



EBS Instant Care., NBV Enterprise Centre, David Lane, Basford, NG6 0JU

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APPLICATION FORM

Post applied Nurse Healthcare Assistant Advanced Nurse Practitioner

Part 1: Personal Details

Title: Mr Mrs Miss Other

Surname: _____

Forename: _____

Address: _____

Post Code: _____

Phone(H): _____

Phone(M): _____

Email: _____

Maiden Name: _____

Date of Birth: _____

Gender: _____

Nationality: _____

NI Number: _____

Next of kin

Name: _____

Relationship: _____

Contact Phone: _____

Part 2: Professional Body Registration

Registration Body: NMC HPC Other

Registration Number: _____ Expiry Date: _____

Membership Professional Body/Union _____

Part 3: Professional Qualification

Qualification	Name of the Institution	Date(from-to)

Part 4: Additional Personal Information

Passport Number

Number _____
Nationality _____
Place of Birth _____

Driving Licence details

Number _____
Endorsement YES NO
Own transport YES NO

Eligibility to Work in the UK

Are you eligible to work in the UK? YES NO
Do you require a Visa/Permit to work in the UK? YES NO

Part 5: Present and Past Employment (for the last 10 years)

Employer	Band/Post	Clinical Speciality	

Part 6: Work Experience and Skills

Summarise your work experience, with specialist skills and areas of interest

Part 7: Trainings

Please state which of the following you have been trained in and give the dates.

Training	Provider	Dates
<i>Manual handling</i>		
<i>Basic life support</i>		
<i>COSHH</i>		
<i>RIDDOR</i>		
<i>Data Protection</i>		
<i>Fire Safety</i>		
<i>Violence and Aggression</i>		
<i>Lone Worker</i>		
<i>First Aid</i>		
<i>Infection Control</i>		
<i>Medicine Management</i>		
<i>Complains handling</i>		
<i>Conflict Management</i>		
<i>Food Hygiene</i>		
<i>Equality and Diversity</i>		
<i>Safeguarding of vulnerable adults</i>		
<i>Safeguarding of vulnerable children</i>		

Criminal Record

This employment is not exempt from the provisions of the Rehabilitation of offenders Act 1974. You are not entitled to withhold information requested by the company about any previous convictions in the UK or abroad, even if in other circumstances these would be regarded as "spent".

Do you have any criminal record? Yes No

If yes, please provide detail below:

Do you have an Enhanced Disclosure from the Criminal Record Bureau(CRB) now known as Disclosure Baring service (DBS) Yes No

If Yes, please provide the disclosure number _____

Have you subscribed for the "DBS" Update services? Yes No

I hereby give consent for EBS Instant Care to verify my DBS details.

Part 9:References

Professional References(Two references required of which one should be the present or last)

Referees Name:

Organisation:

Address:

Email:

Phone (work) Phone(mobile)

Are you happy for us to contact this referee before interview? Yes NO

Referees Name:

Organisation:

Address:

Email:

Phone (work) Phone(mobile)

Are you happy for us to contact this referee before interview? Yes NO

Personal References

Referees Name:

Organisation:

Address:

Email:

Phone (work) Phone(mobile)

Are you happy for us to contact this referee before interview? Yes NO

Declaration Consent

I confirm that the Information I have given is true. I understand that if information given on this form is found to be false, it may result in a disciplinary action which can include dismissal. I understand that information given to EBS Instant Care may be accessed from time to time by authorised persons (e.g. CQC)

I give permission for EBS Instant Care to have access to my records. I also give consent for verifying my DBS details from relevant sources.

Name _____

Signature: _____

Date: _____

Return the completed form to:

EBS Instant Care., NBV Enterprise Centre, David Lane, Basford, NG6 0JU