Office: The Old Courthouse, Orsett Road, Grays, Essex RM17 5DD
T: 0330 113 1767 E: info@seccare-plus.com W: www.seccare-plus.com

SecCare+ NURSING AND SOCIAL CARE SERVICES

APPLICATION FOR

PERSONAL DETAILS

Title _____

First Name _____

Known as _____

Middle Name(s) _____

Last Name _____

Maiden Name _____

Gender Male Female

Date of Birth _____

Nationality _____

_____

Date of Marriage _____

National Insurance No: _____

Address _____

_____

Town/City _____

County _____

Postcode _____

Date moved to this address: Month Year

Email: _____

Tel: Home _____

Tel: Mobile _____

How did you hear of us: _____

Referral Name: _____

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APPLICATION FORM

CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Band:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Band:		Dept/Ward:	
Reason for leaving:			

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APPLICATION FORM

CAREER HISTORY CONTINUED

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Band:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Band:		Dept/Ward:	
Reason for leaving:			

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APPLICATION FORM

QUALIFICATIONS & TRAINING

Qualifications : _____

Awarding Body: _____

Expiry Date: _____

Where did you train?: _____

Please give details of training undertaken and qualifications obtained:

_____

_____

_____

_____

_____

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MEDICAL HISTORY

Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES	NO
Diabetes	YES	NO
Asthma/Hay fever	YES	NO
Bronchitis/Pneumonia/Pleurisy	YES	NO
Epilepsy	YES	NO
Headaches/Migraine	YES	NO
Tuberculosis	YES	NO
Psychiatric Illness/Anxiety/Depression	YES	NO
Dermatitis/Psoriasis/Eczema	YES	NO
Back problems	YES	NO
Recurrent infections	YES	NO
Hepatitis/Jaundice	YES	NO
Are you taking any prescription drugs?	YES	NO

If you have answered yes to any of the above questions please give details on separate paper attached to the back of the application form.
Have you ever been vaccinated, immunized or tested for/against any of the following?

Varicella	YES	NO
Tuberculosis including BCG	YES	NO
Heaf, Mantoux or Tine	YES	NO
Rubella (German Measles)	YES	NO
Poliomyelitis	YES	NO
Hepatitis B	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Tetanus	YES	NO
Typhoid	YES	NO
Any Other: please state:		

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APPLICATION FORM

Name of GP: _____

Address: _____

Postcode: _____

Telephone: _____

REFERENCES

Park House Rest Home requires 2 professional references from Senior members of staff, including a reference from your most recent employer.

Name of Referee: Place of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

Name of Referee: Place of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

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SIGNED : _____

PRINT NAME : _____

DATE : _____

NEXT OF KIN

NEXT OF KIN DETAILS

FULL NAME : _____

RELATIONSHIP TO YOU : _____

HOME TELEPHONE : _____

MOBILE NUMBER : _____

ADDRESS : _____

_____

_____

_____

ANY OTHER OR SPECIAL NOTES

_____

_____

_____

_____

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DISCLOSURES

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitations of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action.
Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.

Have you ever been convicted of a criminal offence? YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions? YES ☐ NO ☐

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES ☐ NO ☐

YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application on a separate page.

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ADDITIONAL INFORMATION/CHECKLIST

Please bring this Application Form to your interview along with the following ORIGINAL documentation for us to view and take copies. Without this information we cannot progress with your application.

NMC pin card and your statement of entry

Any Qualifications

Valid Passport

Valid Visa/Work Permit/Certificate of British Nationality (if applicable)

National Insurance Number Card

2 additional forms/proof of Identity & Address

- (Driving Licence or copy bills etc.)

Full Immunisation record :

Hep B

MMR 1

MMR 2

Varicella

Hep B (IVS) HBSAg

Hep C (IVS)

HIV (IVS)

1 Passport size photos

Please save the completed form for your records and then email to info@seccare-plus.com