

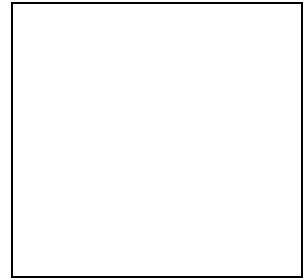


Platinum
Care Solutions

PRIVATE & CONFIDENTIAL

Please attach a passport photo here:

Return this form to: 6 Russell Buildings
86 West Street
Portchester
Hampshire
PO16 9UL



APPLICATION FORM

POSITION APPLIED FOR -----

Personal details

Title	Surname	Maiden name
Previous surnames (if any)		
Forenames (in full)		
Address		
		Post code
Telephone number		Mobile number
Email address		Nationality
Date of birth	National Insurance Number	
Next of Kin to be notified in case of emergency Name		
Address		
		Post code
Relationship to you		work/mobile number

Other Employment

Platinum Care Solutions Ltd would support you in any other employment should you wish to continue but we do need to know your other employment

Please note any other employment

Leisure

Please note here your leisure interests, sports and hobbies, or other pastimes etc

Training

Level of practice	Date achieved	Certificate supplied
NVQ1		
NVQ2		
NVQ3		

Please state if currently undertaking an NVQ course and at what level

Training received	Date	Certificate supplied
Moving and Assisting		
Infection Control		
Fire Safety		
First Aid		
Essential Food Hygiene		
Observation Skills		
Lone Worker		
Management of aggressive/violent behaviour		
Abuse Awareness		
Health & Safety		
Other please specify		

General information

Do you hold business class motor insurance	YES	NO
Copy of insurance seen	YES	NO
Please state which languages you speak, including an indication of fluency:-		

How did you first hear about PCS?

Are you a member of the RCN or Professional Body	YES	NO
--	-----	----

Body Name	Policy number	Expiry date

Passport and work permit details

Work permit/visa	YES	NO	N/A	Expiry date
Passport nationality			Passport number	
Place of issue	Date of issue		Expiry date	
Known restrictions in use				

Immunisations – proof of immunisations must be provided

Are you happy to provide proof of immunisations				YES	NO
Rubella	YES	Date	NO	Hepatitis B	
Skin Test for TB	YES	Date	NO	Date of 1 st course began	
BCG	YES	Date	NO	2 ND	3 RD Booster
Tetanus	YES	Date	NO	Result	
Varicella	YES	Date	NO	Hepatitis C	
Poliomyelitis	YES	Date	NO	Date	
Diphtheria	YES	Date	NO	Result	

Professional details

To assist us in finding suitable work for you, please circle all of the care tasks of which you have experience:

Personal Hygiene		Care Duties	Administrative abilities
Bath/shower/strip wash	Changing a catheter bag	Assisting with medication	Confidentiality
Bed Bath	Continence care	Pressure area care	Observing/recording
Care of eyes	Emptying a catheter bag	Simple dressing procedures	changes in clients condition
Care of feet (exc. Toenails)	Stoma Care	Terminal care	Recording instructions
Care of fingernails	Mobility	Practical task	From GP/District nurse
Care of hair	Moving & handling clients	Bed making/changing a bed	Report writing
Dressing/undressing	Moving & handling course	Collecting benefits	Previous experience in:
Mouth care (inc dentures)	Use of hoist (main/elec)	Cooking	Hospital
Shaving	Use of walking aids	Light housework	Nursing residential home
Use of bath aid	Nutrition	Recording of blood pressure	Private House
Toileting	Feeding	Recording of respiration	
Applying a convener	Food handling	Shopping	
Attaching a night bag	Preparing meals	Washing personal laundry	
Bedpans/commodes etc			

Professional details continued

Please explain briefly how you gained this experience

References

Please provide details of two references who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference.

1 st Referee Name		Position
Address		
Email address	Telephone No	Known me for _____ years
2 nd Referee Name		Position
Address		
Email address	Telephone No	Known me for _____ years

General Comments

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post.

Cautions, Rehabilitation and Criminal Records

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, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition you are required to submit to a Criminal Records Bureau check. Any standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO

If YES, please give details

Special Requirements (Care Sector)

Because of position involves the care of children and/or vulnerable adults. employment is dependent on the following:-

1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau or an approved umbrella body.
2. Such disclosure being acceptable to the company.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability of your work.

Declaration (please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to 6 years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed

Date