BWH
BestwaysHealthcare
Committed to Excellence

APPLICATION FORM

Post Applied for: **Nurse** ☐ **Healthcare Assistance** ☐ **Advanced Nurse Practitioner** ☐

Part 1: Personal Details

Title: Mr ☐ **Mrs** ☐ **Miss** ☐ **Other** _____

Surname: _____

Forenames: _____

Address: _____

_____

_____

PostCode: _____

Phone (H): _____

Phone(M): _____

Email: _____

Date of Birth: _____

Gender: M ☐ **F** ☐

Nationality: _____

NI Number: _____

Next Of Kin Details

Name: _____

Relationship: _____

Contact Number: _____

Part 2: Professional Body Registration

Registration Body: NMC ☐ **HPC** ☐ **Other** _____

Registration Number: _____ **Expiry Date:** _____

Professional Body/Union : _____

Part 3: Identification

Passport Number: _____ **Driving License Number:** _____

Expiry Date: _____ **Expiry Date:** _____

Part 4: Professional Qualification

Qualification	Name Of Institution	Date (From - To)

Part 5: Eligibility To Work in the UK

Are you eligible to work in UK? Yes ☐ No ☐

Do you require a work permit to work? Yes ☐ No ☐

Part 6: Disability

This information will enable us to comply with our duties under the Equality Act 2000. Please identify any special requirements that would assist you in the recruitment process.

Part 7: Present and Past Employment - (Past 10 years)

Employer	Band/Post	Speciality

Part 8: Work Experience & Skills

Please summaries your work experience, with specialty skills and areas of interest

Part 8: Training

Training	Provider	Dates
Manual Handling		
Basic Life Support		
COSHH		
RIDDOR		
Data Protection		
Fire Safety		
Violence & Aggression		
Lone Worker		
First Aid		
Infection Control		
Medicine Management		
Complaints Handling		
Conflict Management		
Food Hygiene		
Equality & Diversity		
Safeguarding Adults		
Safeguarding Children		

Part 9: Criminal Record

This employment is not exempt from the provisions of the Rehabilitation of offenders Act 1974.You are not entitled to withhold information requested by the company about any previous convictions in the UK or abroad, even if in other circumstances these would be regarded as "spent".

Do you have any criminal record? Yes ☐ No ☐

If Yes, please give details below:

Do you have an Enhanced Disclosure from the Criminal Record Bureau(CRB) now known as Disclosure Baring service (DBS) Yes ☐ No ☐

If Yes, please provide the disclosure number _____

Have you subscribed for the "DBS" Update services? Yes ☐ No ☐

I hereby give consent for Bestways Healthcare Ltd to verify my DBS details.

Part 10: References

We require two professional references of which one should be the last/current post

Referee Name:

Organisation

Address

Post Code

Email

Phone

Do we have consent to contact your referee? Yes ☐ **No** ☐

Referee Name:

Organisation

Address

Post Code

Email

Phone

Do we have consent to contact your referee? Yes ☐ **No** ☐

Part 11: Declaration Consent

I confirm that the Information I have given is true. I understand that if information given on this form is found to be false, it may result in a disciplinary action which can include dismissal. I understand that information given to Bestways Healthcare Limited may be accessed from time to time by authorized persons (e.g. CQC)

I give permission for Bestways Healthcare Limited to have access to my records. I also give consent for verifying my DBS details from relevant sources.

Name

Signature

Date

Please return the completed form to - Bestways Healthcare Ltd, 28 Bournmoor Avenue, NG11 9LX

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