



REGISTRATION FORM	
Registration Date: DD/MM/YY	PHOTO
Reference Number: _____	
PERSONAL DETAILS	

Title (Mr/Ms/Miss/Mrs/Other): _____ Date of Birth: DD/MM/YY

Full Name: _____

Address: _____ Email Address: _____
_____ Phone: _____

Postcode: _____ NI Number: _____

Nationality: _____

Next to Kin Name _____

Contact No: _____ Email: _____

Address: _____

WHAT KIND OF A JOB ARE YOU LOOKING FOR?

Please tell us the type of positions you are interested in _____

Are you employed at present: Yes No

Are you available to work? Full Time Part Time Number of Hours: _____

What town and area are you looking to work in? _____

Do you have your own transport? _____

Do you hold a driving license? _____

Have you ever undertaken a Criminal Records Bureau Disclosure? _____

If yes, when was it undertaken? DD/MM/YY Was it an Enhanced or standard Disclosure?

CONVICTIONS

Rehabilitation of Offenders Act 1974: State any convictions/offences, information of which you are not entitled to withhold, under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, in view of the nature of the work for which you are applying: _____

Criminal Record Bureau/Disclosure Scotland Statement: If your application is successful you will be required to provide a satisfactory Enhanced Disclosure or equivalent from country of origin if in the UK for less than three months. Advantage Healthcare Group Ltd will offer their full support through this process.

Care Standards Act 2000: State any police cautions and incidents with the police, in view of the nature of the work for which you are applying: _____

(This information will be disclosed by the Criminal Records Bureau check which will be required if your application is successful)

PERMISSION TO WORK IN U.K.

Do you have immigration permission to work in the UK? Yes No

Please fill following if you overseas candidate:

Work permit/visa	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiry date											
Passport nationality		Place of issue												
Passport number														
Date of issue										Expiry date				
Known restrictions in use														

In line with UKBA 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 able to be engaged by GCS for temporary work.

10 YEARS HISTORICAL RECORD

Please start with your current or most recent position. Please submit a CV in addition if you have one.

Work/ Study

Company/Institute: _____ Position: _____

Start Date: DD/MM/YY _____ End Date: DD/MM/YY Wage: _____

Reason for Leaving: _____

Others

Work/ Study

Company/ Institute: _____ Position: _____

Start Date: DD/MM/YY _____ End Date: DD/MM/YY Wage (If Applies): _____

Reason for Leaving: _____

Others

Work/ Study

Company/ Institute: _____ Position: _____

Start Date: DD/MM/YY _____ End Date: DD/MM/YY Wage (If Applies): _____

Reason for Leaving: _____

Others

Work/ Study

Company/ Institute: _____ Position: _____

Start Date: DD/MM/YY _____ End Date: DD/MM/YY Wage (If Applies): _____

Reason for Leaving: _____

Others

Work/ Study

Company/ Institute: _____ Position: _____

Start Date: DD/MM/YY _____ End Date: DD/MM/YY Wage (If Applies): _____

Reason for Leaving: _____

Others

(Please ask for extra papers if needed)

Have you ever been involved in any disciplinary action or dismissed from an employer?

Yes No

If yes, please give details _____

Do you have any Disability?

Yes No

If yes, please give details _____

EDUCATION DETAILS

High School: _____

From: DD/MM/YY To: DD/MM/YY Degree: _____

College: _____

From: DD/MM/YY To: DD/MM/YY Degree: _____

Other: _____

From: DD/MM/YY To: DD/MM/YY Degree: _____

Level of practice	Date achieved (DD/MM/YY)
NVQ 1	<input type="text"/> / <input type="text"/> / <input type="text"/>
NVQ 2	<input type="text"/> / <input type="text"/> / <input type="text"/>
NVQ 3	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please state if currently undertaking an NVO course and at what level |

Training received (inc any refresher courses during the last year)	Date (DD/MM/YY)	Certificate supplied
Manual Handling Adult <input type="checkbox"/> Paediatric <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full day annual refresher MH Adult <input type="checkbox"/> Paediatric <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infection Control (inc. C-diff and MSRA)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Safety	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential Food Hygiene	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation Skills	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lone Worker	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management of aggressive/violent behaviour	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safeguarding Adults <input type="checkbox"/> Children <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health and Safety (inc. COSHH and RIDDOR)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basic Life Support Adult <input type="checkbox"/> Paediatric <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Training Prompt <input type="checkbox"/> Assist <input type="checkbox"/> Administer <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skills for Care Induction Training	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Restraints Training (please specify)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please specify	<input type="text"/> / <input type="text"/> / <input type="text"/>	

PROFESSIONAL DETAILS

To assist us in finding suitable work for you, please tick all the care tasks in which you are experienced:

<p>Personal hygiene</p> <p>Bath/shower/strip wash <input type="checkbox"/></p> <p>Bed bath <input type="checkbox"/></p> <p>Care of eyes <input type="checkbox"/></p> <p>Care of feet (exc. toenails) <input type="checkbox"/></p> <p>Care of fingernails <input type="checkbox"/></p> <p>Care of hair <input type="checkbox"/></p> <p>Dressing/undressing <input type="checkbox"/></p> <p>Mouth care (inc dentures) <input type="checkbox"/></p> <p>Shaving <input type="checkbox"/></p> <p>Use of bath aids <input type="checkbox"/></p>	<p>Mobility</p> <p>Moving and handling clients <input type="checkbox"/></p> <p>Moving and handling course <input type="checkbox"/></p> <p>Use of hoists (man./elec.) <input type="checkbox"/></p> <p>Use of walking aids <input type="checkbox"/></p> <p>Nutrition</p> <p>Feeding <input type="checkbox"/></p> <p>Food handling <input type="checkbox"/></p> <p>Preparing meals <input type="checkbox"/></p> <p>PEG Feeds/Gastrostomy <input type="checkbox"/></p>	<p>End of life care <input type="checkbox"/></p> <p>Managing Violence & Agression <input type="checkbox"/></p> <p>Practical tasks</p> <p>Bedmaking/ changing a bed <input type="checkbox"/></p> <p>Collecting benefits <input type="checkbox"/></p> <p>Cooking <input type="checkbox"/></p> <p>Light housework <input type="checkbox"/></p> <p>Recording of blood pressure <input type="checkbox"/></p> <p>Recording of temperature <input type="checkbox"/></p> <p>Recording of respiration <input type="checkbox"/></p> <p>Recording of pulse <input type="checkbox"/></p> <p>Shopping <input type="checkbox"/></p> <p>Washing personal laundry <input type="checkbox"/></p> <p>Support client with Community Activities <input type="checkbox"/></p> <p>Administrative abilities</p> <p>Maintaining Confidentiality <input type="checkbox"/></p> <p>Observing/Recording Changes in clients' condition <input type="checkbox"/></p>	<p>Use of individual care plan <input type="checkbox"/></p> <p>Recording instructions from GP/District Nurse <input type="checkbox"/></p> <p>Report writing <input type="checkbox"/></p> <p>Makaton <input type="checkbox"/></p> <p>Sign Language <input type="checkbox"/></p> <p>Delegated Tasks (please list below) <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Toileting</p> <p>Applying a conveen <input type="checkbox"/></p> <p>Attaching a night bag <input type="checkbox"/></p> <p>Bedpans/commodes etc <input type="checkbox"/></p> <p>Changing a catheter bag <input type="checkbox"/></p> <p>Continence care <input type="checkbox"/></p> <p>Emptying a catheter bag <input type="checkbox"/></p> <p>Stoma care <input type="checkbox"/></p>	<p>Care Duties</p> <p>Medication</p> <ul style="list-style-type: none"> • Support <input type="checkbox"/> • Prompt <input type="checkbox"/> • Administer <input type="checkbox"/> <p>Pressure area care <input type="checkbox"/></p> <p>Simple dressing procedures <input type="checkbox"/></p> <p>Palliative care <input type="checkbox"/></p>		

Please indicate your level of proficiency according to the scale below

- I *no experience*
- II *previously performed but not proficient*
- III *competent to perform independently*

Which area of care do you have experience:

Area	NHS/Private/Local Authority	Months/years	Level of proficiency		
			I	II	III
Nursing Home - Frail Elderly - Dementia Care - Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Home - Frail Elderly - Dementia Care - Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Care (in clients own home) - Frail Elderly - Complex Care Adult - Complex Care Children - Learning Disabilities			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital (specify area of work)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community (Please specify) eg Health Visitor Assistant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health (Please specify) eg Prison Service/Units			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities eg Care Home/Community Day Care (Please specify)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health/Industry (specify area of work)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Please give details of four referees which should be your current or most recent employer. The references we obtain must cover your last two positions or at least the last 3 years of your work history.

1.Contact Name: _____ Company: _____ Position: _____ Address: _____ Telephone: _____ Email: _____ Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	2.Contact Name: _____ Company: _____ Position: _____ Address: _____ Telephone: _____ Email: _____ Current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Contact Name: _____ Company: _____ Position: _____	4.Contact Name: _____ Company: _____ Position: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Employed: From To

Employed: From To

CONFIDENTIALITY DECLARATION

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must Information relating to identifiable clients be divulged to anyone other than your branch manager or his/her assistant, without obtaining the Client's consent.

You should not disclose ANY information to your family, friends, or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE to your MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed: _____

Date: DD/MM/YY

DISCLAIMER AND SIGNATURE

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

The information that I have given in this application form is, to the best of my knowledge, complete and accurate in all respects, and I am not aware of any reason why I am not fit for this work. I understand that knowingly giving false information will disqualify me from registration with this agency.

Global Career Services Healthcare Group Ltd aims to be an equal opportunities provider of work and we select solely on merit irrespective of race, sex, disability etc. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated.

Please note: Ethnic minority questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups - UK citizens can belong to any of the groups indicated.

Please tick the appropriate category:

White Bangladeshi Black African Indian Chinese Pakistani Other please specify

Full Name:

Signature: _____

Date: DD/MM/YY