

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

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.

Present or most recent employer and address Please include any voluntary work.	Position held	From Mth/Yr	To Mth/Yr
Previous employer(s) and address(es). Please include any voluntary work.	Position(s) held	From Mth/Yr	To Mth/Yr

Continue on the next page

Previous employer(s) and address(es). Please include any voluntary work.	Position(s) held	From Mth/Yr	To Mth/Yr
<p>Continue on a separate sheet if necessary</p>			

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?

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

IMPORTANT
<p>Do you have a work permit? Yes / No (Please delete as appropriate)</p> <p>If yes then who currently holds your permit to work in the United Kingdom?</p>

REHABILITATION OF 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

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.

Name _____ Name _____

Address _____ Address _____

_____ Postcode _____ Postcode _____

Position _____ Position _____

Organisation _____ Organisation _____

Telephone No: (_____) _____ Telephone No: (_____) _____

Fax No: (_____) _____ Fax No: (_____) _____

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

SPECIALITIES

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

A&E	Family Planning	Marie Curie	Ophthalmics	SCBU	AIDS/HIV
Genito / Urinary	Medical	Orthopaedic	Screening	Anaesthetics	Care of the Elderly
Mental Handicap	Paediatrics	Burns and Plastics	Gynaecology	Midwifery	Phlebotomy
STD's	Cardio-thoracic	Haematology	Physical Handicap	Surgical	Dermatology
CCU	ICU	Neurology	Practice Nursing	Paliative Care	Industry
Psychiatry	Theatre	District Nurse	Isolation	Occupational Health	Radiotherapy
Tropical Diseases	Dental Nursing	ODA	Recovery	Venepuncture	ENT
Liver Unit	Oncology	Renal Nursing	X-Ray		

DECLARATION

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 TWENTY FOUR SEVEN's Register of Temporary Workers.

Signed _____ Date _____