BUSY BEES CARE

LT D

# 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?  *(please indicate your first spoken language)* | | | |
| 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/ 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** |
| 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.  **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: |

|  |  |
| --- | --- |
| Your job title: | |
| **3. Referee** - Name: | Referee job title: |
| Company Name & Address: | |
| Postcode: | Telephone: |
| Fax: | Email: |
| Your job title: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6 – Passport and Driving Licence Details** |  | | |
| If you have a non EU passport please provide details of your eligibility to work in the UK. | | | |
| Work Permit Type: |  |  |  |
| (e.g. student, indefinite leave) | Expiry date: | / | / |
| Do you hold a valid UK driving licence? **YES** / **NO** | Expiry date: | / | / |

Are you eligible to work in the UK without a work permit? **YES / NO**

|  |
| --- |
| **Section 7 – Criminal Records** |
| This position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold information requested by the Company about any previous convictions in this country or abroad which you may have, even if in other circumstances these would be regarded as “spent”. |
| Do you have any criminal convictions in the UK or abroad? **YES / NO** |
| Have you ever been barred from working with vulnerable adults or children? **YES / NO** |
| If your answer is yes to either of the above questions, please provide details below: |
| Have you had a criminal records check? **YES** / **NO DATE:** |

|  |  |
| --- | --- |
| **Section 8 – Next of Kin** |  |
| Please provide details of your next of k | in. |
| Name: | Relationship to you: |
| Address: | |
| Telephone number: | Mobile: |

|  |
| --- |
| 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: |

# 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:**

Please return your completed application form and the Equal Opportunities Questionnaire below to: **info@busybeescare.co.uk**

# 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:** D **I am Male:**  **I have dependents:** D  *e.g. financially dependent children, non-working spouse /partner, elderly relatives, sick relatives or partner* | | | | | | | | | D |
| **I consider myself to have a Disability:** D  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** | | | | | | | | | |
| **forbearers, so it is not necessarily the same as nationality.** | | | | | | | | | |
| I am of White origin: | |  | |  | |  | | |  |
|  | British | D | | Irish | | D White other | | | D |
| I am of Mixed ra | ce origin:  White & Black Caribbean D White & Asian White & Black African D Mixed Other | | | | | | | | D D |
| I am of Asian or Asian British Origin:  Indian D Pakistani  Bangladeshi D Asian other | | | | | | | | | D D |
| I am of Black origin: | | | | | | | | |  |
|  | Caribbean D African D Black other | | | | | | | | D |
| I am of Chinese or other ethnic origin: | | | | | | |  | | |
| Chinese D Any other origin D | | | | | | | Unknown D | | |
| **Please select your Religion or Belief.** | | | | | | | | | |
| Baha’i D | Buddhist D Christian | | D Hindu D | | Jain D | | | Jewish D Muslim D Pagan D | |
|  | Sikh D | | Zoroastrian D | | None D | | | Other D |  |
| ***Please tick the appropriate box for your age group*** | | | | | | | | | |
| 18 – 24 | D 45 – 54 | | | | | | | | D |
| 25 – 34 | D 55 – 64 | | | | | | | | D |
| 35 – 44 | D 65 + | | | | | | | | D |

Busy Bees Care LTD Equal Opportunities Questionnaire