



NYS Nursing Agency Ltd

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www.nysnursing.co.uk e-mail:- admin@nysnursing.co.uk

APPLICATION FORM CONFIDENTIAL FOR EMPLOYMENT

Full Name (Mr/Mrs/Miss/Ms)		POST APPLIED FOR:	
Preferred Name:		PIN no:	Expiry date: / /
Home address, Postcode		Name of next of kin and relationship	Contact no. and address of NOK
Date of Birth	Age	National Insurance Number	Work permit required: Yes No
Telephone Home	Telephone Work		Mobile number:
			Email:
Nationality/Ethnic Origin	If you are successful in your application would you require permission to work in the UK? YES/NO		
Do you have a disability? YES/NO	Are you aware of NYS Nursing Agency is no smoking policy?		YES/NO
Do you smoke? YES/NO	If Yes please give details		
Are you currently employed? YES/NO	If yes where:		

Availability & Access

Part Time	Full Time	Desired Hrs per Week	Desired started date
Weekdays YES/NO	Weekends YES/NO	Evenings YES/NO	Night Shift YES/NO
Can you drive?	Own transport?	What locations would you prefer to work in?	

How did you find us?	Job centre	
Passing by	Newspaper Advert	Other

FULL EMPLOYMENT HISTORY WITH MOST RECENT FIRST

Please continue on a blank sheet if necessary

From -To	Position held and main duties	Employer's Name and address	Reason for leaving

EDUCATION AND QUALIFICATIONS

Dates From – To	School/College/University	Qualifications

HEALTH AND FITNESS TO WORK

AT NYS NURSING WE STRONGLY ADVISE VACCINATION

Have you been vaccinated for the following? If YES please give details

TB	YES	NO	
POLIO	YES	NO	
TETANUS	YES	NO	
TYPHOID	YES	NO	
RUBELLA	YES	NO	
HEPATITIS B	YES	NO	

ARE YOU PHYSICALLY IN GOOD HEALTH AND HAVE YOU SUFFERED FROM/DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS?

CONDITION	YES	NO	IF YES GIVE DETAILS
Any Joint Pain			
Varicose Veins			
Diabetes			
Arthritis			
Epilepsy or Fits			
Heart disease/Problems			
Hernia/ Back Problems/Injuries			
Vertigo or Dizziness			
Mental Illness			
Nervous Breakdown			
Asthma			
Any Drug or Alcohol Dependency			
Any Defect of Hearing			
Eczema			
Skin Problems/Dermatitis			
Surgery /Operations			
Serious Accident			
Tropical Disease			
Cancer or Tuberculosis			
Have you had a period of two weeks or more absence in the past 12 months			
Receive Treatment by A and E of a Hospital in the past 12 month period			
Do you smoke cigarettes/tobacco? If so how much per day			
Do you drink alcohol? If so how much per day			
Have you had more than three spells of Absence in the past 12 months?			
High Blood Pressure			
Kidney problem			

ARE YOU CURRENTLY BEING TREATED FOR ANY OTHER MEDICAL CONDITIONS? IF SO PLEASE GIVE DETAILS?

REFERENCES

Please list below the names, addresses & contact details of 3 referees whom we can approach in confidence to vouch for you. There should be two from your last employer and at least one from an employer in a Care environment (**Not Related to You**)

JOB REFERENCE 1

Referee 1	
Contact Name	Organisation
Full Address With Postcode	Phone number
Relationship to applicant	

JOB REFERENCE 2

Referee 2	
Contact Name	Organisation
Full Address With Postcode	Phone number
Relationship to applicant	

Personal Reference

Referee 3	
Contact Name	Organisation
Full Address With Postcode	Phone number
Relationship to applicant	

EQUAL OPPORTUNITIES

The organisation is committed to a policy of equal opportunities for all and requires all employees to abide by and adhere to this general principle and to the requirements of the Code of Practice laid down by the Equal Opportunities Commission and the Commission for Racial Equality. In particular in this organisation:

- (a) Discrimination on the grounds of race, colour, ethnic or national origin, religion, class, disability, special needs, on grounds of sex or marital status or membership or non-membership of a trade union will not be practiced or tolerated
- (b) The organisation expects all employees, of whatever grade or authority, to abide by and adhere to this general principle.
- (c) Staff will be promoted, employed and treated fairly on the basis_ of their ability and merits and accordingly to their suitability and no one will be disadvantaged by a condition or requirement, which is not justified by the genuine needs of their job or of the proposed job
- (d) The organisation is committed to challenge any form of discrimination it encounters
- (e) In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the organisation will be based on merit, qualifications and abilities
- (f) Employees or service users with questions or concerns about any type of discrimination in the organisation are encouraged to bring these issues to the attention of the Nurse Manager or Managing Director.
- (g) Any breach of this policy should be reported to the Nurse Manager or to a senior, responsible member of organisation staff; breaches will be dealt with through the organisation's disciplinary procedures.

Recruitment of Ex-Offenders

As an organisation using the Criminal Records Bureau (CRB) Disclosure service to assess an applicants' suitability for positions of trust, NYS Nursing Agency complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

NYS Nursing Agency is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending Background.

We do not discriminate against ex-offenders and they will receive fair treatment throughout the recruitment process.

At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

We make every subject of a CRB Disclosure aware of the existence of the CRB Code of Practice and make a copy available on request. Having a criminal record will not necessarily bar you from working with NYS Nursing Agency Ltd. This will depend on the nature of the position and the circumstances and background of your offences.

I confirm that I have read and aware of this policy.

Have you ever been convicted of or cautioned for a criminal offence? Yes / No

If yes, please give details and dates.

I certify that to the best of my knowledge, all the information provided on this form is correct. I understand that any misrepresentation or withholding of relevant information on this form will be sufficient to invalidate this application and/or terminate any employment which may have begun.

Signature of Applicant.....

Date.....

COMPLETED APPLICATION PACKS SHOULD BE POSTED OR FAXED TO HEAD OFFICE

