



Harbex Nursing and Care

Application for Healthcare Assistants

PHOTO

Branch:

Section 1 – Personal Details (Please tick as appropriate)

Surname:	<input type="text"/>	Previous Surname(s):	<input type="text"/>
Forename:	<input type="text"/>	Title: (e.g. Mr / Mrs / Miss / Ms):	<input type="text"/>
Address:	<input type="text"/>		
<input type="text"/>			
Home Telephone No:	<input type="text"/>	Mobile Telephone No:	<input type="text"/>
Date of Birth:	<input type="text"/>	National Insurance Number:	<input type="text"/>
Next of Kin Name:	<input type="text"/>	Relationship To You:	<input type="text"/>
Home Telephone No:	<input type="text"/>	Mobile Telephone No:	<input type="text"/>
Address:	<input type="text"/>		
<input type="text"/>			
Your Nationality:	<input type="text"/>	Work Permit Required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold a full UK Driving License?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have your own transport?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have prior agency work experience?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, which agencies: <input type="text"/>	

Section 2 – Academic Qualifications

Name of Educational Institute	Subject	Qualification / Grade	Date Achieved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 3 - Other Professional Qualifications / Speciality Certificates / Training Courses

Name of Educational Institute / Training Venue	Name of Course / Subject	Date Achieved

Section 4 – Present & Previous Employment. Start with most recent first. You must include a 10-year history with no gaps. This includes time off for maternity leave / study leave etc.

Dates From / To	Employer Name and Address	Position Held	Reason for Leaving

Are you subject to any disciplinary procedures at the present time? YES NO

If YES please give details:

Section 5 – Have you ever been convicted / reprimanded / cautioned / warned of a criminal offence?

By virtue of the Rehabilitation Act 1974 (Exceptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders act 1974 do not apply to any employment which is concerned with the provision of health services and which is such a kind as to enable the holder to have access to person in receipt of such services in the course of his/ her normal duties. Your answer to the following question should include any spent convictions. This may or may not affect your application.

Have you ever been cautioned, reprimanded, issued a final warning or convicted of a criminal offence? YES NO

If YES, please give details:	

ENHANCED DISCLOSURE AND BARRING SERVICE (DBS) CERTIFICATES ARE OBTAINED FOR ALL STAFF MEMBERS.

Section 6 – Declaration of Health (Please tick as appropriate)

Condition	Yes	No	Details
Back Trouble	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma / Chest Complaints	<input type="checkbox"/>	<input type="checkbox"/>	
Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Sight Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Any Major Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Any Other	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a Smoker	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Certificate of Fitness for Employment. (in the last 12	<input type="checkbox"/>	<input type="checkbox"/>	
Are your vaccinations up to date?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had your Hepatitis B vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	

Please note that in certain circumstances we may need you to provide a Health Reference from your GP.

Declaration of Health

I (*name*) of (*address*)
 being an individual named as a member of Harbex Nursing and Care Agency, DO SOLEMNLY AND SINCERELY DECLARE that to the best of my knowledge, I have no infections, or contagious or rehabilitating medical conditions and that I know of no reason relating to my health which could in any way restrict my ability to carry out the functions and duties of being a member of the nursing profession. I do not know of any reason, on medical grounds, would prevent me from giving medical care and assistance or treatment of any kind to any member of the public.

I hereby confirm that I am not currently in receipt of sickness benefit from any employer or from the state.

Signed:		Print:		Date:	
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Any changes to your current health status or fitness for work must be reported to Harbex within 24 hours of the onset of the condition.

Section 7 – Languages Spoken or Understood

Please state your first language:

Please state any other languages in which you are fluent:

Section 8 – General Details

Please write a brief summary of why you think you are suitable for the post:

Section 9 – References

PLEASE GIVE THE NAMES OF TWO PEOPLE WHOM WE MAY APPROACH FOR REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST 3 MONTHS (One of them must be your present employer. Friends and family will not be accepted)

1	Forename, inc title:		Surname:	
	Position:		Company Name:	
	Address:			
	Postcode:		Relationship To You:	
	Telephone No:		Number of years known to me:	
	2	Forename, inc title:		Surname:
Position:			Company Name:	
Address:				
Postcode:			Relationship To You:	
Telephone No:			Number of years known to me:	

Section 10 – Further Information

If your application is successful, please state the date you will be able to start:

Date:

Please state how you heard about Harbex:

Section 11 – Declaration

I HEREBY CONFIRM THAT THE INFORMATION I HAVE PROVIDED WITHIN THIS APPLICATION FORM IS TRUE AND CORRECT AND I TAKE FULL RESPONSIBILITY FOR THE INFORMATION I HAVE ENTERED. I GIVE MY CONSENT FOR HARBEX NURSING AND CARE TO APPROACH THE ABOVE PEOPLE FOR THE PURPOSE OF OBTAINING REFERENCE INFORMATION RELEVANT TO THIS APPLICATION.

Signed:		Print:		Date:	
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