

Candidate Application Form

Please complete in black ink in BLOCK capitals and return Recruitment@Leadcarenursing.com

Personal Details			
Mr/Mrs/Miss/Ms		Surname	
First Name(s)			
Address & Postcode			
DOB		Mobile No	
Email Address			
National Ins No.			
Position Applied			
Experience (Years & months)			
NMC/NISCC PIN Number		Revalidation Date	
Next of Kin Name		Relationship	
Contact No.		Country	

Are you eligible to work in the UK? (You will be required to provide a copy of an eligible passport or visa)
Do you hold a full and current UK driving license?
Have you ever been involved in disciplinary/dismissal proceedings with an employer? if yes please explain below;
Are you currently under investigation by NMC/NISCC?
Have you ever been subject to investigations in the past?
Have you ever been subject to safeguarding investigation?

Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	
Yes		No	

Do you have any cautions with NMC/NISCC?

Yes

☐

No

☐

Do you currently work for another nursing agency?

Yes

☐

No

☐

If yes, which one(s)?

Further & Higher Education Details			
Date From – To	University or College	Course Taken	Level/Grade Obtained

Post-Primary Education Details			
Date From – To	Secondary / Grammar	Subject Taken	Level/Grade Obtained

Please list previous employers from **current/most recent**. Any gaps in employment history will be discussed during the interview. Continue a separate page, if necessary.

Employment History			
Date From	Date To	Employer Name & Area worked	Band/ Position
Main duties and responsibilities:			
Reason for leaving:			

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Rehabilitation of Offenders Act 1974

The provisions of Section 4.2 do not apply to any employment that relates to the provision of health services and which enables the post holder to have access to people in receipt of such services in the course of their normal duties. Therefore, applicants must declare any criminal convictions, including those which would otherwise be considered 'spent'.

Do you have any convictions or cautions?	Yes	☐	No	☐
Are you currently the subject of any criminal proceedings?	Yes	☐	No	☐
Are you currently the subject of any police investigation?	Yes	☐	No	☐

If you have answered 'yes' to any of the above, please give details below to include the relevant dates and the nature of the conviction, caution, proceedings, or investigation:

Please note if you have a criminal record this does not necessarily bar you from employment.

Are you aware of any reason you cannot work with children or vulnerable adults?	Yes	☐	No	☐
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All applicants will be asked to apply for an Access NI Enhanced Disclosure as part of the recruitment process. The "Code of Practice", Policy on Recruitment of Ex-offenders and the handling, storage and disposal of disclosure information can be found on our website www.leadcarenursing.com.

Failure to do so will result in an unsuccessful application. Any change in criminal conviction, proceedings, or investigations status post-employment must be communicated to Leadcare Nursing Agency as a matter of urgency.

Disability Discrimination Act 1995

The act defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities.

(If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these?

If so, you should answer 'yes' below.) Having read this definition, do you consider yourself as having a disability? **Yes** ☐ **No** *☐

If **yes**, please indicate which type of impairment(s) apply to you:

Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy. ☐

Learning disability, such as Down's syndrome, Dyslexia or Cognitive Impairment such as Autism. ☐

Mental health condition, such as depression or schizophrenia. ☐

Physical Impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches. ☐

Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment. ☐

Please give details for Two References. One Reference **must** be from your current or most recent employer at manager level (Band 7/Band 6)

Reference 1				
Can we contact this reference before your interview?		Yes		No
Name & Address:		Position:		
Email:		Phone:		
Reference 2				
Can we contact this reference before your interview?		Yes		No
Name & Address:		Position:		
Email:		Phone:		

Declaration

The information I have given in this application form is, to the best of my knowledge, complete, factual, and accurate in all aspects. I understand that knowingly giving false information will disqualify me from registration with Leadcare Nursing Agency. As an Employment Agency, we collect and store data about you to enable us to process your application and register you with the Agency. This may include sensitive data. I hereby freely give Leadcare Nursing Agency consent to process and store my personal data relating to my application and registration with the Agency.

Signed:		Date:	
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Continuation Sheet