



Getting Started

Please use capital letters and complete all sections. If you have any difficulties in completing this form please ask someone to help you.

In accordance with the Data Protection Act (1984) you are advised that you have the right of access to any information from this application form which may be held on computer database. Optimumcare4u aims to satisfy the needs of clients by providing equal opportunities irrespective of their sex, age, marital status, racial or ethnic origin, disability or sexual orientation. By submitting your details you agree to our privacy policy

In order to work with OptimumCare Staffing you need to have had at least 6 months relevant UK experience and you will be required to provide all the documents listed below (please bring originals for us to copy to your interview). If you are unable to provide one or more of the following please contact the office where we will advise you further.

- Completed Registration Form (Signed and dated)
- Health Declaration forms and serology reports
- 2 x Passport sized photographs (to bring at interview stage)
- Passport
- Proof of eligibility to work in the UK
- Any Qualification certificates in relation to Registration form
- Driving Licence (if driving to shifts)
- Completed CRB application form

Rehabilitation Of Offenders Act 1974

Due to the nature of the work for which you are applying, this is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies and should be entered at the end of any particulars you give in support of your application.

DOH circular (88/9) Protection of Children requires us to carry out checks on police records for Temporary Workers on our records whose assignments will give them substantial access to children.

Do you agree that such checks may be made concerning yourself if required? Yes No

Personal Information

Title _____ Surname _____ Previous Surnames (if any) _____

Forename(s) in Full _____

Address _____

_____ Postcode _____

Home Tel No: _____ Mobile No: _____

Date of Birth _____ Email _____

Nationality _____ Qualification(s) _____ Part of Register _____

National Insurance Number _____

PIN (Qualified Nurse applicants only) _____ Expiry Date _____

Name of emergency contact _____ Relationship to you _____

Home Tel No: _____ Mobile No: _____

Application Information

Your Available Start Date _____ Desired Salary _____

Position Applied For _____

Preferred Location of Work _____

Availability (Tick those that apply) _____ Bank Contract Permanent Temporary Weekends Only

Can you work in the UK? _____ Yes No Are you a UK citizen? _____ Yes No

Working / Visa Status _____ Work Permit Student Visa Unrestricted

If NO please state reason why: _____

Do you have a criminal record? _____ Yes No If yes, explain _____

Is your Manual Handling Training up to date? _____ Yes No If yes, expiry date _____

Education & Training

Name and address of school/college/nurse training school/Other	Courses or subjects taken and (any) qualifications gained	From Mth/Yr	To Mth/Yr

Professional Qualifications

Professional/Technical/ Management Qualifications	Course Details	Date Taken

Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Full Employment History

Present or most recent employer and address Please include any voluntary work	Position held	From Mth/Yr	To Mth/Yr
Previous employer(s) and address(es) Please include any voluntary work	Position(s) held	From Mth/Yr	To Mth/Yr

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Present or most recent employer and address Please include any voluntary work	Position held	From Mth/Yr	To Mth/Yr
Present or most recent employer and address Please include any voluntary work	Position held	From Mth/Yr	To Mth/Yr
Present or most recent employer and address Please include any voluntary work	Position held	From Mth/Yr	To Mth/Yr

Supplementary Questionnaire

Please give brief answers to the following questions, please note that failure to write anything will result in your application being rejected.

Why do you feel you would be suited to agency work?

References

Please provide details of 2 referees who can provide information relating to your competence in a caring role, one of whom should be your present or most recent employer (references for Qualified Nurses must be professionals). One referee should have worked with you during the last 12 months.

Name _____	Name _____
Address _____ _____	Address _____ _____
_____ Postcode _____	_____ Postcode _____
Position _____	Position _____
Organisation _____	Organisation _____
Telephone No: _____	Telephone No: _____
May we approach the above prior to interview? Yes / No	May we approach the above prior to interview? Yes / No

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 my CV and personal information will be shared with potential employers. I give full permission to OptimumCare Staffing to store my information and distribute it to potential companies and individuals deemed necessary by Progressive Active Recruitment.

Information contained within this document is governed by the Data Protection Act 1998, in line with the Equality Act 2010. Disclosure of Information is only with your informed consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

I confirm that I am 18 years of age or over, and that I am eligible to work in the UK.

I declare that all the information given is true and I understand that any false or misleading information may result in removal from **OptimumCare Staffing's** Register of Temporary Workers.

Signed _____ Date _____