KAIDY
EMPLOYMENT AGENCY

APPLICATION FORM

Devonshire House, 582 Honeypot Lane, Stanmore, Middlesex, HA7 1JS
PHONE NO: 020 8906 2001 FAX: 020 8905 6728
LICENSED BY CARE QUALITY COMMISSION
Registered in England NO 3414273

AWARDED SUPPLIER 2014 National NHS Collaborative Framework for Nursing
RBC Member
UKAS QUALITY MANAGEMENT 083

PERSONAL DETAILS

Forenames

Title

Please affix 2 recent Photo's here

Surnames

Date of Birth __/__/____

Present Address

Nationality

National Insurance Number

Passport Number

Expiry Date __/__/__

Home Telephone No.

Email

Mobile Telephone No.

Next of Kin Contact Address

Next of Kin

Relationship

Contact Telephone

Emergency Contact Name and Telephone Number if different

Right to work

I am eligible to work in the UK and does not need a work permit ☐

I am already in possession or a work permit to work in the UK ☐

I need to obtain a work permit to work in the UK ☐

QUALIFICATIONS AND TRAINING

RMN ☐ RGN ☐ HCA ☐

NMC PIN No.

Expiry Date __/__/__

Name and Address of Nurse Training School

Moving and Handling Date __/__/__

Basic Life Support / CPR Date __/__/__

Infection Control Date __/__/__

Health and Safety Date __/__/__

Qualification

Fire Safety Date __/__/__

Food Hygiene Date __/__/__

Start Date __/__/__

End Date __/__/__

EDUCATION

Please give details of your most recent education

Name & Address of School / College / University

Course Name

Start Date | Qualification Achieved | End Date

Name & Address of School / College / University

Course Name

Start Date | Qualification Achieved | End Date

Name & Address of School / College / University

Course Name

Start Date | Qualification Achieved | End Date

EMPLOYMENT

Please give details of your most recent employment

Name & Address of Employer

Position Held

Start Date | Speciality | End Date

Name & Address of Employer

Position Held

Start Date | Speciality | End Date

Name & Address of Employer

Position Held

Start Date | Speciality | End Date

Name & Address of Employer

Position Held

Start Date | Speciality | End Date

Please indicate your level of competence (*4 Being very competent)*

Personal Hygiene

Bath, Shower Assisted Wash
1 ☐ 2 ☐ 3 ☐ 4 ☐

Use of Bath Aids
1 ☐ 2 ☐ 3 ☐ 4 ☐

Mouth Care ((inc. dentures)
1 ☐ 2 ☐ 3 ☐ 4 ☐

Care of Feet (exc. Toenails)
1 ☐ 2 ☐ 3 ☐ 4 ☐

Shaving
1 ☐ 2 ☐ 3 ☐ 4 ☐

Care of Hair
1 ☐ 2 ☐ 3 ☐ 4 ☐

Bed Bath
1 ☐ 2 ☐ 3 ☐ 4 ☐

Care of Fingernails
1 ☐ 2 ☐ 3 ☐ 4 ☐

Care of Eyes
1 ☐ 2 ☐ 3 ☐ 4 ☐

Toileting

Use of Bedpans / Commodes
1 ☐ 2 ☐ 3 ☐ 4 ☐

Recording Fluid Balance
1 ☐ 2 ☐ 3 ☐ 4 ☐

Emptying a Catheter Bag
1 ☐ 2 ☐ 3 ☐ 4 ☐

Mobility

Care of Incontinent Patient
1 ☐ 2 ☐ 3 ☐ 4 ☐

Walking with Aids
1 ☐ 2 ☐ 3 ☐ 4 ☐

Use of Hoists
1 ☐ 2 ☐ 3 ☐ 4 ☐

Lifting / Handling course completed (written confirmation required)
1 ☐ 2 ☐ 3 ☐ 4 ☐

Other

Report Writing
1 ☐ 2 ☐ 3 ☐ 4 ☐

Maintaining Client Confidentially
1 ☐ 2 ☐ 3 ☐ 4 ☐

Observation

Temperature
1 ☐ 2 ☐ 3 ☐ 4 ☐

Respiration
1 ☐ 2 ☐ 3 ☐ 4 ☐

Blood Pressure
1 ☐ 2 ☐ 3 ☐ 4 ☐

Pulse
1 ☐ 2 ☐ 3 ☐ 4 ☐

Urine Testing
1 ☐ 2 ☐ 3 ☐ 4 ☐

Nutrition

Preparation of Meals
1 ☐ 2 ☐ 3 ☐ 4 ☐

Feeding a Dependent Patient
1 ☐ 2 ☐ 3 ☐ 4 ☐

General

Pressure are care
1 ☐ 2 ☐ 3 ☐ 4 ☐

Washing of Personal Laundry
1 ☐ 2 ☐ 3 ☐ 4 ☐

Bedmaking: Changing a bed or drawsheet with patient in / on it.
1 ☐ 2 ☐ 3 ☐ 4 ☐

Light House Work
1 ☐ 2 ☐ 3 ☐ 4 ☐

Shopping
1 ☐ 2 ☐ 3 ☐ 4 ☐

Care of Terminally Ill
1 ☐ 2 ☐ 3 ☐ 4 ☐

Experience

General Hospital / Ward Yes ☐ No ☐

Mental Health Hospital / Ward Yes ☐ No ☐

Nursing Home Yes ☐ No ☐

Hospice Yes ☐ No ☐

Patients with Dementia Yes ☐ No ☐

PROFESSIONAL COURSES & TRAINING ATTENDED

Title of Course	Establishment / Training Centre	Date
Moving & Handling		/ /
Basic Life Support / CPR		/ /
Fire Precaution		/ /
Infection Control		/ /
Health & Safety		/ /
COSHH & RIDDOR		/ /
Food Hygiene		/ /

PROFESSIONAL REFERENCES

Please give details of your most recent education not stated before

Previous Employers Name

Their Position

Dates worked by you

Address

Telephone

Previous Employers Name

Their Position

Dates worked by you

Address

Telephone

Because of the nature of the work you are applying, the provisions of section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (exceptions) (amendment) Order 1986. Applicants are therefore required to give information about convictions which for other purposes are 'Spent' under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to the application for positions to which the Order applies.

Have you ever been convicted in any court of any offence? ☐ Yes ☐ No

Do you have any criminal proceedings pending against you? ☐ Yes ☐ No

If yes, please give details:

I acknowledge my responsibility to inform the agency if there are any changes to my health which could impact upon my ability to carry out my required job function or place patients at any risks.

Signed _____ Date / /

Print Name

EQUAL OPPORTUNITY

In compliance with our Equal Opportunity Policy, we are monitoring job applications to make sure discrimination on the grounds of sex, sexual orientation, gender reassignment, race, ethnic origin, religion, marital status, age and disability do not occur. We would be grateful if you would complete and return this form with your employment / job application form.

Gender	Male ☐ Female ☐	
Marital Status	Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Other ☐	
Ethnic Origin	White British ☐ White Irish ☐ White Other ☐ Black/Black British ☐ Asian ☐ Asian British ☐ Chinese ☐ Mixed ☐ Other ☐	
Disability	Do you consider yourself to be disabled under the Disability Discrimination Act? (The Disability Discrimination Act (1995) defines disability as "a physical or mental impairment which has a substantial and adverse effect on a person's ability to carry out day to day activities".)	
	If yes, what is the nature of your disability? (optional)	

Office use only

Received by ☐☐/☐☐/☐☐

Interviewed by ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Received by ☐☐/☐☐/☐☐

Notes

NMC

PIN No. ☐☐☐☐☐☐☐☐☐☐☐☐

Checked by ☐☐☐☐☐☐☐☐☐☐☐☐

Post Reg. Certs. ☐☐☐☐☐☐☐☐☐☐☐☐

Ref 1 Date Applied ☐☐/☐☐/☐☐

Date Received ☐☐/☐☐/☐☐

Ref 2 Date Applied ☐☐/☐☐/☐☐

Date Received ☐☐/☐☐/☐☐

HEALTH RECORD CHECKS & IMMUNISATION STATUS (Confidential)

All Health Care Workers must go to their GP or Occupational Health Department to have the blood tests or vaccination and all serology must be checked.
Please take this document to your General Practitioner / Nurse for completion.
Tests for Hepatitis B, Rubella, Varicella, and BCG Scar / TB are mandatory requirements for NHS Health Workers

Name

Address

Post Code DOB / /

Vaccination	Result	Date	Signature
TB	SCAR SEEN Yes ☐ No ☐	/ /	
MANTOUX TEST		/ /	
HEPATITIS B COURSE 1		/ /	
2		/ /	
3		/ /	
HEPATITIS BOOSTER		/ /	
HEPATITIS B LEVEL OF IMMUNITY		/ /	
VARICELLA		/ /	
VARICELLA VACCINATION		/ /	
MMR VACCINATION		/ /	
MEASLES ANTIBODY		/ /	
MUMPS ANTIBODY		/ /	
OTHERS		/ /	

Official ID Stamp

Date / /

Signature

Print Name

HEALTH SECTION

		Yes	No
1	Do you consider yourself to be in good health?	☐	☐
2	Have you suffered or are you suffering from:	☐	☐
3	Asthma, wheezing or allergic condition?	☐	☐
4	Heart problems, hypertension or high blood pressure?	☐	☐
5	Chest problems or TB?	☐	☐
6	Any blackout, disabling giddiness, fainting or epilepsy?	☐	☐
7	Stress, anxiety, depression or any other mental disorder?	☐	☐
8	Diabetes?	☐	☐
9	Speech, hearing or visual difficulties?	☐	☐
10	Skin condition?	☐	☐
11	Back pain, neck pain, joint problems or arthritis?	☐	☐
12	Difficulty bending or lifting?	☐	☐
13	Blood disorders, sickle cell, jaundice or liver problems?	☐	☐
14	Problems with alcohol or drug misuse?	☐	☐
15	Are you receiving any regular medication or regular attention from your GP or at hospital	☐	☐
16	Has any previous work been detrimental to your health?	☐	☐
17	Have you left or been retired from a previous job because of ill health?	☐	☐
18	Have you ever been registered or judged as being disabled?	☐	☐
19	Do you have an impairment which might qualify under the Disability Discrimination Act 1995?	☐	☐
20	Have you left or been retired from a previous position due to a disability?	☐	☐