



WYEFIELD HEALTHCARE APPLICATION FORM

*Fields Marked With * Are Applicable For Nurses Only, Please leave these blank if you are not a nurse*

When completing the application form write clearly in BLOCK CAPITALS using black ink if not completing electronically.

SECTION 1: Information About You

Title: (Mr/Mrs/Miss/Ms)		Daytime Phone Number:	
First Name(s):		Mobile number:	
Surname:		Email Address:	
National Insurance Number		Date of Birth:	
Address:		Gender: Male/Female/Other	
Postcode		Do you hold a current UK Driving Licence?	
How do you normally travel to work?			

SECTION 2: Position Applied for:

Position	
*Registered Mental Health Nurse (RMN)	
*Registered General Nurse (RGN)	
Healthcare Assistant (Meds Comp)	
Healthcare Assistant	
*NMC Number	
*NMC or HPC Expiry date	
Membership other professional bodies	

SECTION 3: EMERGENCY CONTACT:

Title:		Daytime Phone Number:	
First Name:		Mobile Number:	
Surname:		Relationship:	
Address:		Postcode:	

Please tick the box that applies to you:

Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an overseas national or require a work permit to work in the UK please include copies of supporting documentation. Your entitlement for working in the UK is based upon what status:

I am eligible to work in the UK and do not require a work permit	
I am already in possession of a work permit to work in the UK	
I need to obtain a work permit to work in the UK	
Other (Please specify)	

SECTION 4: INFORMATION FOR DBS CHECK

	Yes	No
Do you have a current DBS Disclosure?		
Does your DBS display any cautions or convictions?		
Do you have any unspent criminal convictions?		
Issue Date:		
Disclosure number:		
DBS Expiry date:		

All applications who cannot provide a registered DBS will be required to complete at their own cost.

If yes, please provide a statement include any convictions and their dates. (continue to a separate piece of paper if necessary)



SECTION 5: EDUCATION HISTORY/QUALIFICATIONS

Include in this section all the relevant qualifications. Please also indicate subjects currently being studied

Subject/Qualification	Place of Study Secondary School/college/University	Grade/Result	Year



MANDATORY TRAINING

Please tick if you have completed the following training within the last 12 months.

Please enclose copies of your training certificates

Tick (✓) where training has been in front of the box like what is done on Moving & Handling

Moving and Handling	✓	Basic Life Support		Intermediate Life Support		Infection Control	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Personal Safety (Mental Health & Learning Dis')	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)			
List Any other training not listed here:							

SECTION 6 UNIFORM

Candidates will be required to purchase uniform if required at the cost of £15 this will be deducted from your timesheet once you have started working through us. Please fill in the box below stating your uniform size and quantity.

FEMALE	Extra Small	Small	Medium	Large	Extra Large
HCA/Support Worker					



Nurse (RMN/RGN)					
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MALE	Extra Small	Small	Medium	Large	Extra Large
HCA/Support Worker					
Nurse (RMN/RGN)					

If your size is not listed above please specify here:	
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SECTION 7: EMPLOYMENT REFERENCES

Please supply us with two professional clinical referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.

Reference 1

Full Name:	
Establishment:	
Position:	
Address:	
Postcode:	
Telephone:	
Email Address:	

Reference 2

Full Name:	
Establishment:	
Position:	
Address:	
Postcode:	
Telephone:	
Email Address:	



Can we contact for references prior to interview?	
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Have you applied to or worked Wyefield Healthcare Limited before?	
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SECTION 8: EMPLOYMENT HISTORY

Please ensure you complete this section even if you have a CV. The “Employment history should be recorded on an Application Form which is signed” Please ensure that you leave no gaps unaccounted for and it covers full work history including your education. Please use extra paper if required.

Full work history including your education

Dates to and from are shown in a mm/yy format

Dates are continual with NO gaps

Where there have been gaps in work history please state the reason for the gaps

Date To	Date From	Employer’s Name	Job Title	Reason for Leaving
Date To	Date From	Employer’s Name	Job Title	Reason for Leaving
Date To	Date From	Employer’s Name	Job Title	Reason for Leaving
Date To	Date From	Employer’s Name	Job Title	Reason for Leaving
Date To	Date From	Employer’s Name	Job Title	Reason for Leaving
Date To	Date From	Employer’s Name	Job Title	Reason for Leaving
Date To	Date From	Employer’s Name	Job Title	Reason for Leaving



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SECTION 9: BANK DETAILS

Title:		National Insurance Number:	
First Name(s):		Date of Birth	
Surname:		E-Mail Address	
Address:			
Postcode		Bank Address	
Bank Name		Account Number	
Sort Code:			
Payee Name: <i>(As it appears on the account)</i>		Building Society Reference: <i>(If applicable)</i>	
Tax Status <i>Please Tick</i>	Ltd <input type="checkbox"/>		
Form Attached:	New Starter <input type="checkbox"/> Checklist		

SECTION 10: LTD COMPANIES

LIMITED COMPANY

If you have a limited company, please ensure you attach the following information:

- Proof of UK Limited Company Registration (Certificate – paper copy)
- Proof of Directorship of Ltd Company
- Proof of RCN/RCM Membership
- Signed Limited Company Contract
- Confirmation that the Ltd Company is either VAT exempt or that you will absorb the VAT % when supplying to clients that are VAT exempt.
- Proof of UK VAT Registration if relevant (Certificate – paper copy)
- Limited Company bank statement or letter of confirmation from your bank showing your bank details.
- Email address for payment advice to be sent to

Please tick here if you would like more information on working with umbrella companies for tax efficient savings

Name	Signature	Date

SECTION 11: DECLARATIONS

Please ensure that **all** declarations are ticked

DATA PROTECTION

I agree that Wyefield Healthcare Limited retains the right to hold this application and any other data associated to process it and pass on to any authorised third party the details held within, also to retain the details for as long as reasonably necessary in accordance with the Data Protection Act

WORKING TIME REGULATIONS 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. You are under no obligation to accept any work offered, and you will not be compelled to work more than 48 hours per week, however you may choose to do so. A full explanation of the Working Times Regulations 1998 can be found in your Staff Handbook. Please tick the appropriate box.

I do **NOT** wish to work more than 48 hours per week

I **DO** wish to work more than 48 hours per week **YES**

WORKING HOLIDAY ENTITLEMENT CLAUSE

Whilst working for the agency, the temporary worker will accumulate Holiday Pay calculated as a percentage of the hourly rate of pay. We co-ordinate leave from April to April. All requests must be made within the correct period. Should you request later than 31st March you will no longer be entitled to holiday pay for the previous year. If applying for holidays, the temporary worker must give a minimum of 1 weeks' notice to the Registered Manager at the agency.

I have read, understand and will comply with the Working Holiday Entitlement Clause. For the purposes of your employment with us, the holiday year will be the 12-month period commencing on the 6th April (and, if applicable, each subsequent 12-month period). All entitlement to leave must be taken during the holiday year in which it accrues, and none may be carried over into the next holiday year. The agency is not required by law to make any payment in lieu of unused holiday at the end of the holiday year.

When making your holiday plans please observe the following:

- You should not normally plan to take more than two weeks at any one time although a longer period may be granted in special circumstances.
- Notice must be given of either 1 week or by the total length of the holiday, whichever is the greater.

PROFESSIONAL REGISTRATION AGREEMENT

*You are expected to adhere to the NMC / HPC code of conduct and drug administration guidance. Are you fully aware of these and agree that you will always apply them during your employment?



Yes

REHABILITATION OF OFFENDERS ACT AND UNSPENT CRIMINAL CONVICTIONS

Due to the nature of the work you are applying for, this post is exempt from the provision of section 4 (2) the rehabilitation of offenders act 1974 by virtue of the rehabilitation of offenders act 1975 (exception) order 1975 applicants are therefore, not entitled to withhold information about convictions which for any other purpose are 'spent' or 'unspent' under the provisions of the act and in the event of employment. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light. Any information given will be completely confidential and will be considered only in relation to an application for the positions where the order applies and should be entered at the end of any you give in support to this application.

PERMISSION TO WORK IN THE UK

In line with U.K.B.A. guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by us for temporary work.

MEMBERSHIP OF PROFESSIONAL BODIES

If you are applying for a post that requires professional registration you are required to provide the following information: Are you currently the subject of a fitness to practise investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

No

Have you been removed from the register or have conditions been made on your registration by a fitness to practise committee or the licensing or regulatory body in the UK or in any other country?

No

PERSONAL DECLARATION

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.

I understand that providing false or inaccurate information may result in the termination of any placement.

I agree that I will make best endeavours to make myself aware of the Health & Safety procedures for each client I am assigned to.

I confirm that I have read and understood the Terms of Engagement and the terms of the declaration and agree to be bound by them.



Criminal Records Bureau

I understand that for me to work for Wyefield Healthcare Limited I am required to complete a DBS check and details of any convictions may be discussed with relevant clients.

If you do not have the update service for DBS, then we will send you a link for this to be completed online at the cost of £54.40.

Please tick the sentence that **DOES** applies to you

- I have no spent or unspent criminal convictions
- I have been convicted and /or cautioned by the police

When working in position involving children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in strictest of confidence and only considered where, in the reasonable opinion of Wyefield Healthcare Limited, the offence is relevant to the post to which you are applying, **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

Personal Protective Equipment (PPE)

I understand that for certain roles/ assignments I may be provided with uniform, ID badge or locker key. Any items supplied must be returned once an assignment has been completed. Should I fail to return any of these items, this may result in a deduction being made from my final pay to cover their cost and I sign below to confirm my agreement.

Immigration

I hereby give permission to Wyefield Healthcare Limited to contact the Home Office/ United Kingdom Immigration Service to perform a Right to Work Check

Confidentiality

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the Client or the Company Wyefield Healthcare Limited) or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement with the Company (Wyefield Healthcare Limited) under the Terms of Engagement

Name	Signature	Date



Personal/Financial Details Form

NEW STARTERS: please fully complete this form. Existing candidates, please only complete the sections that you wish to amend Please tick one of the statements below

PERSONAL DETAILS	Please complete in BLOCK CAPITALS		
Title		Date of birth	
First Name		National Insurance (NI) number	
Surname			
Address			
Postcode			

Next of Kin/ Person to contact in case of Emergency			
Title		Relationship	
First Name		Surname	
Address		Telephone Number	
Postcode			

BANK DETAILS	(Please note. If you wish to be paid via a LTD Company, Wyefield Healthcare Limited can only accept LTD Company Bank Account information.)							
Bank/Building Society Name								
Bank/Building Society Address								
Postcode								
Account Holders Name								
Sort code (always 6 digits)								
Account Number								

I confirm the above information is correct:

Signed	
Date	



Night Shift Health Assessment

The purpose of this questionnaire is to make sure that you are suited to working at night. All the information you provide will be kept confidential.

First Name:	
Surname:	
Date of Birth:	
Health Conditions: Do you suffer from any of the following health conditions?	
Diabetes	
Heart or circulatory disorders	
Stomach or intestinal disorders	
Any condition which causes difficulties sleeping	
Chronic chest disorders (especially if night-time symptoms are troublesome)	
Any medical condition requiring medication to a strict timetable	
Please disclose any other health factors that you feel might impact on your role with Wyefield Healthcare Limited.	

If you have answered 'yes' to any of the above questions, you may be asked to seek medical advice before commencing work for Wyefield Healthcare Limited.

I, the undersigned, confirm that the above is correct to the best of knowledge

Signed	
Date	



NEW CANDIDATE CLINICAL MEDICAL QUESTIONNAIRE

CONFIDENTIAL

The purpose of this questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post that you have been offered or place you at risk in the workplace. We may recommend adjustments or assistance because of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work.

PERSONAL DETAILS	Please complete in BLOCK CAPITALS		
Title		Date of Birth	
First Name		Surname	
Address			
GP Address			
Work Tel:			
Home Tel:			
Mobile Tel:		Postcode	

MEDICAL HISTORY

Do you have any illness/impairment/ disability (physical or psychological) which may affect your work?	
Have you ever had any illness/impairment/ disability (physical or psychological) which may affect your work?	
Are you having, or waiting for treatment (including medication) or investigations at present? If yes, please provide further details of the condition, treatment and dates of any appointments.	
Do you think you may need any adjustments or assistance to help you to carry out your job?	
Any additional information?	



Tuberculosis	
Have you had a clinical diagnosis and management of tuberculosis, and measures for its prevention and control? (NICE 2006) <i>Please circle</i>	
Have you lived continuously in the UK for the last year? (<i>include holidays/vacations</i>)	
If you answered NO please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form may be rejected.	
Do you have a cough which has lasted more than 3 weeks?	
Any unexplained weight loss?	
Any unexplained fever?	
Have you had tuberculosis (TB) or been in recent contact with open TB	

EVD (Ebola Virus Disease)	
Any person who has been in West Africa in the previous 21 days or those visiting the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate screening questionnaire to complete as applicable.	
Have you travelled to any countries affected by Ebola? (<i>Guinea, Sierra Leone, Liberia, Mali</i>)	
If you have answered YES to the above, please list all the countries that you have lived in/visited in the last 21 days including holidays and vacations.	

Chicken Pox or Shingles	
Have you ever had chicken Pox? Date:	
Have you had Shingles? Date:	

Immunisation history	Have you had any of the following immunisations?



Triple Vaccination as a child (diphtheria/Tetanus/Whooping Cough) Date:	
Polio? Date:	
Tetanus? Date:	
Hepatitis B Date: <i>If yes is ticked, please provide details below</i>	

Course:	1		2		3	
Boosters:	1		2		3	

Proof of Immunity Please Send the following:	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly recommend that you provide serology test results showing varicella immunity
Tuberculosis	We require an occupational health/GP certificate of a positive scar or record of a positive skin test result (do not self-declare)
Rubella, Measles and Mumps	Certificate of 'two' MMR Vaccinations or proof of positive antibody for Rubella and Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
The following are for EEP Candidates only	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test <i>Report must be an identified validated sample (IVS)</i>
Hepatitis C	Evidence of a negative antibody test <i>Report must be an identified validated sample (IVS)</i>
HIV	Evidence of a negative antibody test <i>Report must be an identified validated sample (IVS)</i>

Exposure Prone Procedure	
Will your role involve exposure prone procedures?	

Declaration



I will inform my employer if I am planning to or leave the UK for longer than three months to enable a reassessment of my health to be conducted upon my return.

I declare that the answer to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Wyfield Healthcare Ltd to make recommendations to my employer.

Name	Signature	Date



Please Sign and Date this receipt page declaring you have read and received the Wyfield Healthcare Handbook

Name	Signature	Date

Equal Opportunities Monitoring Form

Wyfield Healthcare Limited wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organization needs your help and cooperation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

Sex and gender identity

What is your sex?

Female Male Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

Yes No Prefer not to say

If the gender you identify with is not the same as your sex registered at birth, please write in:

Age 16-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth, or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black, African, Caribbean or Black British

African Caribbean Prefer not to say

Any other Black, African, or Caribbean background, please write in:

Mixed or Multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say

Any other Mixed or Multiple ethnic background, please write in:

White

English Welsh Scottish Northern Irish Irish



British Gypsy or Irish Traveller Prefer not to say

Any other White background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Asexual Pansexual
Undecided Prefer not to say

If you prefer to use your own identity, please write in:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please write in:

What is your working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say If other, please write in:



Do you have caring responsibilities? If yes, please tick all that apply

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say