

TRINITY

Responsive • Professional • Progressive
Specialists in Health Care

Applicant Details

Date of Application:			Venue:		Interviewers:	
Title:	Surname:		Forename:			
Current Address:						
Post Code:						
Telephone number:			Mobile number:			
E-mail address:						
Date of Birth:			Nationality:			
National Insurance Number						
Are you a driver with your own vehicle?			License number:			
As we have some community placements please record details of any driving offences or points?						
Do you have a portable DBS?			Certificate Number:			
Next of Kin Details						
Name:			Relationship to applicant:			
Address:						
Contact telephone number:						
Professional Qualifications						
NMC PIN No:			Expiry Date:			
Part of Register:			Additional qualifications:			
Have you ever been under investigated by the NMC/UKCC? (If YES, please provide details)						
Have you ever been investigated by any NHS Trust or other Health care provider? (If YES, please provide details)						
<i>A positive answer to any of the above questions, does not mean we will not be able to offer to place you but we will need to discuss in more detail at interview.</i>						
Referees						
<i>Professional Reference</i>			<i>Character Reference</i> <small>(please note for a Registered nurse 2 professional references are required)</small>			
Name:			Name:			
Position held:			Position held:			
Address:			Address:			
Post code:			Post code:			
Telephone:			Telephone:			
Email address:			Email address:			

Training Completed

Course	Yes/No	Expiry date	Comments
Moving & handling Passport			
Fire safety awareness			
Information governance			
Health & safety			
COSHH			
Treat me fairly			
Infection control			
ANTT			
Basic life support			
Intermediate life support			
Advanced life support (ED)			
Paediatric basic life support			
POVA			
Safeguarding paediatric			
Safeguarding Adults			
Venepuncture			
Cannulation			
Intravenous drug administration			
Medicine management/drug calculation competency			
Tracheostomy care			
Blood transfusion			
Blood glucose monitoring			
Catheterisation			
Ventilation			
Syringe driver			
PCA			
Violence & aggression			
Control & restraint			
Dementia care/awareness			
DOLS/MCA			
NVQ /QCF			Level-
Additional-specify			
Additional-specify			
Additional-specify			
Additional-specify			
Qualifications currently being studied and/or planned study dates/topics:			

Rehabilitation of Offenders Act 1974 (the Act)

You are advised that you are not entitled to withhold information about convictions, which are regarded as spent under the Act. This is due to the nature of the work involved renders the post exempt from Sec. 4(2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 Exceptions Order 1975.

You are therefore required to give details of all convictions and cautions including spent convictions. Any information, which you may provide will be strictly confidential and will be considered only in relation to this or a similar position for which you may be considered with Trinity (T/A Trinity Nursing Services Ltd).

Have you ever been convicted of a criminal offence?

If yes please give details of all convictions and cautions, including spent convictions and cautions please.

Please specify

You are required to complete a Disclosure & Barring form. All health professionals registered with the agency are subject to this disclosure process in the interest of all parties concerned.

Disability awareness workplace provision

Do you or have you ever had a disability?

Please specify

Do you need any equipment or support because of your disability in order to carry out your duties for the post?

Please specify

Working Time Directive - Declaration of Consent

I would like to confirm that I currently work hours per week in my first place of employment. I am willing to work combined total hours (please indicate)

Up to _Hrs. Above _____ Hrs.

The working Time Directive (48 hours per week from 1st October 1998)

Signed _____ Date:

Name (in block capitals) _____