



# Lancefield

## Membership Application

### CONFIDENTIAL APPLICATION FORM

Before completing this form please ensure that you are eligible to work in the UK.

Please **use black ink when completing this form**, you are requested to complete all sections of this application form and if you require assistance in completing any part of this form please contact one of our consultants for advice on:

**Tel: 0871 234 2544 or email: [admin@lancefieldcare.co.uk](mailto:admin@lancefieldcare.co.uk)**

Position Applied For: .....

### Personal Details

Preferred Title (e.g. Dr, Mr, Miss, Mrs, Ms): .....

Forenames: .....

Surname: .....

Have you been known by any other name? .....

Present Address: .....

.....

.....

Town /City: ..... Post Code: .....

Telephone Number - Home (Inc Area Code): .....

Mobile: .....

Active Email Address:.....

If at current address **less than 5 (Five) years** please supply all previous addresses to cover the required period.

Previous Address: .....

.....

.....

Town /City: ..... Post Code: .....

Date Of Birth: ..... National Insurance Number: .....

Gender - Male or Female? Male  Female

If you are eligible to work in the UK, what documentation do you have to support this?  
.....

Please provide details of your  
**NMC Pin Number** (if applicable): ..... **Expiry Date:**.....

**Nationality:** .....

**Religion (please state):** .....

**Marital Status:** Single  Married  Separated  Divorced  Widowed

**UK based Next of Kin/Representative - (To be notified in case of an emergency)**

**Full Name:** .....

**Relationship:** .....

**Current Address:** .....



..... **Post Code:** .....

**Postal Town/City:** .....

**Home Telephone Number:** .....

**Work Telephone Number:** .....

**Mobile Telephone Number:** .....

**Do you hold a full United Kingdom Driving License?** YES  NO

**Do you have the daily use of a car?** YES  NO

**Do you have any Endorsements/ Disqualifications?** YES  NO

**What are your personal interests / hobbies?** .....

## Bank Details

**Your Bank Details** (To be used for payments of salaries)

**Account Name** .....

**Account Number**           **Bank Sort Code**

**Branch Address:** .....

..... **Post Code:** .....

**Ref No (Building Societies)** .....



# Employment History

Please provide us with any past employment history **preferably for the last 5 years** starting with the most recent if more space is required please use separate sheet.

**1) Employers Name** .....

**Address:** .....

.....

.....

**Town /City:** ..... **Post Code:** .....

**Telephone Number (Inc Area Code):** .....

**Position Held:** .....

**Key Responsibilities:** .....

.....

.....

**Date Started:** ..... **Date Left:** .....

**2) Employers Name** .....

**Address:** .....

.....

.....

**Town /City:** ..... **Post Code:** .....

**Telephone Number (Inc Area Code):** .....

**Position Held:** .....

**Key Responsibilities:** .....

.....

.....

**Date Started:** ..... **Date Left:** .....

## References

Please provide the names of **Two Clinical Professionals of Senior Grade/Position** to yourself **including** your present or most recent employer both of whom, may be contacted to provide a credible comment on your capabilities to undertake the post applied for, **friends or relatives are not acceptable.**

**1) Full Name** .....

**Position Held:** .....

**Qualification:** .....

**Capacity in which you know them:** .....

**Their Address:** .....

.....

.....

**Town /City:** ..... **Post Code:** .....

**Their Telephone Number (Inc Area Code):** .....

**Their Email Address (active):** .....

**2) Full Name** .....

**Position Held:** .....

**Qualification:** .....

**Capacity in which you know them:** .....

**Their Address:** .....

.....

.....

**Town /City:** ..... **Post Code:** .....

**Their Telephone Number (Inc Area Code):** .....

**Their Email Address (active):** .....

# Self Health Assessment Form

It is a statutory requirement that all employment agencies and employers in the United Kingdom make all potential employees fill out a health assessment form and make arrangements for the required vaccinations to be given as required. All information supplied will be stored in accordance with the Data Protection Act 1998.

**Your answers to the following questions are confidential and will not be disclosed to anyone without your written consent.**

All Health Care workers have both an ethical and legal duty to protect the health and safety of their patients.

**If you answer YES to any of these questions please give detail and, If you do not understand a question please ask the recruitment manager.**

**Name of your General Practitioner (GP):** .....

**Address:** .....

.....

..... **Post Code:** .....

**Telephone Number (Inc Area Code):** .....

## Please answer ALL questions

1. Have you had a BCG(TB)VACCINATION Yes  No  Don't Know
2. In the past 12months have you had a cough for more than 3 weeks, an unexplained fever or loss of weight? Yes  No  Don't Know
3. Do you have a family history of TB? Yes  No
4. Have you been abroad outside of the United Kingdom in last 12 months? Yes  No   
If yes please state where. ....
5. Are you immune to Rubella (German Measles)? Yes  No
6. Are you immune to Varicella (Chicken Pox)? Yes  No
7. Have you been vaccinated against Tetanus? Yes  No
8. Have you been vaccinated against Polio? Yes  No
9. Have you been vaccinated against Hepatitis B? Yes  No  Don't Know   
Date: .....Titre: ..... .miu/ml: .....
10. Have you been vaccinated against Hepatitis A? Yes  No  Don't Know
11. Have you been informed that you are carrying the Hepatitis B or Hepatitis C Virus?. Yes  No  Don't Know

12. Do you have reason to believe that you may have been exposed to HIV infection in any of the circumstances listed below?.

- Engaged in unprotected sexual intercourse between men.
- Shared injecting equipment while misusing drugs.
- Had unprotected heterosexual intercourse with a person who had been exposed in a country where the transmission of HIV is common through sexual intercourse between men and women, i.e. Sub-Saharan Africa and South East Asia. or, had unprotected heterosexual intercourse in one of the countries listed above.
- Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precaution may have been inadequate..
- Had significant Occupational exposure to HIV infection material in any circumstances.
- Had unprotected sexual intercourse with someone in any of the above categories.

**Please Note:**

**A Health Care Worker who has any reason to believe they may have been exposed to infection with HIV, in whatever circumstances, must seek and follow confidential advice from the occupational health department. Failure to do so may breach the duty of care to patients.**

13. What is your Height? .....

What is your Weight? .....

14. Are you registered Disabled? Yes  No

15. How many days have you been absent from work in the last twelve months? .....days

16. Do you have difficulty with your eye sight? Yes  No

17. Do you or have you had fits, faints or blackouts? Yes  No

18. Do you or have you had back problems or back pains? Yes  No

19. Do you or have you had any problems with your joints? Yes  No

20. Do you or have you had any skin problems Yes  No

21. Do you or have you had asthma wheezing or an allergy? Yes  No

22. Do you or have you had any ear trouble or any deafness? Yes  No

23. Do you or have you had a heart problem (e.g. angina)? Yes  No
24. Have you had any treatment for a Nervous /Psychiatric Disorder? Yes  No
25. Do you or have you had a repetitive strain disorder? Yes  No
26. Do you or have you had an industrial illness or injury? Yes  No
27. Are you taking any tablets or medicines? Yes  No
28. Do you have any other medical condition not mentioned above? Yes  No   
 If your answer is yes, please state what? .....
29. Are you undergoing any hospital treatment? Yes  No
30. Are you pregnant? Yes  No
31. What is your average weekly consumption of alcohol? .....
32. Have you completed a health questionnaire for this Occupational health service before? Yes  No   
 If your answer is yes, what job was this for? .....
33. Have you been retired from a previous job on the grounds of ill health? Yes  No

**Declaration:**

**It is my understanding that all the information given above is to the best of my knowledge true and willfully giving any information that I know to be untrue could result in disciplinary action or termination of my contract.**

**Name (Please Print):**

.....

**Signature:**

.....

**Date:**

.....

## Equal Opportunities

Lancefield operates an equal opportunities policy aimed at giving everyone the same privileges and opportunities. All employees will be judged on their capabilities rather than gender, race, religious or political beliefs. At Lancefield we will take seriously any complaints or allegations of discrimination in any form against any of our staff or clients. We will investigate and notify authorities and take appropriate action where necessary. The questions are designed in helping us to monitor our workforce and implement any way possible to allow us to be a representative of the community as a whole by targeting any deprived or misrepresented groups. Please take a few moments to fill in the information required below.

**Please indicate in the boxes below which of the following groups you belong to:**

**A. White** - A1. British  A2. Irish

A3. Any other white background (please write): .....

**B. Mixed** - B1. White and Black Caribbean  B2. White and Black African  B3. White and Asian

B4. Any other Mixed background (please write): .....

**C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**

C1. Indian  C2. Pakistani  C3. Bangladeshi

C4. Any other Asian background (please write): .....

**D. Black, Black British, Black English, Black Scottish or Black Welsh**

D1. Caribbean  D2. African

D3. Any other Black background (please write): .....

**E. Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh**

E1. Chinese

**F. Any other Ethnic Group** - (please write): .....

**G. Unknown** - I do not know my Ethnic Group

**H. Declined to specify**

## Disability

### IMPORTANT NOTE:

The information in this section will be disclosed to the Recruiting Manager if you are short listed for interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities

Do you consider yourself to have a disability? YES  NO

If YES, what is your condition? .....

Does the nature of your disability lead you to require any special equipment/ facilities etc. in your workplace? YES  NO

If YES, what is required? .....

Is there anything you would like to suggest to us which would facilitate your full participation if selected for interview- (for example, wheelchair access)?  
.....

Are you registered disabled? YES  NO

If yes what is your registration number: .....

Are you disabled but not registered? YES  NO

## Working Time Directives

The working time regulations are guidelines of Health and Safety at work measures stipulating safe working hours set by the European Union in the Time Directive of 1993 and these regulations came into effect in October 1998. The current limit for an average working week is 48 hours and no one is under any obligation to accept to work more than the stipulated hours and under any circumstances will anyone be compelled to do this unless they wish to do so.

Please could you sign below as proof that you have read and understood the above regulations and whether or not you will be willing to work more than 48 hours, if further clarification is required please speak to one of our consultants who will supply you with more information regarding this regulation. A copy of this form will be given to you for your records.

**I do wish to** work more than 48 hours per week:

**Signature:** ..... **Date:** .....

**I do not wish to** work more than 48 hours per week:

**Signature:** ..... **Date:** .....

## Disciplinary History

Please give details of any disciplinary action against you with your current and previous employers stating reasons and outcomes. If none, write NONE:

.....

.....  
**Please continue on a separate sheet if necessary.**

## Confidentiality

Because Lancefield Nursing Agency complies with all Codes of Conduct set aside by the Government and all other relevant Organizations, we also adhere to the Data Protection Act of 1998 and the release of any personal details concerning you, client or any work related matter without the consent of the relevant individuals is strictly prohibited.

## Legal Status

It is important that you provide us with the required correct information and documentation to enable us to deal with your application properly. This is in accordance with the Home Office rules and regulations regarding a persons status who is eligible for employment by ourselves as an employment agency. There are certain nationals that can work without any restriction and these are citizens of the U.K., E.U and also certain commonwealth nationals.

## Convictions

### REHABILITATION OF OFFENDERS ACT 1974:

Please state any convictions either spent or not spent this is in view of the nature of work for which you're applying for and in accordance with the Rehabilitations Of Offenders Act 1974 (Exceptions) Order 1975, which requires you not to withhold any of this information.

Do you have any criminal convictions? Yes  No

If yes, please give details: .....

.....

.....

.....

**CARE STANDARDS ACT 2000:** State any police cautions and incidents with the Police:

.....  
.....  
.....  
.....

**Please note:** This information will be disclosed to ourselves by a Criminal Records Bureau check which **is compulsory to all our staff** and will be required if one is successful, details of which are given below.

**Commitments**

Do you have any Armed Service/Public Duty commitments (e.g. are you a JP or Councillor, etc)? Yes  No

If YES, please give details:.....  
.....

**Criminal Records Bureau**

You may be requested to apply for a disclosure from the Criminal Records Bureau in relation to the post you are applying for a Disclosure is a document containing information held by the police and Government Departments about any criminal or relevant information about yourself and this information can be used by employers and voluntary organizations to make safer recruitment decisions.

The Disclosure service offers organizations a means to check the background of job applicants to ensure they do not have a history that would make them unsuitable for the post they are trying to fill. Disclosures will provide details of a person s criminal record including convictions, disclosures will also contain details from lists held on the Police National Computer (PNC). If the position involves working with children a Disclosure will also contain details from lists held by the Department of Health and Department of Education and skills of those considered unsuitable for this type of work. Depending upon the level of disclosure, it might also contain information held by local police officers.

**Court convictions**

Because of the nature of the work many post are exempt from the provisions of section 4(2) of Rehabilitation of Offenders Act 1974 (exceptions) order 1975. Applicants are therefore not entitled to withhold information about convictions, which for other purpose are spent under the provisions of the Act. Failure to disclose such convictions to the employer could result in dismissal. Any information given will be completely confidential and will be considered only in relation to an application for a position to which the Order applies. If you received a court conviction you are invited to submit details separately.

For some posts, particularly those that have substantial access to children, there may be a requirement for a check to be carried out against police records. If this does not apply to the post you are applying for you will be asked to give a written consent for this check to be carried out as part of the selection process.

**Data Protection**

The data provided on this form will be stored in compliance with the Data Protection Act 1998 and you will be able to access the information through the Subject Request Procedure.

**DECLARATION:**

**I confirm that all the information and statements I have provided above are all true to the best of my knowledge and do understand that any misrepresentation by myself knowingly on any part of the application will result in it being invalid and if employed could result in my dismissal. I am prepared for the Agency to carry out any checks necessary including a Police check.**

I hereby give permission for Lancefield to allow access, to my personnel files as part of any official audit, or client compliance purposes. These personnel files will be viewed or photocopied in accordance with the requirements of the Data Protection Act 1968.

**Name (Please Print):** .....

**Signature:** ..... **Date:** .....