



**Health Care Services**  
*...building happier world with care and knowledge*

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### Application Form

(Please complete the application in BLOCK CAPITALS)

Position Applied For: .....

Title:	Mr Mrs Miss Ms	Forename(s):		Surname:	
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Address:	Date of Birth: ..... Age: .....	Telephone Number:
	Gender: .....	.....
	NI Number: .....	Home: .....
		Mobile: .....

Email:

#### Work Requirements

Are you an EU Citizen?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Do you hold a British or EU Passport?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

If you do not hold a British/EU Passport, do you have any one of the following?	
Student Visa	<input type="checkbox"/>
Work Permit	<input type="checkbox"/>
Residency Visa	<input type="checkbox"/>
Spousal Visa	<input type="checkbox"/>
Settlement	<input type="checkbox"/>
Other:	
Expiry Date:	

Do you hold a current Driving Licence? YES/NO

#### **Education**

Do you have access to a car? YES/NO



Name(s) of School/College	Dates: (From & To)	Qualification(s) Gained/Award

**Rehabilitation of Offenders Act 1974**

Please Note: All healthcare posts are subject to the Rehabilitation of Offenders Act 1974; therefore, you must disclose all cautions, reprimands, final warnings, and convictions on your criminal record. However, a conviction will not necessarily restrain you from employment.

Have you ever been convicted by the courts, cautioned, reprimanded, or given a final warning by the police?

**YES/NO**

If **YES**, please give details including dates:

.....  
 .....

Are you aware of any police inquiries being made against you that may affect your suitability for this post?

**YES/NO**

If **YES**, please give details:

.....  
 .....

**Next of Kin/Emergency Contact Details**

Name:	
Address: .....	Relationship: .....
	Mobile: .....
Post Code: .....	Email: .....



**Registered Nurses**

Did you qualify with your maiden name? **YES/NO** Maiden Name: .....

Part of Register and Grade: .....

Date Qualified: ..... NMC PIN Number: ..... Expiry Date: .....

Do you have Professional Indemnity? **YES/NO**

Membership Name & Number: .....

**Work Preference**

Are you a Limited Company? **Yes/No** (please provide appropriate documentation)

Full-Time  Part-Time  Mornings  Evenings   
Weekends  Bank Holidays  Night's  Sleep In

Have you ever been dismissed from work? **YES/NO**  
If **YES**, please explain

.....  
.....

Have you ever been disciplined for any cause in your last employment? **YES/NO**  
If **YES**, please explain

.....  
.....



**Employment History**

Please enter ALL your previous employment details giving reasons why you left. Please give reasons for any gaps in employment. Start with the most recent employment.

Position:	Name of Company/Organisation	From/To	Reasons for Leaving

**Trainings**

Please tick (v)

- |                   |                          |                     |                          |                   |                          |
|-------------------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| Health & Safety   | <input type="checkbox"/> | Moving & Handling   | <input type="checkbox"/> | First Aid         | <input type="checkbox"/> |
| Urinalysis        | <input type="checkbox"/> | Food Hygiene        | <input type="checkbox"/> | Infection Control | <input type="checkbox"/> |
| 12 Lead ECG       | <input type="checkbox"/> | Vital Observations  | <input type="checkbox"/> | MVA               | <input type="checkbox"/> |
| MAPPA             | <input type="checkbox"/> | Fire Safety         | <input type="checkbox"/> | Safeguarding      | <input type="checkbox"/> |
| NVQ Level 2       | <input type="checkbox"/> | NVQ Level 3         | <input type="checkbox"/> | NVQ Level 4       | <input type="checkbox"/> |
| Rescue Medication | <input type="checkbox"/> | Medicine Management | <input type="checkbox"/> | Basic             | <input type="checkbox"/> |

**Other Trainings and Professional Qualifications:**

Qualification	Place were obtained	From (month/year)	To (month/year)

(Please provide documentary evidence of all the above – all certificates will be verified)

Where did you hear about, He Reigns HealthCare Services? HRHCS website  Job Centre  Indeed

If other, where?.....



## **References**

Please give the names and addresses of 2 professional referees, both of whom should be your current/previous line manager(s) and who have known you for at least 2 years. Relatives are not acceptable as referees.

<b>Name:</b>	<b>Company:</b>
<b>Address</b>	Relationship to You:  Telephone Number:  Fax Number:  Email Address

<b>Name:</b>	<b>Company:</b>
<b>Address</b>	Relationship to You:  Telephone Number:  Fax Number:  Email Address

**(Please give the name and address of 1-character reference (preferably a work colleague))**

<b>Name:</b>	<b>Company:</b>
<b>Address</b>	Relationship to You:  Telephone Number:  Fax Number:  Email Address



**Declaration**

*All applicants please read carefully and sign*

I declare that the information given in this application is accurate and complete. I understand that any misleading statements may be sufficient to cancel any offer of employment or may result in the immediate termination of my employment. Due to the nature of the duties I will be expected to undertake, it is my responsibility to declare any criminal convictions, reprimands, cautions, NMC suspensions, removal from the register, warnings as to future conduct both before and after any employment with He Reigns Health Care Services. This includes any referral to, or inclusion to POVA, or any such scheme currently existing or that comes into effect during my employment with He Reigns Health Care Services. I will declare any dismissals or disciplinary acts from any previous employment. I do understand that any offer of employment is subject to an Enhanced DBS check, indicating my suitability for employment.

**Signature:** .....

**Date:** ..... / ..... / .....

**Print Name:** .....

**\*Please attach your current CV with this application Form\***



**Clinical Details & Work Experience**

To be completed by all nurses and support/care staff. Please tick (✓) the appropriate.

	Less than 6 months	More than 6 months	Over 1year experience	When did you last work? Please add notes if necessary.
<b>General Nurse:</b>				
Medical				
Surgical				
Elderly Care				
Gynaecology				
Orthopaedics				
Palliative Care				
A & E				
Oncology				
ITU/HDU/CCU				
Renal/Urology				
Cardiology				
Neurology/Respiratory/COPD				
Theatre				
<b>Mental Health:</b>				
Mental Health Acute Wards				
Community Psychiatric Nurse				
Elderly Care				
Substance Misuse				
Eating Disorder				
CAMHS				
Prison				
Secure Units				
<b>Learning Disability:</b>				
Autism Spectrum				



**Equal Opportunities Monitoring Form**

He Reigns HealthCare Services aims to select applicants solely based on merit irrespective of age, gender, sexual orientation, marital status, disability, religious beliefs, nationality and/or ethnic origin. The following information will be held in confidence and will be used for monitoring purposes only. It will not be considered during our recruitment and selection process.

*Please tick (v) the most appropriate*

**Gender**Male Female **Ethnic Origin**

A) White

**British** **Irish** **Other (specify)** 

.....

B) Mixed

**White & Black Caribbean** **White & Black African** **White & Asian** **Other (specify)** 

.....

C) Asian or Asian British

**Indian** **Bangladeshi** **Pakistan** **Other (specify)** 

.....

D) Black or Black British

**Caribbean** **African** **Other (specify)** 

.....

E) Oriental or Other

**Chinese** **Japanese** **Philippine** **Other (specify)** 

.....





**Disability**

Do you have any disability? **YES/NO**

If **YES**, please give details below:

.....

.....

.....

Do you require He Reigns Health Care Services to make any reasonable adjustments under the terms of the Disability Discrimination Act for you to undertake the duties of this post? If **YES**, please give details below:

.....

.....

.....

**Uniform**

Please state your UK size (Top)

.....

.....

