routes
HEALTHCARE

Application for Employment

(Please keep this page for your reference.)

1. Print off these 5 pages.
2. Complete all relevant sections in your own handwriting.
3. Send completed pages to your local branch.

Birmingham office:

Routes Healthcare Personnel Limited
5 Ashted Lock
Aston Science Park
Dartmouth Middleway
Birmingham
West Midlands
B7 4AZ

Tel: 0121 503 4444

Manchester office:

Routes Healthcare Personnel Limited
2nd Floor
The Triangle
Exchange Square
Manchester
Lancashire
M4 3TR

Tel: 0161 838 5828

Burton office:

Routes Healthcare Personnel Limited
Clay House
5 Horninglow Street
Burton on Trent
Staffordshire
DE14 1NG

Tel: 01283 540607

Black Country and Shropshire office:

Routes Healthcare Personnel Limited
West Midlands House
Gypsy Lane
Willenhall
West Midlands
WV13 2HA

Tel: 01902 482537

Website: www.routeshealthcare.com
Email: info@routeshealthcare.com

IN CONFIDENCE

routes HEALTHCARE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLOCK CAPITALS PRINTING CLEARLY AT ALL TIMES - DO NOT COMPLETE SHADED AREAS

SURNAME: MR/MRS/MISS/MS/DR

FORENAME(S) (in full):

PRESENT ADDRESS:

POST CODE:

TELEPHONE (inc area code):

MOBILE (or other Tel. No.):

EMAIL:

POSITION APPLIED FOR:

How did you hear about the post?

DO YOU DRIVE?:

YES NO

DO YOU OWN A CAR?:

YES NO

Please attach
2
recent
passport size
photographs
for
ID purposes

EMERGENCY Tel. No:

CONTACT NAME:

YOUR DATE OF BIRTH:

YOUR N.I. NUMBER:

NEXT OF KIN:

ADDRESS:

TELEPHONE:

PROFESSIONAL QUALIFICATIONS AND TRAINING COURSES ATTENDED	WHERE TAKEN	DATE	DATE REGISTERED WITH N.M.C. OR PROFESSIONAL BODY	P.I.N./REGISTRATION No. and EXPIRY DATE

REFERENCES

Name:

Names and addresses of 3 work references (one of which must be your present or last employer and should cover your last 5 years of employment)

N.B. ALL REFERENCE DETAILS MUST BE WORK ADDRESSES. MOBILE PHONE NUMBERS WILL NOT BE ACCEPTED.

Please cross the appropriate box(es) below if you do not wish us to contact a reference without your consent.

TELEPHONE:

TELEPHONE:

TELEPHONE:

FOR OFFICE USE ONLY

Date received:	Approved: YES / NO	Date received:	Approved: YES / NO	Date received:	Approved: YES / NO

Health Details

Do you or have you had any problem with the undernoted? If YES please give details on a separate sheet.

A. Please detail any illnesses which have led to absence from work in the last 3 years.
B. Please detail any disabilities.

Nervous or psychiatric illness	YES		NO	
Tonsillitis / sinusitis / ear infection	YES		NO	
Asthma / hay fever / pleurisy / chest infections	YES		NO	
Tuberculosis	YES		NO	
Heart / circulation / high blood pressure	YES		NO	
Bladder / kidney problems	YES		NO	
Back problems / strain causing time off work	YES		NO	
Blackouts / epilepsy / giddiness	YES		NO	
Skin rashes / allergies to food or drugs	YES		NO	
Thyroid / diabetes / other glandular illness	YES		NO	
Gastro-intestinal / jaundice	YES		NO	
Migraine / headache / varicose veins / painful periods	YES		NO	
Hernia	YES		NO	
Do you have any persistent coughs?	YES		NO	
Have you ever attended hospital at any time?	YES		NO	
Are you receiving any medical treatment?	YES		NO	
Have you ever left employment for health reasons?	YES		NO	

How many days sickness absence have you had in the last 12 months?

How many individual episodes?

Reasons for absence:

Disability

Do you consider yourself to have a disability?	YES		NO	

If YES, please state any special requirements you have if invited for interview:

Work Eligibility

Are you legally eligible for employment in the UK?	YES		NO	
Do you have any endorsements in your passport which limit your stay or length of employment in the UK?	YES		NO	
Do you require a work permit?	YES		NO	

Current / Last Employment Details

Name and address of current / last employer

Job title:

Salary (including any allowance/bonus):

Date employment commenced:

Notice period:

Reason for leaving:

Brief outline of duties and responsibilities

Previous Employment History in chronological order (continue on separate sheet if necessary)

Date From	Date To	Employer's name, address and nature of business	Job Title	Reason for leaving

Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (Exception Order 75) states that the Act does not apply to any employment which is concerned with the provision of health services, or which is likely to enable the holder to have access to persons in receipt of such services in the course of their normal duties.

Have you ever been convicted of a criminal offence? YES NO
(including spent convictions)

If YES, please state the nature of the conviction(s) and date(s) convicted:

Mandatory Training - Please give the dates of your most recent attendance:

MOVING AND HANDLING — DATE:

COSHH AND RISK AWARENESS UPDATE — DATE:

FOOD HYGIENE UPDATE — DATE:

BASIC LIFE SUPPORT / CPR — DATE:

OTHER COURSES:

PLEASE NOTE THAT FAILURE TO KEEP YOUR MANDATORY TRAINING UP TO DATE WILL LIMIT YOUR RELATED EMPLOYMENT OPPORTUNITIES BOTH NOW AND IN THE FUTURE.

Moving and Handling Declaration

(* Delete as appropriate)

* I have attended a formal Moving and Handling training course in the last 12 months.

* I have not had formal training in Moving and Handling in the last 12 months and I understand that while I am undertaking such assignments for Routes, I must not attempt to move or handle any person or object which may put my physical well-being at risk. I will attend the next available training course through Routes.

I understand that I must, at all times, avoid moving or handling any person or object which may put my physical well-being at risk. If I cannot avoid moving or handling, I will utilise the skills which I have learned in the training course which I have attended.

Equal Opportunities - Please indicate your ethnic group by ticking the appropriate category:

This information is used solely for monitoring purposes.

Bangladeshi ☐ Black-African ☐ Black-Caribbean ☐ Black-Other (please specify)

Chinese ☐ Indian ☐ Pakistani ☐ White ☐ Other (please specify)

DECLARATION

I declare that the information provided in this form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information or omit any material information, this may result in an offer of employment/registration being withdrawn or, If I have already been employed/registered, in my removal from the register/dismissal. I agree that the information given on this form may be used for registered purposes under data protection legislation.

Signature of applicant:

Date:

Disclaimer: CSCI, as the Regulatory body for Nurse Agencies and Domiciliary Care Agencies, will inspect relevant individual personal files on a yearly basis. All personal files will be subject to independent internal audit also on a yearly basis.