



400 Oakwood Lane, Roundhay, Leeds, LS9 6QX
 M: 07849154140 T:01132409473
 E:info@empoweringhealthcare.co.uk
 W: www.empoweringhealthcare.co.uk



Application to join us

Thank you for your interest in joining our EMPOWERING HEALTHCARE team. Please complete the following questions as completely as you can and return it, along with any supporting documents to the above address.

If you would like to additionally attach a CV, please do. If you need any help, please call us on 07849154140 or email info@empoweringhealthcare.co.uk.

Which position are you applying for (please tick one)?	
<input type="checkbox"/>	I am applying as a registered nurse (RGN). My current PIN number is given below.
<input type="checkbox"/>	I am applying as a registered nurse (RMN). My current PIN number is given below.
<input type="checkbox"/>	I am applying as a Healthcare Assistant (HCA).
For nurses only, what is your NMC PIN number?	

Please tell us a bit about you			
What is your surname?		What was your surname at birth (if different)?	
What are your forename(s)?			
And your title?	<i>Mr, Mrs, Miss, Ms etc.</i>		

Please tell us a bit more

What is your nationality?	<i>Original:</i> _____ <i>Today (if changed):</i> _____
What is your date of birth?	<i>dd/mm/yyyy</i>
Where were you originally born?	<i>Town:</i> _____ <i>Country:</i> _____
What is your current address?	
What is your mobile telephone number?	
Other number (if applicable)?	
What is your e-mail address?	

Personal Options

What is your national insurance number?	
Do you hold a full & valid driving license for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you normally have access to a car to get you to/from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about EMPOWERING HEALTHCARE? <i>If it was through someone who already works with us, please enter that person's name.</i>	

Payment Options

How would you like to be paid?	<input type="checkbox"/> PAYE <input type="checkbox"/> Direct through UTR or the company below <i>Staff paid through PAYE and earning over the qualifying amount per fortnight are automatically enrolled into our workplace pension.</i>
If applicable, what is your unique tax reference (UTR) or company name?	

Your eligibility to work in the UK

Do you require a work permit to work in the UK?

Yes

No (*please skip to next section*)

If you do, which type of permit do you have?
(*e.g. work permit, biometric residence, dependent etc.*)

How many hours per week are you permitted to work?

Unlimited

This no. hours:

Please provide a copy of this permit along with this application form.

Training & Education

Was your mandatory training - for example moving & handling, infection control, safeguarding, medication admin (RNs only) completed within the last year ?

Yes

No

Briefly outline any qualifications as well as professional & vocational training that you feel are relevant to this job

Employment History

Briefly detail your employment history within the past 5 years, starting with the most recent. Please include details of any employment gaps within this period.

Previous Convictions

Please give details of any convictions in this country or abroad you currently or have previously had.

If none, please write the word "NONE" in this box. Please be aware that it is an offence to withhold this information.

References

Please give details of two people that would be prepared to give you a reference. One must be from a current/previous employer; the other should be a character reference, from someone other than a family member.

Any offer of employment will be subject to satisfactory references. *By entering their details here, you give EMPOWERING HEALTHCARE Ltd. permission to contact these people.*

Reference 1 – Professional reference, from a senior colleague who has worked with you

Professional references must cover the last five years of work. If this reference does not cover this period, please provide additional referee details separately. If you were studying, you may provide a contact at your school/college to cover this period of education.

Name:

Position:

Organisation:

Address:

Contact number or e-mail address:

Reference 2 – Character reference, from someone who knows you well but is not a family member

Name:

Address:

Contact number or e-mail address:

Emergency contacts

Please give contact information for two people we could contact on your behalf in an emergency.

These details are held by EMPOWERING HEALTHCARE Ltd and only given to the relevant parties in the event of an emergency. Where possible, please give a UK mobile number.

Contact 1 – Name & phone number

Contact 2 – Name & phone number

DBS status

As part of your application we must determine your current DBS status. We can do this through the DBS Update service or by requesting a new certificate for you.

Do you subscribe the DBS Update Service?

Yes

No (*please skip to next section*)

Please enter the number of the DBS certificate you subscribe with?

Please note this is the DBS certificate number, not your subscription number.

Working Preferences & Working Time Regulations

When would you prefer to work? (circle all that apply)	Day Shifts	Night Shifts	Weekdays	Weekends
Briefly give details of any other employment you currently have – either full or part time				
Night shift working (if you may wish to work nights)	<p>Have you worked night shifts before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever suffered from health problems working night shifts? If so, please give details... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When working night shifts, are you able to sleep in the day without incurring any health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Health & Safety	<p>Do you have a disability of any kind that may affect your work? If so, please give details ... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any special needs or medical conditions that others, including clients, may need to be aware of in an emergency? If so, please give details ... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any allergies or religious beliefs that prevent you working with specific foods? If so, please give details... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Online data	<p>We keep many of your records securely online. In addition, clients may ask that these are uploaded and shared online with their own client base (e.g. nursing & care homes), prior to the commencement of your first shift with them.</p> <p>Do you authorise that these details can be shared with them online? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Working time regulations	<p>Under European Union rules, the maximum working week is currently limited to 48 hours. As you are under no obligation to accept any work offered, you will not be compelled to work more than 48 hours per week. However, you may choose to do so.</p> <p><input type="checkbox"/> I DO NOT wish to work more than 48 hours per week</p> <p><input type="checkbox"/> I DO wish to work more than 48 hours per week</p>			

Documents we will need to see

As part of your application we will need to see copies of the following documents. You can send some or all of these now, later or during your interview though the sooner we have them the faster we can process your application.

Please do not send originals by post; any original documents we need to see (marked * below) can be brought to your interview.

Proof of ID	<p>If you subscribe to the DBS Update service...</p> <ul style="list-style-type: none"> • Your main passport page * • 1 x proof of address (recent utility bill, bank statement, council tax etc.) <p>If you do not subscribe to the DBS Update service...</p> <ul style="list-style-type: none"> • Your main passport page * • 2 x proof of address (recent utility bill, bank statement, council tax etc.)
Right to work	<p>Proof of your right to work in the UK...</p> <ul style="list-style-type: none"> • Your main passport page * • Your Biometric Residence Permit (BRP)* if applicable • Any visa or residence permit * • Any appropriate Home Office letter or supporting documentation *
DBS	<p>If you subscribe to the DBS Update service...</p> <ul style="list-style-type: none"> • A copy of the original DBS certificate used by the Update service <p><i>If you do not subscribe to the DBS Update service, we will need to request a new certificate in order to verify your current DBS status.</i></p>
Training	<p>If you have completed any mandatory training within the past year, please provide proof.</p>
Qualifications	<p>If applicable, please send proof of any relevant medical or care-based qualifications you have – e.g. NVQ, QFC, diploma, degree etc.</p>

Data Protection

Our records, including any copies of documents supplied are kept securely in line with the Data Protection Act 1998 and GDPR regulations. You understand & give permission for these to be made available from time to time to authorised personnel or inspectors.

Home Office Immigration Check

If applicable, you understand & give permission for EMPOWERING HEALTHCARE Ltd to contact the appropriate authority in order to verify your current immigration status.

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 EMPOWERING HEALTHCARE Ltd in the event any of these details change in the future.
- Any job offer made to me is based on a zero-hours contract with no guarantee of work or working hours.
- Any job offer made to me is subject to satisfactory references being obtained from the individuals offered above. I give permission for EMPOWERING HEALTHCARE Ltd to contact the referees given.
- Upon acceptance, if I do not subscribe to the DBS Update Service, EMPOWERING HEALTHCARE Ltd 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 EMPOWERING HEALTHCARE Ltd may contact the Home Office/UK immigration in order 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.

Signed:

Date:

