



NURSE / CARERS APPLICATION FORM

Section 1 – Personal Details

| | | |
|--|----------------------------|----------------------|
| Position Applied for: | Nurse | Carer |
| Surname: | Forename(s): | Mr / Mrs / Miss / Ms |
| Address: | | |
| | | Postcode: |
| Mobile No: | Telephone / Fax No: | |
| Email: | National Insurance Number: | |
| Which languages do you speak? <i>(please indicate your first spoken language)</i> | | |
| How did you hear about Busy Bees Care? | | |

Section 2 - History

| | |
|---|-------|
| Please summarise any specialist areas of nursing or care E.g. Dementia, palliative care: | |
| | |
| Which of the following mandatory training days have you attended? | |
| Manual Handling | Date: |
| First Aid | Date: |
| Food Hygiene | Date: |

Section 3 – Education and Qualifications

| |
|---|
| Please provide details of your school leaving qualifications: (Please include dates and names of establishments) |
| |
| Please provide details of any additional qualifications: |
| |

| * FOR NURSES ONLY* | |
|---|--------------|
| NMC Registration Number: | Expiry Date: |
| Do you have professional indemnity insurance? (e.g. RCN or UNISON) | Expiry Date: |
| What is the date of your most recent drug calculation test? | Date: |

| Section 4 – Employment History Please record below the details of your previous employment for the last 3 years. | |
|--|-----|
| 1. Current OR most recent employer: | |
| Job Title: | |
| From: | To: |
| Summary of role and responsibilities: | |
| 2. Previous employer: | |
| Job Title: | |
| From: | To: |
| Summary of role and responsibilities: | |
| Reason for leaving: | |
| 3. Previous employer: | |
| Job Title: | |
| From: | To: |
| Summary of role and responsibilities: | |
| Reason for leaving: | |

| | |
|---------------------------------------|-----|
| 4. Previous employer: | |
| Job Title: | |
| From: | To: |
| Summary of role and responsibilities: | |
| Reason for leaving: | |
| 5. Previous employer: | |
| Job Title: | |
| From: | To: |
| Summary of role and responsibilities: | |
| Reason for leaving: | |

| Section 5 – References | |
|--|--------------------|
| <p>Please provide details of not less than 2 referees who ideally have knowledge of your work as a nurse or carer. Referees must be in a managerial or a senior position and not colleagues, friends or relatives. If your referees are outside the UK then please provide a professional email address.</p> | |
| 1. Referee - Name: | Referee job title: |
| Company Name & Address: | |
| Postcode: | Telephone: |
| Fax: | Email: |
| Your job title: | |
| 2. Referee - Name: | Referee job title: |
| Company Name & Address: | |
| Postcode: | Telephone: |
| Fax: | Email: |

| | |
|-------------------------|----------------------|
| Other emergency contact | |
| Name: | Relationship to you: |
| Address: | |
| Telephone number: | Mobile: |

Section 9 - Signature

I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal.

Signed:

Printed:

Date:

Section 10 – Candidate Consent

**I understand that any personal information stored by Busy Bees Care Ltd, may be accessed from time to time by authorised inspectors from the Care Inspectorate.
I give permission for these individuals to have access to my records.**

Signed:

Printed:

Date:

Please return your completed application form to:
Busy Bees Care Ltd, Bonnington Bond, 2/4 Anderson Place, Edinburgh EH6 5NP

SKILLS EVALUATION

Name: _____

Please tick the box to indicate your level of competence.

1. I am experienced and competent in this
2. I am familiar with this procedure but do not have experience.
3. No Knowledge

| Personal Care | 1 | 2 | 3 | Comments |
|---------------------------------------|---|---|---|----------|
| Bath/ shower | | | | |
| Use of bath aids | | | | |
| Shaving | | | | |
| Assisting client to dress and undress | | | | |
| Moving/ Handling client | | | | |
| Mouth care | | | | |
| Eye care | | | | |
| Pressure area care | | | | |

| Toileting | 1 | 2 | 3 | Comments |
|----------------------------|---|---|---|----------|
| Use of commode | | | | |
| Use of bedpans | | | | |
| Catheter / Uro sheath care | | | | |
| Colostomy / Ileostomy care | | | | |
| Stoma care | | | | |

| Client Observations | 1 | 2 | 3 | Comments |
|---------------------|---|---|---|----------|
| Skin / nails / hair | | | | |
| Food & fluids | | | | |
| Bowels & bladder | | | | |
| Weight loss | | | | |

| Diabetic Awareness | 1 | 2 | 3 | Comments |
|------------------------|---|---|---|----------|
| High/ low blood sugar | | | | |
| Food / fluids | | | | |
| Finger prick | | | | |
| Urine test | | | | |
| Insulin administration | | | | |

| General | 1 | 2 | 3 | Comments |
|---|---|---|---|----------|
| Housekeeping | | | | |
| Bed making with sheets/slide sheet | | | | |
| Medication administration | | | | |
| Shopping for a client | | | | |
| Managing house expenses | | | | |
| Report writing | | | | |
| Recording instructions e.g. from GP or District Nurse | | | | |
| Supporting client with appointments | | | | |
| Observing changes in the client's condition | | | | |
| Experience in emergency situations | | | | |
| Working as part of a multi disciplinary team | | | | |

| Nutrition and Cooking Skills | 1 | 2 | 3 | Comments |
|---|----------|----------|----------|---------------------|
| Cooking for clients | | | | |
| Peg Feeding | | | | |
| Do you have experience in catering for special diets? | YES / NO | | | Please state which? |
| Are there any foods that you are unwilling to prepare due to your personal beliefs? | YES / NO | | | Please state which? |

| Equipment | 1 | 2 | 3 | |
|------------------------|----------|----------|----------|--|
| Wheel chair | | | | |
| Monkey pole | | | | |
| Hoist | | | | |
| Walking frames | | | | |
| Electronic beds/chairs | | | | |
| Air bed | | | | |
| Crutches | | | | |
| Slide sheets | | | | |
| Transfer boards | | | | |

I declare that the information I have given is true. I understand that if information given on the application form is found to be false, it may result in termination of the recruitment process or disciplinary action which could result in dismissal.

Signed:

Date:

EQUAL OPPORTUNITIES QUESTIONNAIRE

Busy Bees Care aims to be an equal opportunities employer and seeks to ensure that prospective staff are interviewed and put forward for vacancies solely on the basis of merit, irrespective of race, disability, age, gender or dependants. In order to monitor the effectiveness of our policy, we request all job applicants provide the information below. The information given is for statistical monitoring purposes only. Thank you for your co-operation.

Name:

Date of Application:

Please ensure you read all the categories listed and tick the appropriate boxes.

I am Female:

☐

I am Male:

☐

I have dependants:

☐

e.g. financially dependant children, non-working spouse /partner, elderly relatives, sick relatives or partner

I consider myself to have a Disability:

☐

According to the Disability Discrimination Act 1995, "disability" includes any physical or mental impairment which may have a substantial and / or long term adverse effect on your ability to carry out some or all of the normal activities of the job for which you are applying.

Please select your Ethnic Origin from the categories below. This could be the origin of your forebearers, so it is not necessarily the same as nationality.

I am of White origin:

British

☐

Irish

☐

White other

☐

I am of Mixed race origin:

White & Black Caribbean

☐

White & Asian

☐

White & Black African

☐

Mixed Other

☐

I am of Asian or Asian British Origin:

Indian

☐

Pakistani

☐

Bangladeshi

☐

Asian other

☐

I am of Black origin:

Caribbean

☐

African

☐

Black other

☐

I am of Chinese or other ethnic origin:

Chinese

☐

Any other origin

☐

Unknown

☐

Please select your Religion or Belief.

Baha'i

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jain

☐

Jewish

☐

Muslim

☐

Pagan

☐

Sikh

☐

Zoroastrian

☐

None

☐

Other

☐

Please tick the appropriate box for your age group

18 – 24

☐

45 – 54

☐

25 – 34

☐

55 – 64

☐

35 – 44

☐

65 +

☐