



FINE CARE 24/7 LTD

COMPANY REG NO 07708723

EQUIPOINT, 5TH FLOOR, 1506/1508 COVENTRY ROAD, YARDLEY, BIRMINGHAM, B25 8AD, UK

T: 08000431977 / 08454591977 MOB 07570161977

PHOTO

APPLICATION FORM NO

(FOR OFFICE USE ONLY)

BRANCH

APPLICATION FORM

Title:

Mr

Mrs

Miss

Ms

Name(s):

Address:

Telephone No:

Home:

Mobile:

Post applied for:

RMN

RGN

HCA

ANY OTHER:

National Insurance No:

E-mail:

Do you have a Full UK Driving Licence?

Yes

No

Do you require a Work Permit?

Yes

No

Registration. No/PIN No:

Registration Renewal Date:

EDUCATION, TRAINING AND QUALIFICATIONS

Please give details of School, College, University, Professional and Vocational Qualifications

school or university

Level

Date of qualified

Result or Grade

Please give details of any other training or courses attended including current studies.

PRESENT EMPLOYMENT

Name and address of employer

Position held

Dates - From

To



PREVIOUS EMPLOYMENT (most recent first)

Name and address of employer	Position held	Dates From	To	Reason for leaving

REFERENCES:

Please give details of two persons who can provide references, one of whom should be your current or most recent employer.

Name:	1.	2.
Address:		
Telephone No:		
Relationship:		
Please tick if we may take up references, if necessary, prior to interview	Yes	No

PREVIOUS CONVICTIONS

Disclosure of convictions may not necessarily be a bar to a successful application. Your application is in respect of a position which involves the supervision of, or otherwise connected with, those occupations which are exempt from the Rehabilitation of Offenders Act 1974(amended). You are required to declare any convictions for criminal offences. You may provide details here or submit them on a separate sheet in a sealed envelope, marked 'Confidential'.

DATA PROTECTION Act 1998

If you submit an application to register with Fine Care 24/7 Ltd, the agency will record and use the information which you provide for the purpose of dealing with your application, and the information will not be kept any longer than is necessary for that purpose. By submitting an application for employment, you are consenting to the recording and use of the information that you supply.

DECLARATION

In the event of your being successful in your application, failure to complete the application form accurately to the best of your knowledge may render you liable to action being taken against you under the Disciplinary Procedure with a possibility of dismissal. The information provided in all parts of this application form is true and correct to the best of my knowledge

Signed: Date:



PRE-REGISTRATION HEALTH ASSESSMENT QUESTIONNAIRE

1. PERSONAL DETAILS

Surname: _____ Mr/Miss/Mrs/Ms _____ D.O.B _____

Forename(s): _____ Address _____

Contact Details: _____ Mobil/Tel: _____

Next of Kin _____ GP Address: _____

2. VACCINATION HISTORY

Have you had the following Immunisations or Tests?

Immunisations & Blood Tests	YES	NO	Dates & Results
Hepatitis B primary course			
Hepatitis B Booster/s			
*Hepatitis B Antibody blood test?			
Typhoid			
Hepatitis A			
Rubella			
Varicella IgG (or history of chicken pox)			
BCG (protection against TB)?			If 'YES' do you have a BCG scar?

3. HEALTH HISTORY

Do you have or have you had in the past:	YES	NO	If YES, give details and dates
a. Asthma? Bronchitis? Pleurisy? Tuberculosis? Shortness of breath? Other chest complaints? Coughing up blood?	YES	NO	
b. High blood pressure? Heart attacks? Angina?	YES	NO	
c. Blackouts? Epilepsy? Muscular weakness? Paralysis?	YES	NO	
d. Migraine or persistent headaches?	YES	NO	
e. Irritable bowel syndrome? Liver complaints/jaundice?	YES	NO	
f. Urinary infection? Kidney stone?	YES	NO	
g. Arthritis? Rheumatism? Back problems? Neck or shoulder problems? Sciatica? Upper limb disorder? Tennis elbow? Any other conditions?	YES	NO	
h. Allergies? (Including allergies to drugs, animals and pollens).	YES	NO	
i. Eczema? Dermatitis? Psoriasis? Recent Infection? Skin cancer?	YES	NO	
j. Diabetes? Thyroid overactive/underactive?	YES	NO	
k. Restricted vision? Glaucoma? Iritis?	YES	NO	
l. Restricted hearing? Tinnitus? Ear infections?	YES	NO	
m. Problems related to alcohol or drug usage or dependency?	YES	NO	
n. Mental illness and/or stress related problems? Anxiety? Depression? Panic attacks? Significant sleep disturbance? Stress related problems? Eating disorders? Self harm? Any other conditions?	YES	NO	

4. DECLARATION

- I declare that all the foregoing statements are true to the best of my knowledge.
- I understand and accept that further medical information may be requested from my doctor if considered necessary

Signature Date



APPLICANTS CHECK LIST

- FILLED APPLICATION FORM
- P45 SIGNED COPY
- PASSPORT COPIES
- PIN NO COPY(FOR NURSES ONLY)
- QUALIFICATION CERTIFICATES
- REGISTRATION FEES/CRB
- 2 REFERENCES
- TRAINING CERTIFICATES COPY
- 5 YEAR ADDRESS HISTORY
- NI NUMBER COPY
- MARRIAGE CERTIFICATE COPY
- DRIVING LICENCE COPY
- BIRTH CERTIFICATE COPY
- UTILITY BILL
- TWO PHOTOS

HAVE YOU CONTINUED ON A SEPARATE SHEET? YES NO HOW MANY

HAVE YOU ATTACHED CURRICULUM VITAE? YES NO

**Please return this form to:
89 FIELDHOUSE ROAD, YARDLEY, BIRMINGHAM, B25 8SL, UK**

OFFICE USE ONLY ↓

CHECK LIST

- ADDRESS WITH POST CODE YES NO
- E-MAIL ADDRESS YES NO
- CONTACT TELEPHONE NUMBER YES NO
- NI NUMBER YES NO
- EMERGENCY CONTACT PERSON ADDRESS & NUMBER YES NO
- PASSPORT DETAILS YES NO
- VISA DETAILS YES NO
- NEXT OF KIN YES NO
- IF STUDENT, COURSE DETAIL YES NO
- REFERENCES ONE TWO

CRB STATUS

APPLIES ON _____

POVA RECEIVED ON _____

CRB RECEIVED _____

REGISTRATION FEE _____

CRB CHARGES _____

CHECKED BY _____