



Email: info@indianahealthcare.co.uk

Head Office: 99 Mayflower Street, Plymouth,
Devon, PL1 1SD

Thank you for your interest in working with Indiana Healthcare Services. Call your local branch to organise an appointment with our specialist nursing and care consultants.

We have tried to make registration as simple and straightforward as possible.

Please make sure you have all the documents listed below when you come in to see us.

- All forms completed using black ink
- All forms are completed with no gaps, important details written in BLOCK CAPITALS
- Proof of identity – Passport, Birth Certificate, National Identity Card
- Proof of address
- Bank details
- National Insurance Number
- Any specialist certificates or qualifications you hold
- Manual handling and CPR certificates undertaken in the previous 12 months
- Hep 1 results – less than 5 years old (And any other record of vaccinations if applicable)
- 2 Passport Photographs
- Evidence of an Enhanced DBS check carried out in the previous 12 months
- 2 References
- NMC Pin Card and your Statement of Entry (Nurses Only)
- Nursing Qualifications (Nurses Only)

Mental health workers please also bring:

- Control & Restraint Certificates

Non-EU citizens please also bring

- Evidence of your right to work in the UK – visa, work permit and Home Office confirmation
- Evidence that you are a student if studying in the UK

PLEASE DO NOT POST YOUR ORIGINAL DOCUMENTS IF YOU ARE POSTING, ONLY COPIES

I agree for my data to be used only for the purpose of my application. **Signature** _____



Care work
Nursing
Domiciliary Care
Flexible hours
Recruitment Agency
Professional Development
Competitive Rates

Across Devon and Cornwall

Equal Opportunities Monitoring

IHS Ltd is committed to equality of opportunity for all applicants regardless of gender, marital status, perceived religious affiliation, political opinion, race, ethnic origin, disability, age, or sexual orientation.

We select those suitable for employment and advancement solely on the basis of merit, i.e. on the basis of eligibility on terms of ability, qualifications and aptitude for work, and we are also monitoring our activities to ensure that our equal opportunities policy is effectively implemented. The application of equal opportunity in the agency is being monitored on the basis of a comparison of sex, marital status, community background, disability and ethnic origin of applicants. The question on community background is asked in order to fulfil our requirements under the Fair Employment Legislation. It is therefore an offence under the Act for any person knowingly to give false information.

Please tick the appropriate box

1. **Sex** Male Female
2. **Marital Status** Single Married Civil Partnership
 Divorced Widowed Other

3. Community Background

- I am a member of the Protestant Community
- I am a member of the Catholic Community
- I am not a member of any Community
- I am a member of another Community _____

4. Disability – Do you consider yourself as having a disability?

- Yes No

5. Ethnic Origin (i.e. What you consider your origin by birth - **Not** nationality)

- English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller
- Any other White Background, Please Describe _____
- Black African Black Caribbean
- Any other Black / African / Caribbean background, please describe _____
- Indian Pakistani Bangladeshi Chinese
- Any other Asian, please describe _____
- Arab, or Arab British
- Any other ethnic group, please describe _____
- Any other Mixed / Multiple ethnic background, please describe _____

Access to this information will be strictly controlled and will not be considered in the decision of your employment.

The information will subsequently be transferred to the monitoring system operated by the Monitoring Officer. There it will be strictly controlled in accordance with Indiana Healthcare Services' Code of Practice.

Position applied for:

Personal Details

Title	First Name
Last Name	Middle Name(s)
Known as	Maiden Name
Marital Status	Date of Birth
House No. / Name	
Address	
	City / Town
County	Post Code
Home Phone	Work Phone
Mobile Phone	
Email Address	

Miscellaneous Details

NISCC Registration No. (If applicable):

Nationality

National Insurance Number

Work Permit Type Expiry Date

If Student, name of College/University

Possess a current Driving License Yes No Possess own transport Yes No

How did you hear of IHS Healthcare?

Have you ever worked for IHS or any other agency?

Nurses Only

Do you belong to a Union? Yes No - RCN Unison Other

Membership Number	Union Expiry Date
Nursing NMC pin no	Expiry Date
Part of NMC register	

FOR OFFICIAL USE ONLY

Validated: Initials

Employment Record

Please list your employment history beginning with the most recent, and moving backwards until your first position after leaving education.

All gaps in employment over 30 days must be explained, please continue on blank paper if necessary. **Note: NHS Requirements state: "Employment History should be recorded on an application form which is signed". Please complete in full. Please do not cross out and write "See CV".**

From			To			Name & Address of Employer	Title of post held / Grade, and brief description of duties	Reason for Leaving	Salary
DD	MM	YY	DD	MM	YY				

Have you ever been dismissed from any employment? Yes No Have you previously worked for an agency? Yes No If yes please give details:

Training Record

You should supply any certificates such as ENB or Diplomas etc. (continue on separate sheet if required). Please note that we require manual handling/CPR certificates to be dated in the last 12 months.

- Moving and Handling Date ____/____/____
- CPR / Basic Life Support Date ____/____/____
- SOVA/SOVC Date ____/____/____
- Infection Control Date ____/____/____
- COSHH Date ____/____/____
- First Aid Date ____/____/____
- Fire Safety Date ____/____/____
- Food Hygiene Date ____/____/____
- Complaints Handling Date ____/____/____
- Health and Safety Date ____/____/____

Other Training

Signed _____

Date _____

Qualifications

Level of Qualification e.g. Level 2 GCSE, Level 3 A-Level/BTEC, Degree	Date Taken	Subject Area	Grade/Result

Professional References

1. Name of Referee _____ Company Name _____
 Relationship to Candidate _____
 Mailing Address _____

 Country _____ Post Code _____
 Telephone Number _____ Fax _____
 Email _____ Mobile Phone _____

2. Name of Referee _____ Company Name _____
 Relationship to Candidate _____
 Mailing Address _____

 Country _____ Post Code _____
 Telephone Number _____ Fax _____
 Email _____ Mobile Phone _____

Bank / Building Society Details

Bank Name _____ Location _____
 Sort Code ___ - ___ - ___ Account No. _____
 Account Holder Name _____

I authorise Indiana Healthcare Services to pay weekly earnings directly into the bank or building society account I have detailed above. I confirm that I will notify Indiana Healthcare Services in writing of any changes to these details.

Signed _____ Date _____

Emergency Contact Details

Contact Name _____

Relationship _____

Telephone No. _____

Declarations

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1957). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application. A copy of our written policies are available upon request. A criminal record will not necessarily be a bar to obtaining a position.

IHS Ltd complies fully with the Code of Practice, issued by the Department of Justice, in connection with the use of information provided to registered persons, their nominees and other recipients of information by Access NI under Part V of the Police Act 1997, for the purposes of assessing Applicants suitability for employment purposes, voluntary positions, licensing and other relevant purposes. We undertake to treat all applicants for positions fairly and do not discriminate unfairly or unlawfully against the subject of a Disclosure on the basis of conviction or other information revealed. A full copy of MPA's policy on the recruitment of ex-offenders is available on request.

Have you ever been convicted of a criminal offence? Yes No

Do you have any spent or unspent criminal convictions? Yes No
Any conviction, caution, or reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any: Spent/Unspent convictions, cautions, or reprimands? Yes No

Have you ever been involved in Court Proceedings? Yes No

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

I consent to Indiana Healthcare Services checking details I have provided in support of this application against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations, such as: Access NI, NMC, POCVA team, NISCC, etc.

I confirm that to the best of my knowledge the information given on this form to be true and correct.

I understand that it is my responsibility to ensure that my professional indemnity insurance is current at all times.

I hereby understand that it is my responsibility to adhere to Indiana Healthcare Services' policies and procedures.

Signature _____

Date _____

Optional

Opt out of a 48 Hour Working Week Agreement

The Regulations say that on average you should not be asked to work more than 48 hours in each week, taken over a 17 week period.

By signing this Opt-Out Agreement, you will give yourself the power to decide how many hours per week you want to work. It gives you the right to plan your working week however you may wish.

You are under no obligation to sign this form

The Opt-Out Agreement is made under the provisions of The Working Time Directive (WTD) 1998 and as such forms part of your Contract of Employment with IHS Ltd.

The WTD Regulations ensure that the worker shall not work in excess of a 48 hour week, averaged over 17 weeks, unless they have agreed in advance to do so.

With effect from the 17th December 1999, workers who sign an individual 48 Hour Opt-Out Agreement, need not have their working hours recorded for monitoring purposes.

Any worker that wishes to withdraw their Agreement to an existing 'Opt-Out' may do so after giving the appropriate notice to their employer.

I hereby agree to 'Opt-Out' of the 48 Hour Agreement as specified in the "Working Time Directive".

I understand that if I wish to revoke this in future, then I am required to give Indiana Healthcare Services a minimum of 5 weeks' notice.

Name (Please print)

Signature

Date