

**Application Form**

Important : Please complete the form in BLOCK CAPITALS and send to :-

**We Good Care Ltd**

**COM No: 12302406 36 Jireh Court Perrymount Road, Haywards Heath, Rh163bhTel: 07831638869, 07411759700**

**Email: info@wegoodcare.co.uk, wegoodcare@gmail.com, www.wegoodcare.co.uk**Alternatively, complete the form, scan and send to info@wegoodcare.co.uk. or complete online and submit.

 **Personal Details**

**Title :**

**Surname :**

**First Name :**

**Nationality :**

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| --- |
| **Current Address** : |
| **Postcode**  :**Country** : |
| **Home Tel No** :**Mobile** : |
| **E-mail Address**  : |

 **Registered General Nurses Only:**

* **NMC Number Renewal Date**
* **Speciality Band**
* **Current area work Experience**
* **Any Gaps in your work (please explain)**



 **Health Care Assistants**

**NVQ: Yes/No Level**

**Area of Work / Interest**

**Professional References**

* **Please provide contact details for two professional references from your most recent work**
* **First referee**
* **Organisation Referee Name**
* **Position Department**
* **Address**
* **Postcode Country**
* **Contact Details/Tel. No**
* **Email**
* **Second referee**
* **Organisation Referee Name**
* **Position Department**
* **Address**
* **Postcode Country**
* **Contact Details/Tel. No**

**I give We Good Care Ltd. permission to contact the referee immediately: Yes/No**



**Mandatory Training**

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| Please give details of the following training Certificates : |
| **Training** | **Yes/No** | **Date Achieved** |
|  |  |  |
| Health and Safety at workFire Safety |  |  |
| Infection ControlSafeguarding |  |  |
| Adult Basic Life Support |  |  |
| Manual Handling |  |  |
| Administration of Medications |  |  |
| Venepunture and Cannulations |  |  |
| COSHH/RIDDOR |  |  |
|  |

Rehabilitation of Offenders Act 1974-Order 1975 (amended in 2013)

* The position you are applying for is an ‘eligible position’ under the Rehabilitation of Offenders Act 197(Exceptions) Order 1975 and in certain circumstances, the Police Act 1997. Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position. Protected convictions and cautions will not be disclosed in a DBS check. This position has been identified as a regulated activity under the Safeguarding of Vulnerable Groups Act (2006) (as amended by the protection of Freedom’s barred list(s), as applicable to the position.

Do you have any convictions, cautions, reprimands or final warning that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) in the United Kingdom or in any other country? Yes No

* If yes, please provide details of the conviction, caution, reprimands or final warning: including approximate date, the offence and the authority and the country which dealt with the offence.
* .
* .



Medical details

* Please let us know if you have any illness/impairment/disability which may affect your work.
* .
* Please let us know if you are having or waiting for treatment or investigations.
* .
* Please let us know if you thing you need any adjustments or assistance to help you do the job.
* .

Payment Details

* Please provide your bank details where you would like your payment to be sent.
* Bank/Building Society Name and Address
* .
* Account Number Sort Code
* Name as in Account
* NI number

Declaration

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| * I can confirm that the information given to We Good Care Ltd. Is correct and to the best of my knowledge and belief. If required I will be able to provide evidence to inform given in this document.
* I will inform We Good Care Ltd. If my details given above or my circumstances changes.
* Signature
* Name Date
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