WEMA HEALTHCARE SERVICES

Application Form

Post Applying for:

Personal Details

Title (Mr/Mrs/Miss/Ms)		First Name(s)	
Middle Name		Last Name	
Date of Birth			
National Insurance No.			
Mobile No.		Home Phone	
E-mail			
For Nurses only			
NMC Pin No:		Expiry Date	
RCN Number:		Expiry Date	
Band			

Address

Your Current Address	
Date From	
Your Previous Address *If lived at the current address for less than 5years*	

Please use a separate sheet of paper if you need to add more addresses.'

'A copy of proof of address and other relevant documents (Recent Bank Statement, Utility Bill, Driving License, etc)' will be required.

Personal Details 2

Nationality		Gender	☐ Male ☐ Female ☐ Other
Religion	☐ Bhudist ☐ Christian ☐ Jewish ☐ Hindu ☐ Muslim ☐ Sikh ☐ Other	Race/Ethnicity	☐ White British ☐ White (other) ☐ White Irish ☐ Mixed race ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian (non-Chinese) ☐ Black Caribbean ☐ Black African ☐ Black (Others) ☐ Chinese ☐ Other
Sexual Orientation	☐ Straight/Heterosexual ☐ Gay Man ☐ Prefer not to answer		☐ Bisexual ☐ Gay Woman/Lesbian ☐ Other

Note: Attach photo will be used for both your ID badge and your profile. Please make sure your face is clear in the photo.

Employment Eligibility

Are you permitted to work in the United Kingdom?*	☐ Yes ☐ No
Can you provide evidence to prove eligibility?:	☐ Yes ☐ No
What proof of Right of Work in the UK do you hold?:	☐ British Birth Certificate ☐ British Passport ☐ Settled Status/Leave to Remain ☐ Visa / Work Permit ☐ Other
Please state what visa/permit you hold:	
Permit/Document No:	
Passport No:	
Visa/Permit Expiry Date:	

Note: Attach a copy of your passport/permit.

Driving Details

Do you have full Driving Licence that allows you to drive in the UK? *If selected yes, please attach a copy of your full driving licence.*	☐ Yes ☐ No
Do you have access to a car that you can use for work?	☐ Yes ☐ No
Have you been banned from driving or do you have any current endorsements on you licence?	☐ Yes ☐ No
If yes, please fill in below	
Are all your vehicle documents up to date and valid?	☐ Yes ☐ No

How would you travel to work if assigned?	☐ Drive ☐ Public Transport ☐ Will get a lift ☐ Bicycle ☐ Other

Note: Attach Driving License.

Next of kin details

Prefix			
Full Name		Last Name	
Relationship to you:			
Home/Work Phone			
Mobile No.		Home Phone	
E-mail			
Next of Kin Address			

Your Work Preference

When are you able to work?	☐ Mornings ☐ Afternoons ☐ Full Time	☐ Evenings ☐ Occasional Weeks ☐ Part Time
Please state the specialised areas in which you feel competent and confident to work:		

Employment History and CV

Employment History (please provide employment held in the last 5 years)

Note: You must provide a copy your latest CV with this application.

Employer	Position	Date from	Date to or ongoing	Reason for leaving

Please supply us with two professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration. By entering the referees' details, you give us permission to contact them.

Reference 1

Relationship			
First Name		Last Name	
Phone			
E-mail			
Address			

Reference 2

Relationship			
First Name		Last Name	
Phone			
E-mail			
Address			

Skills, Experience & Training

Have you completed mandatory training within the last year?	☐ Yes ☐ No
Mandatory Training Please tick if you have completed the following training within the last 12 months	☐ Equality and Diversity ☐ Health and Safety at Work ☐ Control of Substances Hazardous to Health ☐ Information Governance/Data Protection ☐ Fire Safety Awareness ☐ Infection Control (Includes RIDDOR & COSHH) ☐ Food hygiene ☐ Manual Handling – (Including Practical) ☐ Basic Life Support including CPR – (Including Practical) ☐ Safeguarding Vulnerable Adults ☐ Safeguarding Children ☐ Conflict Management ☐ Lone working
Training date from	Training date to

Other Training/Courses & Qualifications

Please tick if you have completed the following training within the last 12 months	☐ Diploma in Health & Social Care L3 ☐ Diploma in Health & Social Care L2 ☐ Personal Safety (Mental Health & Learning Disability) ☐ Intermediate Life Support ☐ Advanced Life Support ☐ Complaints Handling
Training date from	Training date to
Do you have any additional training or qualifications?	☐ Yes ☐ No

If yes, please fill in below

Course Name	Training Date	Expiry Date

'Note: Please enclose copies of your training certificates

Your DBS Status

Do you have a current DBS (Disclosure Barring Service) (formally known as CRB)?	☐ Yes ☐ No
Clear	☐ Yes ☐ No
Date of issue:	
DBS certificate number	

Please attach a copy of the latest DBS certificate if not subscribed to update service

Bank Details

How would you like to pay?	☐ Paye ☐ Direct through UTR or the Company below
Account Name	
Account Number	
Sort Code	

Uniform

Your Tunic Size	

Health Declaration

Do you or have you ever suffered from long term illness?:	☐ Yes	☐ No
If yes, please give details		
Have you ever required sick leave for a back or neck injury?:	☐ Yes	☐ No
If yes, please give details		
Do you suffer from any back or neck injuries?:	☐ Yes	☐ No
If yes, please give details		
Have you been in contact with anyone who is suffering from a contagious illness within the last six weeks?:	☐ Yes	☐ No
If yes, please give details		
Do you suffer with a communicable disease?:	☐ Yes	☐ No
If yes, please give details		
Are you currently receiving active medical attention?:	☐ Yes	☐ No
If yes, please give details		
Are you registered disabled?:	☐ Yes	☐ No
If yes, please give details		
How many days have you been absent from work due to illness in the last 12 months?:		
State reason(s) for absence:		

Medical History

Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	☐ Yes ☐ No
If yes, please give details	
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	☐ Yes ☐ No
If yes, please give details	
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates?	☐ Yes ☐ No
If yes, please give details	
Do you think you may need any adjustments or assistance to help you to do the job?	☐ Yes ☐ No
If yes, please give details	
Other (Please let us know of any other health or medical conditions you have)	

Declaration

☐ I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. It is my responsibility to inform my Manager immediately when I become aware of any health issue that may affect my ability to undertake the responsibilities of my role(s).

Disclosure Barring Service (DBS)

The Disclosure and Barring Service (DBS – formerly Criminal Records Bureau CRB) is the executive agency of the Home Office responsible for conducting checks on criminal records. We are registered body for receipt of DBS disclosure information. NHS Trust and Private Sector hospitals and nursing homes insist on agencies making information recruitment decisions which require DBS checks to be made on all staff. It is a condition of proceeding with your application that you apply for a DBS disclosure check. The disclosure will be compared with the information given below and any inconsistencies could invalidate your application or lead to the cancellation of your registration with us.

Have you been convicted of a criminal offence?	☐ Yes ☐ No
If yes, please give details	
Have you ever been cautioned or issued with a formal warning for a criminal offence?	☐ Yes ☐ No
If yes, please give details	

☐ I confirm the above is true and I understand that a DBS check will be sort in the event of a successful application.

Data Protection

Our records, including any copies of documents supplied are kept securely in line with GDPR regulations. You understand & give permission for these to be made available from time to time to authorized personnel or inspectors. Home Office Immigration Check If applicable, you understand & give permission for WEMA HEALTHCARE SERVICES Ltd. to contact the appropriate authority to verify your current immigration status.

Right To Work

Declaration

☐ I confirm that I have read and understood the above and confirm my answers to be accurate and correct. Additionally, I understand that.

- It is my responsibility to update WEMA HEALTHCARE SERVICES in the event any of these details change in the future.
- Any job offer made to me is subject to satisfactory references being obtained from the individuals offered above. I give permission for WEMA HEALTHCARE SERVICES to contact the referees given.
- Upon acceptance, if I do not subscribe to the DBS Update Service, WEMA HEALTHCARE SERVICES will arrange a Disclosure and Barring Service (DBS) check now, and at intervals thereafter. I agree to pay the cost of this, determined at the time, either through deductions from my wages, or paid directly by me after three months from the DBS request being made, whichever is sooner.
- I also understand that WEMA HEALTHCARE SERVICES may contact the Home Office/UK immigration to verify my eligibility to work in the UK.
- If information given on this application form is found to be false it may result in disciplinary action, or dismissal.

Work Time Directives

Working time directive indicate the maximum working week is currently limited to 48 hours.
You will not be compelled to work more than 48 hours per week. However, you may choose to do so by opting out.

☐	I DO NOT wish to work more than 48 hours per week
☐	I DO wish to work more than 48 hours per week

Registration form Declaration

I declare that all information given in this registration form is to the best of my knowledge complete and accurate in all respects and that I am eligible to work in the UK. I understand that any false or misleading information may result in my removal from the register of members.

Today's Date	
Full Name:	
Signature	