

APPLICATION FORM

Ark Nursing & Care Agency/Ark Care Homes
Head Office
140, Bay View Road
Northam
Bideford, N. Devon
EX39 1BJ
01237 420777
email: arknursing@hotmail.com

STAPLE 3 x
Passport
Photos or
bring to
interview



Please print in black ink and return to our Head Office address.

POSITION APPLIED FOR:

CARE WORKER / TRAINED NURSE / OTHER

ARE YOU APPLYING FOR: AGENCY WORK PERMANENT JOB WITH ARK CARE HOMES

PERSONAL INFORMATION

(Please complete as appropriate in block capitals)

Mr/Mrs/Miss/Ms Surname:

Forename: Middle Names:

Previous Surnames: Country of Birth: Town:

Date of birth: Male/Female:

Address:

Post Code: Country:

Home Tel No: Mobile No:

Email Address: National Insurance N.:

Emergency Contact Name: Relationship:

Contact Tel No: Address:

Postcode: Country:

Do you hold a Current Full Driving Licence? Yes No

Details of any endorsements (if any):

What transport do you have access to? Car Motorcycle Bicycle Public Transport Other

How did you first hear about ARK?:

WORK REQUIREMENTS

WHAT AREAS OF WORK ARE YOU INTERESTED IN? (please tick all relevant areas)

- Community Hospitals Acute Hospital (NHS) Childrens Units at Childrens Home
Terminal Care Learning Disabilities Ark Care Homes
Psychiatric Units Autistic Clients Challenging Behaviour
Nursing Homes Residential Elderly Homes Adult Hospice
Home Care Other Children's Hospice

Availability - please tick:

Full Time Part Time Earlies Lates Nights Long Day Shifts Weekends School Hours

When will you be able to start work? What time will you be able to start in the mornings?

CRIMINAL CONVICTIONS STATEMENT

As part of our recruitment policy, you will be asked upon application to undertake a Disclosure & Barring Screening, and on a regular basis throughout your employment. If you have not disclosed any convictions/cautions that show up on these disclosures your contract with Ark will be terminated with immediate effect.

This applies to any 'spent' or 'unspent' convictions or cautions. Our Criminal Records policy is that we do not appoint staff with GBH, ABH, Battery cautions or convictions.

You must also inform Head Office in writing if you have ever received a court summons, further convictions or cautions (including motoring convictions, speeding fines and points) and forward a new copy of your driving licence to enable us to inform the insurance company. After attending court you must then inform Head Office in writing of the outcome within 5 working days of the court case. You may be required to complete a new DBS at this point at your expense.

Have you ever been stopped, warned, cautioned or convicted by the Police? Please tick as required

Yes I have been stopped/questioned/cautioned or convicted by the Police

No I have never been stopped/questioned or cautioned by the Police

If Yes please give Details of all contact with the Police.

DATE OF CONVICTION	CONVICTION DETAILS	FINE

Continue on a separate sheet if necessary.

QUALIFICATIONS & TRAINING

TRAINED NURSES (REGISTERED NURSES) ONLY

PROFESSIONAL NURSING & MIDWIFERY REGISTRATIONS.

PROFESSIONAL BODY	PIN/REGISTRATION NO.	EXPIRY DATE	DATE OF APPLICATION	PART OF REGISTER
NMC				

NURSING AND MIDWIFERY COUNCIL REGISTERED NURSES

Are you under investigation by the NMC Yes No

Have you been investigated in the past Yes No

Have you ever had Disciplinary or Dismissal Hearings Yes No

If you have answered YES to any of the above, please provide details below:

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CARE STAFF & TRAINED NURSES

PROFESSIONAL QUALIFICATIONS & TRAINING

QUALIFICATION	PLACE WHERE OBTAINED	FROM (Month/Year)	TO (Month/Year)

Date of last Basic Life Support training (First Aid)

Date of last Moving and Handling training

Date of last Health & Safety training

Please provide documentary evidence of all of the above; all certificates will be verified.

PROFESSIONAL REFEREES

Please give names and contact details of 3 professional referees, one must be from your current employment (covering at least 3 years). Referees must have worked in a senior position to yourself. Please be aware that ARK are unable to offer you work until satisfactory references have been obtained.

Reference 1

Organisation:

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Dates Employed:

.....

Referee Name:

.....

Job Role:

.....

Professional Work Address:

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Telephone:

Fax:

Email:

CAN WE CONTACT BEFORE INTERVIEW? YES NO

Reference 2

Organisation:

.....

Dates Employed:

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Referee Name:

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Job Role:

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Professional Work Address:

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Telephone:

Fax:

Email:

CAN WE CONTACT BEFORE INTERVIEW? YES NO

Reference 3

Organisation:

.....

Dates Employed:

.....

Referee Name:

.....

Job Role:

.....

Professional Work Address:

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.....

.....

Telephone:

Fax:

Email:

CAN WE CONTACT BEFORE INTERVIEW? YES NO

I confirm that I am over eighteen years old and that I am eligible to work in the UK. I fully accept that I am applying for membership with Ark. I declare that the information that I have given in this application form is complete and accurate and I understand that any false or misleading information may disqualify me from registering with Ark.

Signed

Date

I agree to opt out of the 48 hour working week as laid down in the Working Time Directive 1998 and I understand that I may opt out of this agreement by writing and giving one weeks notice (this directive was brought in to stop employees working over 48 hours unless they choose to do so). Members of Ark are not under pressure or forced to work over 48 hours per week unless they choose to do so.

Signed

Date

Please ensure that you bring all proof of official identification as instructed in the accompanying letter otherwise this may result in delays in employment.