BY APPLICANT**

Surname :

Title :

Forname (s): Gender:

Male

Female

Date of birth :

Day / Month / Year

*N.B. Gender and date of birth are required as unique personal identifiers*

Current address :

Daytime Contact Number:

*If you answer ‘Yes’ to any question, please give further details in the space below.*

Are you currently working, or have you previously worked, for SABAOTH CARE LTD?

Are you taking, or will you be taking, any medication which might affect your capacity to do the job you have applied for?

Are you waiting for any medical investigations, treatment or admission to hospital?

Do you have any health problems that may have been caused or made worse by work?

Do you have any health problems that you think may affect your performance or safety in work?

Has a doctor ever advised you not to be exposed to any particular work situation, chemical or organism? Do you suffer with any condition that could affect your immunity?

Have you ever suffered from asthma or an allergic reaction?

Have you had any skin problems e.g. eczema, psoriasis, dermatitis or recurrent skin infections? Is your immunity to infection reduced by disease or drugs? (e.g. HIV or steroids.)

Yes

/ **No**

***Note****: examples of illnesses or other conditions which may be relevant include (but are not limited to): vision deficiencies,* ***D****isorders of the heart or arteries, chronic infections, epilepsy, fits, fainting, blackouts, giddiness, back trouble, arthritis, chest complaints, drug and alcohol-related problems, nervous or psychiatric conditions, removal of your spleen etc.*

**Details:**

A**dditional questions for applicants who will be working with human blood, blood products, or tissue samples; or with direct contact with patients; or Biomedical Service departments**

Applicants are required to provide evidence of their immunization status. If you are not sure of your immunization status, please acquire the information from your General Practitioner, or from your past or present Occupational Health Service.



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you had:** | **Yes** | **No** | **Date** | **Result / comments** |
| TB tests; (Heaf, Mantoux, PPD or QuantiFERON) |  |  |  | Result / Grade: |
| BCG vaccination |  |  |  | Scar size: mm. (The size of the scar is an indicator as to whether you may or may not have a immunity to Tuberculosis.) |
| Hepatitis B immunisation\* |  |  | Initial:  Booster: | Give dates of when you completed the year of your initial immunisation and, if applicable, of your last booster. |
| Hepatitis B antibody test\* |  |  |  | miu/ ml |
| Rubella (German measles) immunisation |  |  |  |  |
|  |
| Rubella antibody test\* |  |  |  | Immune non-immune  Give date of last booster |
| Tetanus immunisation |  |  |  |  |
| Diphtheria immunisation |  |  |  |  |
| Chickenpox or shingles |  |  |  |  |
| Varicella (VZV) antibody test\* |  |  |  | Immune non-immune |

\*

###### Please send copies of laboratory reports if available

Conditions for applicants involved in the care of patients

You must inform SABAOTH CARE LTD if you have ever tested positive for any transmissible blood borne virus infection

(e.g. Hepatitis B, Hepatitis C, or HIV) or you have any other illness that may affect the care of patients. Furthermore, during your employment you must inform SABAOTH CARE LTD if, at any time you are diagnosed as having, or suspect that you may have contracted any blood borne disease, or you have any other illness that may affect the care of patients. If aspects of your work may involve a risk of transmission to patients, you must refrain from such work until the risk has been assessed and any necessary measures to prevent transmission have been agreed and implemented.

**PLEASE NOTE**: should the employment involve participation in surgical or exposure prone procedures you will not be passed fit to commence work until: (1) SABAOTH CARE LTD has obtained satisfactory documentary evidence of your immunization status; (2) you have completed any tests necessary to comply with the Department of Health requirements; or (3) you have completed any tests necessary to comply with the relevant NHS Trust’s Infection Control Policy.

**Section 5 – DECLARATION AND CONSENT BY THE APPLICANT**

I have read the information provided on this form and I have answered all the questions honestly, accurately and in full.

I also understand that should I conceal relevant information or provide deliberately misleading information about my health either on this form or at a health interview, my application may be withdrawn, or further placements with SABAOTH CARE LTD may be terminated.

*Female candidates*: if you are pregnant, or think you might be, you should inform the recruitment team as soon as possible before any job offer or during temporary or contract placements through SABAOTH CARE LTD*.* This is required in order that an appropriate risk assessment of your workplace and your employment may be performed as required by the Management of Health and Safety at Work Regulations 1999.

I understand that the information I provide may be released to my employer for the purpose of determining whether any adjustments are required or can be made if possible, and I consent to the release of such information.

**PLEASE NOTE:**

Before signing this form please make sure that you have completed the questions as accurately as you are able, and that you have provided any further details where necessary.

If you have answered ‘**YES**’ to any of the questions, please ensure that in your personal information there is included a daytime telephone number in order that you may be contacted if necessary.

Signature Date

Seal the questionnaire in the enclosed addressed envelope provided, and **return it to the person who sent you the form**. **Do not** send the form directly to the SABAOTH CARE LTD as this may delay the recruitment process.

If you wish to inform the SABAOTH CARE LTD of any other relevant health or social issue that is not covered elsewhere in the form, please use the space below and continue on a separate sheet if necessary.



**EQUAL OPPORTUNITIES**

Sabaoth Care Ltd staffing is committed to being an equal opportunities employer and we welcome applications from all sections of the community. We will ensure that all candidates for employment are treated fairly, and in order to monitor our responsibilities and to measure our progress towards widening diversity among our workforce, we would be greatfull is you would answer the simple questions in the boxes below. The information you provide will remain anonymous and is for statistical monitoring purposes only. This form will be seperated from your application upon your receipt and is not used as part of the applicant selection process.

|  |  |
| --- | --- |
| Job Title |  |
| Location |  |
| Title: Mr/Mrs/Miss/Ms/Dr |  |
| Surname |  |
| Forename(s) |  |
| D.O.B |  |
| Marital Status |  |

What is your ethnic group? Choose one section from A to F, and then tick next to the statement to indicate your cultural background.

|  |  |
| --- | --- |
| **A: White** : | **B: Black :** |
| British/Scottish/Irish/Welsh : | Caribbean/ British: |
| European: : | African: |
| Other white background : | Other black back ground: |
| **C: Mixed** : | **D: Asian or Asian British:** |
| White & Black Caribbean : | Indian : |
| White & Black African: | Pakistani : |
| White & Asian : | Bangladeshi |
| White & Black British : | British : |
| Other Mixed background: | Other Asian Background : |
| **E: Chinese:** |  |
| Other ethnic group: please state : | |



**DISABILITY**

The Disability Discrimination Act, 1995, (DDA) provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the DDA defines a disability as “a mental or physical impairment which has a substantial and long-term adverse effect upon a person’s ability to carry out normal day-to-day activities”.

Do you consider that you have a disability? **Y/N**

Does the nature of your disability lead you to require any special equipment/facilities etc in your work place? **Y/N**

If yes please explain below

Signed: Date:

Thank you for your assistance

**INTERVIEW CHECK LIST**

**List to bring to interview**

* Updated CV with no gaps in work history (please provide an explanation for any gaps in employment)
* CRB reference when you have a current DBS not older than 6 months
* To apply for DBS you will need payment of £55 before we can process

your application,

* NMC statement of entry / payment receipt (**for nurses only**)
* NMC pin card / HPC card
* Nursing Qualification and any other relevant certificates.
* LTD Co: Certificate of Incorporation and company Bank details (if applicable)
* RCN / Unison / AFPP / COPD Card if you are a member
* Current passport (it is vital that you bring this or other right to work

documentation when you attend your appointment)

* Visa (if applicable)
* 2 x passport photographs
* **2 X** proof of address (you are able to use a bank statement, credit card

statement, utility bill showing current address and dated within 3

months or council tax bill, mortgage statement showing current address and lender dated within last 12 months or current local council rent card or tenancy agreement. Please note that we are **not** able to accept mobile phone bills)

* If applicable please also provide any documentation supporting any name changes which may apply to your documents (for example marriage certificate, divorce/annulment papers etc)



**Occupational Health evidence required ( For clinical staff only)**

* **Hepatitis B** - We require evidence of your primary course of Immunisations for Hepatitis B, evidence of Titre levels of >100 & evidence of booster if over 5 years since primary course.
* **TB** - evidence of a BCG scar or immunisation or Mantoux /Heaf test for TB
* **Measles, Mumps & Rubella** - Evidence of 2 doses of MMR or positive Antibody results for Rubella & Measles

**Training evidence required (For All) Mandatory Training**

##### Basic Life Support theory & practical and meets UK Resuscitation guidelines

completed in the last 12 months

* Manual Handling theory & practical completed in the last 12 months
* Safeguarding of Children / Child Protection Level 2 completed in the last 12 months
* Safeguarding of vulnerable adults completed within the last 12 months
* Health & Safety including the following elements:
* [Health and Safety](http://www.eliteassessing.co.uk/courses/healthcare/) at Work
* Control of Substances Hazardous to Health
* Caldicott Principles
* [Fire Safety](http://www.eliteassessing.co.uk/courses/healthcare/) Awareness
* Infection Control
* Food Hygiene
* [Conflict Management](http://www.eliteassessing.co.uk/courses/healthcare/)
* Lone Working

Mental Health workers: up to date C& R training or MVA certificate

**Please note that all proof of training provided must be either in the form of a certificate, a training form/details of courses completed stamped**

**with the hospital stamp or in the form of an email from your training department which I can obtain for you should they be happy to provide me with the information. We are unable to accept any print offs/lists which haven't been verified/stamped by your training**