

PLEASE USE BLACK INK



## APPLICATION FOR TEMPORARY EMPLOYMENT QUALIFIED NURSE

Post Applied For ..... NMC PIN Number: .....

1 Personal Details						
Surname .....		e-mail address .....@.....				
First Name(s) .....		Home Telephone No				
Date of Birth ...../...../.....DD/MM/YYYY		Mobile Telephone No				
NI Number .....-.....-.....-.....-.....		Do you require any form of permit/clearance to work in the UK? Yes <input type="radio"/> No <input type="radio"/>				
Address .....		If yes, please give details and expiry date				
Post Code .....		...../...../..... DD/MM/YYYY				
We will need to see documentary evidence (original documents only)						
2 Professional Qualifications Continue on a separate sheet if required						
Qualification	Where Taken	Date Taken	Registration Date	PIN Number	Expiry Date	Proof attached to this form?
						YES / NO
						YES / NO
						YES / NO
						YES / NO
Training Continue on a separate sheet if required						
Course / Subject	Provider	Date Completed	Renewal Date (if appropriate)	Proof attached to this form?		
				YES / NO		
				YES / NO		
				YES / NO		

				YES / NO
				YES / NO
				YES / NO
<b>For official use only – NMC Checklist</b>				
<b>Date of N.M.C. Written Check / Online Confirmation</b>		<b>Page Number</b>	<b>Date of N.M.C. Verbal Check</b>	

<b>3 Work History - Current or most recent employment</b>	
Name of Organisation .....	Position Held
.....	
Name of Line Manager .....	Date employment commenced...../...../
.....	
/ Supervisor	
Address of Registered .....	Date employment ended ...../...../
.....	
Office .....	(if appropriate)
.....	Reason for leaving or wanting to leave:
.....Postcode .....	
.....	
e-mail Address/website: .....	We will require a reference from this employer prior to offering employment. May we obtain the reference before interview
Tel No: .....	YES / NO
(Official company main line - NO Mobiles)	
Fax No: .....	

<b>3 Work History continued – previous employment</b>		Use a continuation sheet if necessary
Name of Organisation .....	Position Held	
.....		
Name of Line Manager .....	Date employment commenced...../...../	
.....		
/ Supervisor		
Address of Registered .....	Date employment ended ...../...../	
.....		
Office .....	Reason for leaving or wanting to leave:	
.....		
.....Postcode .....		
.....		
Name of Organisation .....	Position Held	
.....		
Name of Line Manager .....	Date employment commenced...../...../	
.....		
/ Supervisor		
Address of Registered .....	Date employment ended ...../...../	
.....		
Office .....		

..... .....Postcode ..... .....	Reason for leaving or wanting to leave:
Name of Organisation ..... .....	Position Held
Name of Line Manager ..... ..... / Supervisor	Date employment commenced...../...../
Address of Registered ..... ..... Office	Date employment ended ...../...../
..... .....Postcode ..... .....	Reason for leaving or wanting to leave:

  

Name of Organisation ..... .....	Position Held
Name of Line Manager ..... ..... / Supervisor	Date employment commenced...../...../
Address of Registered ..... ..... Office	Date employment ended ...../...../
..... .....Postcode ..... .....	Reason for leaving or wanting to leave:

#### 4 ADDITIONAL REFERENCES

Please supply details of 2 **other** people (**NOT** the company given under current employer) involved with you in a professional capacity whom we may approach for references. The first **must** be a previous employer and the second should be a previous employer, official manager or formal supervisor.

**\*Please note that we independently verify all references; including the referee's position within their company and do not accept references from friends, relatives or co-workers.**

May we approach them before interview? (circle below Y=yes N=no)

If you do not specify, we will assume we may request a reference before interview. All references must be obtained before work may be undertaken.

	1 Y / N	2 Y / N
<b>Name of Individual</b>		
<b>Relationship to you e.g. are/were they your employer/manager etc</b>		
<b>Name of Company</b>		
<b>Is this company listed in section 3 – previous employment?</b>	Yes / No	Yes / No
If you have answered No above, please give the following information:		
<b>Please explain in what capacity you have worked with the referee</b>		
<b>Please provide the registered company address</b>		
<b>Company Tel. No. Do not give</b>		

mobile or home numbers. Only business numbers are accepted		
<b>Company Fax No.</b>		
<b>e-mail Address</b> Do not give personal e-mail addresses. Only company addresses are accepted		

**5 REHABILITATION OF OFFENDERS ACT 1974**  
Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) (amendments) Order of 1986. Applicants are therefore required to give information about convictions that for other purposes are spent under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to the applications for positions to which the Order applies. **Any offer of employment will be subject to a satisfactory Enhanced Disclosure from the CRB.**

**HAVE YOU AT ANY TIME BEEN CONVICTED OF ANY OFFENCE? YES/NO**  
IF YES, PLEASE GIVE DETAILS HERE (continue on a separate sheet if necessary)

**6 Nursing Skills Self Assessment Form.**  
Please indicate your level of experience – this will be used in conjunction with your referees confirmation of the same information.

1. I am familiar with this procedure and can perform independently
2. I am familiar with this procedure but would need supervision / updating
3. I understand the theory behind the procedure but I have never performed the task
4. I have no knowledge or experience of this procedure but wish to learn

Please make use of the relevant space to make any comments

<b>Administration of Medicines</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Administration of oral drugs					
Administration of Injections					
Administration of rectal/vaginal preparations					
Administration of eye/ear drops					
Administration of drugs via nebulizer					
Care of patient receiving opiate medication e.g. Morphine					
<b>Intravenous Therapy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Care of an intravenous infusion line/site					
Administration of drugs/fluids by continuous infusion					
Administration of drugs by intermittent infusion					
Administration of blood and blood products					
Usage of infusion pumps					
Usage of syringe drivers					
Care and usage of central venous catheters					
<b>Total Parental Nutrition (T.P.N.)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>

Knowledge of solution					
Care of patient with T.P.N.					
<b>Gastrointestinal</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Insertion of naso-gastric tube					
Care of a patient with a naso-gastric tube					
Feeding via naso-gastric tube					
Percutaneous endoscopic gastrostomy tube (P.E.G.)					
Stoma care					
Care of a patient post abdominal surgery					
Care of abdominal drains					
Care of a patient during and after liver biopsy					
<b>Renal</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Male catheterization					
Female catheterization					
Catheter care					
Care of suprabubic catheter					
Care of a nephrostomy tube					
Bladder lavage and irrigation					
Care of a patient with a urinary tract infection (UTI)					
Usage and rationale behind fluid balance charts					
Neurology	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
<b>Neurological observations and assessments</b>					
Care of a patient during and following a seizure					
Care of a patient following a head injury					
Care of a patient following a C.V.A.					
Care of a patient following a spinal surgery					
Care of an unconscious patient					
Care of a patient during and following a lumbar puncture					
<b>Orthopaedics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Care of a patient with plaster of paris					
Care of patient with skin traction in situ					
Care of patient with skeletal traction					
Care of patient following joint replacement surgery					
<b>Wound care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Aseptic technique					
Wound assessments/care plans					
Wound swabbing					
Knowledge of dressing available for specific wounds					
Removal of sutures/clips or staples					
Care of vacuum drains					
Care of shortening drains i.e. penrose, corrugated					
Removal of drains					
Care of infected wounds					
Respiratory					
Administration of oxygen therapy					
Care of a patient with a tracheostomy					
Care of a patient with a mini tracheostomy					
Use of suctioning equipment/procedure					
Care and management of a patient with a chest drain					
<b>Cardiovascular</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>

Care of a patient with acute myocardial infarction					
Care of a patient with congestive cardiac failure					
Care of patient following cardiac surgery (e.g. coronary vein grafts, aortic valve replacement)					
Care of a patient post cardiac catheterization					
Care of a patient post angiogram					
<b>Cardiac arrest</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Assessment of a patient (airway, breathing and circulation)					
Cardiopulmonary resuscitation (C.P.R.)					
Use of airway and ambubag and oxygen in CPR situation					
Knowledge of equipment on resuscitation trolley					
Knowledge of drugs used during resuscitation					
<b>Essential nursing care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Knowledge of various methods of pain control i.e. PCA's					
Prevention and treatment of constipation					
Administering mouth care					
Use of pressure area assessment tools e.g. water low score					
Awareness and management of latex allergy					
Nutritional risk assessment and care					
<b>Infection control</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Principles of infection control and universal precautions					
Effective hand washing techniques					
Care of a patient in protective isolation					
Barrier nursing					
Source isolation, prevention, knowledge and care of patients with M.R.S.A.					
<b>Pre and post operative care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
General care of a patient pre-operatively					
General care of a patient post-operatively					
<b>Diabetes</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Comments</b>
Care of a patient with diabetes					
Blood glucose monitoring					
Knowledge of potential complications of diabetes					
Care of a patient on sliding scale (insulin)					
General Orientation					
Knowledge and compliance of the NMC Codes of Conduct					
Knowledge of clinical governance					
Using the nursing process assess, plan, implement and evaluate total patient care					
Knowledge of care approach programme					
Knowledge of mental health acts (if applicable)					
<b>7 ADDITIONAL INFORMATION</b> Please use this space to give us any other relevant information, for example, voluntary experience. It is in your interests to fully complete this section in order that an accurate assessment of your application can take place. Continue on a separate sheet if necessary.					

## 8 Declarations

I declare that the information given in this application is, to the best of my knowledge, accurate, and understand that giving false or misleading information will result in any job offer being withdrawn and may result in legal proceedings being taken against me. I understand that I must agree to an enhanced disclosure as a condition of employment.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

### Data Protection Declaration

The information supplied in support of your application is held for the purpose of assessing your suitability for the post and for no other reason. All personal information you supply on this application form and during the recruitment process will be kept confidential. In accordance with the DPA and AdEL Confidentiality Policy, your personal information will be stored securely and appropriately with access restricted to those who need to see it as part of their job. If your application is not successful, your personal information will be securely destroyed after 6 months.

I agree that recruitment information about me may be processed in accordance with the Data Protection Act 1998

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**Adel Care strongly recommends applicants to arrange for an Indemnity Insurance Policy before commencing work for the agency, in case they do not hold one.**

## 9 For Official Use Only – Registration Checklist

Engagmnt	EqualOps	Wrkng Tm	Medical	CRB	Ref 1	Ref 2	T&C's	Induction

**Thank you, for completing the application form. PLEASE RETURN THE APPLICATION FORM TO:**

**AdEL Care Ltd  
Suite 10,  
60 Gold Street,  
Northampton.  
NN1 1RS.**

Alternatively, you may email the completed application form to: [enquiries@adelcare.co.uk](mailto:enquiries@adelcare.co.uk)

If you need to discuss any question within this application form please contact Adel Care on **01604 536184 Or 07424531421**