



ASSURANCE NURSING

& Employment Agency

57-59 WHITEHORSE ROAD, CROYDON CR0 2JG
Tel: 0208 683 2299 Fax: 0203 150 1422

Email: application@assuranceagency.co.uk / compliance@assuranceagency.co.uk

Business Hours:
9am – 6pm
On Call No. 24hrs
07930 963 434
07939 569 229

BANK DETAIL

BANK ACCOUNT NUMBER:.....

SORT CODE:.....

NAME OF ACCOUNT HOLDER:.....

NAME OF BANK / BUILDING SOCIETY:.....

BRANCH ADDRESS:.....

NAME OF STAFF:.....

I authorise my salary to be transferred to the above mentioned account

Post Applied for.....

Area of Speciality.....

APPLICATION FORM

Personal Details Title (Dr/Mr/Miss/Mrs, etc).....

Surname (Block letters)..... First Name:.....

Address..... Marital Status.....

..... Maiden Name.....

(Post code)..... Telephone No.....

Email

Mobile..... Type of Work.....

How did you hear of the vacancy?.....

Do you hold a current driving licence?..... Do you own a Car?.....

Do you require a work permit?..... N.I. Number.....

Referees: Please give full name and address of two persons, one of whom should be your present/last employer from whom we may obtain both work and character experience references. Please note a friend/relative cannot be your referee in this case.

Name..... Name.....

Address..... Address.....

..... Post Code.....

Occupation..... Occupation.....

Tel..... Tel.....

Fax: Fax

Email:..... Email:

Next Of Kin

Name..... Relationship.....

Telephone..... Email:.....

Professional Qualifications

QUALIFICATIONS	TRAINING ESTABLISHMENT	DATE GAINED	REG/ROLL NO
.....
.....
.....

N.B evidence of qualifications will be required, qualified nurses must produce registration/enrolment certificates prior to employment

NMC pin number..... Exp date.....

ANY FURTHER COURSES

Title of Course	Training Establishment	Date
.....
.....

EMPLOYMENT HISTORY

Please give details of your full employment history, most recent first with all gaps explained. Please use additional sheet if necessary

Title of post..... From..... To..... Full or P/T..... Salary.....

Employer Name & Address.....

Reasons for leaving:.....

Main Responsibilities.....

Title of post..... From..... To..... Full or P/T..... Salary.....

Employer Name & Address.....

Reasons for leaving:.....

Main Responsibilities.....

Title of post..... From..... To..... Full or P/T..... Salary.....

Employer Name & Address.....

Reasons for leaving:.....

Main Responsibilities.....

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION (Continue on separate sheet if necessary)

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 by virtue of the Rehabilitation of Offenders Act 1975 (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 to which the Order applies, and should be entered at the end of any particulars you give in support of your application.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE: YES NO

HAVE YOU RECEIVED A CAUTION BY THE POLICE: YES NO

If yes please give full details on a separate sheet. A positive declaration will not necessarily preclude you from employment.

Do you agree to obtaining a DBS Enhanced Disclosure through Assurance Nursing & Employment Agency Ltd. before introductions can be made Yes No

DECLARATION OF CONFIDENTIALITY

Registration with the organisation implies acceptance of our Code of Confidentiality. In the course of your duties you may have access to confidential information about service users and colleagues. On no account must information relating to identifiable persons be divulged to anyone other than Registered Manager or his /her assistant.

DECLARATION

I declare that the particulars in this form are to the best of my knowledge complete and true.

Signature.....Date.....

ALL DOCUMENTATION REMAINS THE PROPERTY OF THE COMPANY

FOR OFFICE USE ONLY	
Outcome of interview.....	PIN CHECKED.....
VERBALLY REF'D.....	REFS APPLIED..... 1) REC. 2) REC.
DBS CHECK FORM REF:	APPLIED.....REC.
LIST 99 CHECKED.....	
REMARKS	