LONDON HEALTHCARE AGENCY

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Email: info@lhca.co.uk Web: www.lhca.co.uk

APPLICATION FORM

Personal Details

Last Name:		Title: Mr / Mrs / Miss / Ms / Dr / Other:	
First Names:		Maiden Names [If applicable]: Practice Name [If applicable]: Previous Surname [If any]:	
Date of Birth:	Sex:	Nationality:	NI number:
Languages Fluently Spoken: [1] English		[2]	[3]
Address: Post Code:		Phone [Home]: Phone[Other]: Mobile: Email:	

Next of Kin

Name: Address: Post code:	Relationship to applicant: Email: Phone: Work: Mobile: Emergency contact details:

Professional References

Please provide names and addresses of two people with either medical or nursing qualifications or holding positions within the field of care, who are able to provide information on your experience and suitability for the post applied for. References for qualified nurses must be professionals. Relatives are not acceptable.

Reference 1 [current or most recent employer]

Name:
Position:
Relationship:
Address:

Post Code:
Telephone:

May we approach this referee prior to interview?

YES ☐ NO ☐

Reference 2 [Other]

Name:
Position:
Relationship:
Address:

Post Code:
Telephone:

May we approach this referee prior to interview?

YES ☐ NO ☐

Declaration of Health

Name:

Sex: Male ☐ Female ☐
Address:

Post code:

Telephone:

General Practitioner's:

Address:

Telephone:

Please answer the following questions by ticking the appropriate YES / NO box. If the answer to any questions is YES then give details in the space provided or on additional pages, which must be attached to this page. Should there be any changes to the information you give below, you are responsible for immediately informing us.

Have you ever had in your life, including childhood, any of the following:

DESCRIPTION OF ILLNESS	YES	NO	DETAILS / DATES
1. Cardiac/Vascular illness?	☐	☐	
2. Do you smoke / Drink? If yes state weekly total	☐	☐	
3. Eye Disease/Injury or defect vision not corrected by Lenses	☐	☐	
4. Tuberculosis	☐	☐	
5. Epilepsy, Frequent Fainting Attacks	☐	☐	
6. Asthma	☐	☐	
7. Diabetes	☐	☐	
8. Any illness that prevented you from work for more than one week	☐	☐	
9. Chicken Pox	☐	☐	
10. Hepatitis	☐	☐	
11. Any degree of hearing loss	☐	☐	
12. Back pain, Sciatica or any back injury?	☐	☐	
13. Do you have any deformities which affect movement	☐	☐	
14. Have you ever been treated for any other serious illness / operation?	☐	☐	
15. Are you receiving any medication	☐	☐	
16. Are you a registered disabled person?	☐	☐	
17. Depression, nervous breakdown or mental illness?	☐	☐	
18. Are you medically fit to carry out the duties of the position you have applied for?	☐	☐	
19. Are there any reasonable adjustments that an Employer should make to enable you to work?	☐	☐	
20. Any illness associated with or contact with any infectious disease e.g. MRSA	☐	☐	

Please give details of last immunisation or vaccination for:

Tuberculosis (BCG)	☐	*Tetanus*	☐	*Varicella*	☐
Rubella (German Measles)	☐	*Hepatitis B*	☐		
Poliomyelitis	☐	*Diphtheria*	☐	*Date of last Chest X-ray*	☐

(For Tuberculosis verifiction of scar from GP required. Hepatitis B, written evidence must be submitted)

If working in EPP Also:

Hepatitis C	☐	*HIV*	☐	*EbV*	☐

I declare that all the foregoing statement are true and complete to the best of my knowledge and belief. I hereby give London Healthcare Agency permission to contact my General Practitioner to obtain further information should it be required.

Signed:…….. Date:……/……/……

Rehabilitation of Offenders Act 1974

The Rehabilitation of the offenders Act [1974] [exemptions Order 1975] the provisions of section [4.2] of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provisions of healthcare services to vulnerable adults and children or have access to their records during the normal course of his/her duty.
Your answer to the question below should include any spent convictions. Have you ever been convicted of a criminal offence? Yes ☐ No ☐
If yes, please give details below or on a separate sheet.
The information you provide will be held securely and treated as being in confidence under the terms of the DATA PROTECTION ACT 1984.

Details

CRB

The post that you have requested is subject to checks being made through the Criminal records bureau [CRB], as it involves either working with children or vulnerable adults.
Do you agree such checks may be made concerning you if required? Yes ☐ No ☐

Declaration

I understand that the appointment is offered will be subject to the information given on this form being correct. I fully accept that I am eligible to work in the UK and I am applying for membership of London Healthcare Agency in the full knowledge and understanding that should London Healthcare Agency offer an introduction to a client and I accept such an introduction, any services which I provide are provided as self-employed person while asserting the role of London Healthcare Agency as that of an agent and not employer. In signing this disclaimer I acknowledge that neither London Healthcare Agency nor its employees hold any responsibility or liability whatsoever for the services I provide, nor for the consequences of the provision of such services, including personal accident, damage to client's property etc. I declare that all the information given is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, London Healthcare Agency has the right to terminate my membership form the register of members. I declare that all information given is true in every respect. I have read and understood the Terms and Conditions of Engagement and agree to comply with the current Health & Safety at Work Act. I have read and agree to abide by London Healthcare Agency's Conditions of Membership.

Signed:…… Date:……/……/……

Education & Training

Name & location of Secondary School, colleges, universities attended	Dates	Qualifications obtained

Professional Qualification Details

Nurse Training School / College:	Address;
Qualifications: Year obtained:	Part of NMC Register: Pin No: Expiry Date:
S / NVQ or other courses:	Member of any union?:

Employment History

Please give details of the past five years continuous work history giving reasons for any breaks in employment. Begin with your most recent employer. Use additional A4 page if necessary.

Employer & Address	Position Held	Dates From To	Principal Duties Experience gained

Relevant Experience

Please give a brief summary of your experience and abilities which you consider relevant to this post.