



**NOVAL CARE LIMITED**  
FIRST ALWAYS BETTER

PHOTO

Please complete this form in black ink and complete all sections

<b>Position Applied for</b>	
<b>Your Full Name</b>	

**Data Protection Statement**

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

**Equality of Opportunity Statement**

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

<b>Which of the following applies to you? Please ✓ as appropriate</b>	
<b>RGN</b> <input type="checkbox"/>	<b>RMN</b> <input type="checkbox"/>
<b>RNLD</b> <input type="checkbox"/>	<b>HCA</b> <input type="checkbox"/>
<b>NMC pin number</b>	<b>Expiry Date</b>
<b>(please enclose copy of statement of entry and pin card)</b>	

## 1. Personal Details

Title		Surname		Maiden Name	
Previous surnames (if any)					
Forenames (in full)					
Address				Post Code	
	Home		Work		Mobile
Telephone					
Email address				Nationality	
May we contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please <input checked="" type="checkbox"/> as appropriate		
Date of Birth			National Insurance Number		
Next of Kin to be notified in case of emergency: Name					
Address				Post Code	
	Home		Work		Mobile
Telephone					
Relationship to you					

## 2. Formal Education and Qualifications

Name of School/College/University and Location	Dates of attendance		Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc	Grade
	From	To		
	Month/Year	Month/Year		

### 3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

### 4. Training – E.g. Manual handling, CPR, Infection control, first aid etc, (please provide certificates)

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment



Noval Care Ltd.  
8 vera street, Taunton, TA2 7DJ, Somerset, United kingdom

## H. Your bank account details

We pay your wages directly into a bank account.

Name of bank	Branch name
Account holder name	
Address	
Postcode	
Sort code	Account number

I wish to be paid through a Ltd. Company and enclose details.

(You will be paid as P.A.Y.E until you provide all your documentation to St. Johncare Limited)  YES or

I am on P.A.Y.E (Please enclose P45 if we are your main employer)  YES

Read all the following statements carefully and tick the one box that applies to you.

A. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity

Benefit or a state or occupational pension.  YES or

B. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance

or Incapacity Benefit. I do not receive a state or occupational pension.  YES or

C. I have another job or receive a state or occupational pension  YES

## I. Your next of kin details

Name	
Relationship to you	
Address (including postcode)	
Postcode	
Daytime phone number	Mobile phone number

Name	
Relationship to you	
Address (including postcode)	
Postcode	
Daytime phone number	Mobile phone number

## 6. General information

Do you hold a valid and current British Driver's Licence? Yes  No  Please  as appropriate  
 If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes  No  Please  as appropriate  
 If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance?

Yes  No  Please  as appropriate

Body Name

Amount of Cover

Policy Number

Expiry Date

## 7. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions part time  full time

Type of work Care Homes  Supported Living Home  nursing home

Other, please specify \_\_\_\_\_

Long days

Night shifts

Do you have any other work commitments? Yes  No

Which areas of work do you wish to exclude?

When will you be available to start work?

## 8. Immunisations-proof of immunisations must be provided

Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Skin Test for TB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Varicella (Chickenpox/Vz.Abs)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Poliomyelitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Hepatitis B	Date of last injection	Booster 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
	Date of last blood	Result (titre levels) IUL

## 9. References

References are normally taken up for candidates selected for interview. Give details of the names/addresses of two work-related Referees. One of the Referees should be your current employer, or if presently unemployed or self-employed, your last employer

Name, Address and Post Code		Name, Address and Post Code	
Telephone Number		Telephone Number	
Position		Position	
Relationship to you		Relationship to you	
<p style="text-align: center;"><b>May we contact the above person now?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate</p>		<p style="text-align: center;"><b>May we contact the above person now?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate</p>	

## 10. Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

## 11. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

**Records will be checked via the Criminal Records Bureau procedures**

I have no convictions  I have convictions (see Note below)

Please ✓ as appropriate

### Note

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form)

## Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

## Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes  No  Please ✓ as appropriate

### Personal Declaration

**I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and**

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, Experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_



**NOVAL CARE LIMITED**  
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**EXPERIENCE** (Please write Yes or No)

HOSPITALS	
NURSING HOMES	
RESIDENTIAL CARE HOMES	
LEARNING DISABILITY CENTRE	
MENTAL HEALTH	
COMMUNITY CARE	
OBSERVING CONFIDENTIALITY	
REPORTING ACCIDENTS AND INCIDENTS	
WRITING SIMPLE REPORTS	
DENTURE / MOUTH CARE	
EYE CARE	
HAIR CARE	
SHAVING	
BEDMAKING OCCUPIED/UNOCCUPIED	
BED BATHS	
BATHING SOMEONE /TOILETTING	
USE OF BATH AIDS	
USE OF COMMUNE	
CONTINENCE CARE	
CATHETER CARE (MALE , FEMALE)	
COLOSTOMY / STOMA CARE	
PRESSURE AREA CARE	
WALKING AIDS	
MANUAL HANDLING	
USE OF HOISTS & MANUAL HANDLING EQUIPMENT	
NUTRITION	
LAUNDRY	
COOKING	

NAME OF THE APPLICANT:

POSITION APPLIED FOR:

SIGNATURE:

DATE:

Please send the signed application pack to

**Noval Care Ltd.**  
8 vera street, Taunton, TA2 7DJ, Somerset, United kingdom