



AUSCARE RECRUIT

Application Form

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. Auscare 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. In order to provide you with work Auscare will require all the documents listed below. 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

PERSONAL DETAILS

Title.....Surname.....

Previous surname (if any).....

Address.....

.....Postcode.....

Home Tel Num:Mobile Num:

Date of Birth:/...../.....

E- Mail



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Nationality..... Qualification.....

Part of register.....

National Insurance Number

PIN Num: (Qualified Nurse applicants only) Expiry date

Name of emergency contact.....

Relationship to youWork Tel Num:

Home Tel Num:

EDUCATION AND 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
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LANGUAGES

Language - Please list languages in which you are fluent(include your mother tongue)	Speech	Reading	Writing

FULL EMPLOYMENT HISTORY

MUST BE FROM LEAVING FULL TIME EDUCATION AND ALL GAPS MUST BE COVERED.

Your Previous employer(s) and address (es). Please include any voluntary work.	Position(s) held	From Mth/yr	To Mth/yr



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Your Previous employer(s) and address (es). Please include any voluntary work.	Position(s) held	From Mth/yr	To Mth/yr
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Your Previous employer(s) and address (es). Please include any voluntary work.	Position(s) held	From Mth/Yr	To Mth/Yr
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Your Previous employer(s) and address (es). Please include any voluntary work.	Position(s) 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?

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Give a brief description of the hours you would prefer and the areas/locations in which you would wish to work?

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IMPORTANT

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Do you have a work permit? Yes / No
(Please delete as appropriate)

If yes then who currently holds your permit to work in the United Kingdom?

REHABILITATION F OFFENDERS ACT 1974

By virtue of the Rehabilitation of Offenders 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 of such a kind to enable the holder to have access to the persons in receipt of such services in the course of his/her normal duties.

Your Answer to the following question should include any "spent" convictions.

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

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



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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. **(1) Referee**

Name.....

Address.....

.....

Postcode.....

Position.....

Organization.....

Tel Num: Fax Num:

May we approach the above prior to interview? Yes / No

(2) Referee

Name.....

Address.....

.....

Postcode.....

Position.....

Organization.....

Tel Num: Fax Num:

May we approach the above prior to interview? Yes / No



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SPECIALITIES

Please circle each category below to indicate your Post-Registration or care work experience:

A&E Dementia Care of Elderly Occupational health Anaphylaxis

Learning Disabilities Theatre Nurse Midwifery Cough Assist Alzheimer's

Mental health Nursing home Phlebotomy Palliative care

If not mentioned add

DECLERATIONS

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 **AUSCARE's** Register of Temporary Workers.

Signed.....Date.....