

AceHealthcare Group Ltd.

24 hr Nursing and Care Services * Healthcare Training Providers

Please return completed Application Form for processing to : Stirling Head Office
 Once References have been received you will be called to arrange a suitable appointment date to attend for Interview, Induction & Activation – held at your local area office

THE *Professional* CHOICE

PAYROLL NUMBER

OFFICE USE ONLY

STRICTLY PRIVATE & CONFIDENTIAL

Position Applied for :

(To be completed in BLACK ink and BLOCK CAPITALS)

SURNAME	
FORENAMES	
MAIDEN NAME	
TITLE Mr / Mrs/ Ms. / Miss	

ADDRESS	
STREET	AREA
CITY	
POST CODE	

TELEPHONE: _____ **MOBILE:** _____

EMAIL : _____

Do you drive? YES NO

Do you have the use of a car? YES NO

NURSING/CARE QUALIFICATION	DATE ACHIEVED
NMC / SSSC PIN	EXPIRY Date
Professional Memberships / Union	Date of Birth

OFFICE USE ONLY

Disclosure Number: -

Date of Issue: -

Enhanced: -

AAR

CC

EMPLOYMENT HISTORY (Present / most recent first)

Current Employer / Place of Employment	DATES
	From : To :
Job Title / Position Held :	
Main Duties & Responsibilities :	
Reason for Leaving :	
Hourly Rate of Pay :	

Name & Address of Employer	Job title	Dates from/to	Reason for leaving

EDUCATION & TRAINING HISTORY

Schools/Colleges/Universities	Qualifications gained	Date(s)

Other training provider	Subject	Date(s)

OTHER EMPLOYMENT :

Please detail any other employment you would still continue with if you were successful in obtaining this position:

EMPLOYMENT RESTRICTIONS :

Are there any restrictions on you taking up work in the UK? **YES** **NO** (Circle YES/NO - as appropriate)

Proof of identity and eligibility to work in the UK are required by all Applicants.

If yes, please provide details:

REFERENCES: * **PRIORITY** – Current/Most recent employer, Nursing / Care positions held.

REFERENCE - 1	DATE SENT	DATE RECEIVED
Name of Referee		
Job Title of Referee (Grade/Position held)		
FULL Mailing Address (including Postcode)		
	AREA	TOWN/CITY
	Post Code	
	Telephone Number :	
May we approach prior to interview? YES/NO		

REFERENCE - 2	DATE SENT	DATE RECEIVED
Name of Referee		
Job Title of Referee (Grade/Position held)		
FULL Mailing Address (including Postcode)		
	AREA	TOWN/CITY
	Post Code	
	Telephone Number :	
May we approach prior to interview? YES/NO		

REHABILITATION OF OFFENDERS ACT 1974

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, 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 as to enable the holder to have access to persons in receipt of such services in the course of his normal duties. Your answer to the following question should include any 'spent' convictions.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES NO

If you have answered 'YES' please attach details, including dates.

I also understand that my details will be submitted for a police check in relation to Adults at Risk & the Child Protection Legislation.

SIGNED _____

DATED _____

DETAILS OF ANY DISCIPLINARY OFFENCES

<p>If you have previously worked with vulnerable adults/children, either paid or voluntarily, you are advised that your employer will be asked if you have currently or have ever had any disciplinary warnings issued to you regarding the safety and welfare of service users. If you have had such a warning issued to you, including those which have expired, please give details below.</p>

GENERAL COMMENTS

Please detail here your reasons for applying for this post, your main achievements to date and the qualities you would bring to this post. Significantly, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the job description and person specification).

How did you hear about AceHealthcare? _____ (Please state)

Which other Nursing / Care Agencies do you work for? _____

DECLARATION

I fully understand that all AceHealthcare Staff will be interviewed and fully screened prior to receiving any job offer or work placement. This will be further cross checked with the Scottish Social Services Council (SSSC) / Nursing & Midwifery Council (NMC) registers to ensure that no person is offered placement who has been reported to the SSSC/NMC for misconduct.

- I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- I confirm that the information provided by me in the Pre-Employment Health Questionnaire will be complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. I agree that the organisation reserves the right to request that I undergo a medical examination and that they will obtain my express permission before doing so. I accept that this information will be retained in my personnel file and will be processed in accordance with the Data Protection Act.
- I confirm that I am not subject to any sanctions imposed by a regulatory body such as SSSC, GSCC, NMC, PoVA
- I accept that my previous employers may be approached for references, and unless I have stated otherwise, this may be prior to interview.
- I understand that if the disclosure or references are not satisfactory, any offer of employment may be withdrawn or my employment terminated.
- I understand that - In compliance with all appropriate Associated Legislation/Guidance/Best Practice – AceHealthcare’s Policy is to ensure that all staff undergo rigorous checks prior to being placed with vulnerable groups.

SIGNATURE OF APPLICANT..... DATE.....

OFFICE USE :

Interview Date : _____

Signature of Interviewer : _____

Return by POST to :
AceHealthcare Group, Forsyth House, Lomond Court, Castle Business Park, STIRLING. FK9 4TU

Return by EMAIL attachment to :
Jobs@AceHealthcare.com