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APPLICATION FORM

DATE COMPLETED: .

PLEASE COMPLETE ALL SECTIONS:

If completing on a computer please click in the boxes and type your response.

Section 1: Personal Details			
Title	Family Name	Forename(s)	
.	.	.	
Address	.		
Postcode	.	Date of Birth	.
Home Phone	.	E-Mail	.
Mobile Phone	.	Ethnic Origin	.
Country of Birth	.	Nationality	.
Next of Kin		Relationship to Next of Kin	
.		.	
Emergency Contact Number - Day		Emergency Contact - Night	
Click or tap here to enter text.		.	
National Insurance Number		.	
Driving Licence Held?		.	
Normal Mode of Transport		.	
Section 2: Professional Qualification & Training Details			
Training Establishment	Dates of Training <i>From</i> <i>To</i>		Qualification Obtained

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.	.	.	.
.	.	.	.

Nurses please enter your NMC Pin details here. HCA candidates please skip to next section.

NMC Pin Number: .	Expiry Date: .
For office use only: checked against NMC Circular	

Please state below any other courses and date attended. (e.g. ENB Courses/ Manual Handling)
 Continue on a separate sheet if necessary. Original certificates will need to be presented at interview.
 Please note evidence of training is required for agency files. Cooke Reynolds Ltd requires certain mandatory training according to the areas in which you require work. All training is provided by appropriately qualified instructors and is provided free of charge to all agency members. Appraisals and training reviews are regularly offered to all agency workers.

Course Title	Date Attended	Other Details
.	.	.
.	.	.
.	.	.

Work History:

Please print clearly details of the past five years work history.

You must state reasons for any breaks in employment. Please start with your most recently held position.

Continue on the reverse of this sheet if necessary and enclose copy of your current CV if you have one.

Name of Employer	Address	Position Held	Date Started	Date Left
.
Reason for Leaving	.			
Name of Employer	Address	Position Held	Date Started	Date Left
.
Reason for Leaving	.			
Name of Employer	Address	Position Held	Date Started	Date Left
.
Reason for Leaving	.			

Section 3: Declaration of Healthy/Immunisation requirements

Please ensure you complete and sign the separate health declaration form enclosed with this application. Please be assured that all health matters are dealt with on a strictly confidential basis.

NB: In order to protect you and clients, up-to-date Immunisations are considered a good practice requirement for all agency staff. When working for NHS Trusts, immunisations are a mandatory requirement. Documentary evidence / photocopies of certificates of immunity as indicated below will be required for your agency file. These should be available from your GP practice or from occupational health services from a previous employer. Note that we will not be able to assign you to work for NHS Trusts until you have supplied evidence of immunisations. We strongly advise you to read the requirements below and obtain the necessary immunisations / evidence at your earliest convenience to help your application proceed quickly.

If you require any further information please contact the office and we will be happy to help.

	Information	Private Sector Requirements	NHS Trust Requirements	Do you have this as required? Please indicate Yes or No.
Polio	Boosters up to date Usually given in childhood	Considered good practice	Not mandator. Good practice for documentary evidence to be in file if you have it.	.
Tetanus	Boosters up to date. Usually given in childhood	Considered good practice	Not mandatory. Good practice for documentary evidence to be in file if you have it.	.
Hepatitis B	Full course and 5 yearly boosters for all health care workers recommended	Preferable for agency workers	Mandatory. Documentary evidence must be presented for file. Blood test showing antibodies present.	.
Rubella	Usually given in childhood	Considered good practice	Mandatory. Documentary evidence must be presented for file. Our occupational health nurse can record evidence of scar. If no scar present Heaf test may be needed.	.
BCG (Tuberculosis)	Usually given in childhood	Considered good practice	Mandatory. Documentary evidence must be presented for file. Our occupational health nurse can record evidence of scar. If no scar present Heaf test may be needed.	.
Varicella (Chicken pox)	90 –97% of population already immune due to childhood exposure.	Considered good practice	Declaration of having had chicken pox or shingles required for file. Blood test and or vaccination may be required if you cannot declare.	.

Section 4: General Information

Please indicate your work preferences by placing a 'x' or comment next to the relevant box

Day Duty	.	Night Duty	.	Full Time	.	Part Time	.
Nursing Homes	.	NHS Hospital	.	Private Homecare	.	Private Hospitals	.
Private Schools	.	Other (please specify)	.				

Membership of Professional Organisation/Trade Union

It is strongly recommended that all Cooke Reynolds members have membership of a professional body and/or a trade union. Evidence of membership will be required at interview.

Name of Organisation	Membership details and renewal dates
.	.

Section 5 References:

A: IF YOU WISH TO WORK IN NHS TRUSTS:

Please supply the names and contact addresses from two referees who must be healthcare personnel from your two most recent engagements. (I.e. your line managers) who hold a position more senior to your own and can provide written references on your abilities and experience.

B: IF YOU WISH TO WORK ONLY IN CARE HOMES / PRIVATE SECTOR / HOME CARE

Please supply the names and contact addresses of two referees who must be nurses or healthcare professionals and preferably hold a position more senior to your own. One of these must be from your current or most recent place of employment.

First Referee:

Name	.
Job Title	.
Address	.
Email Address	.
Telephone Number	.
Length of time known to you	.

Second Referee:

Name	.
Job Title	.

Address	.
Email Address	.
Telephone Number	
Length of time known to you	.

Section 6: Security

- Permission to work in the UK

Do you have permission to work in the United Kingdom?

Yes No

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Cooke Reynolds Ltd for temporary work.

- DBS Disclosure

Please note that this application will require a criminal background check by the Disclosure and Barring Service, disclosure procedure is at enhanced level. It may be the case that you already have a DBS disclosure, we can use this providing it is at the enhanced level and was issued after June 2013 and you have registered to make it portable.

- Criminal Convictions

Do you have any spent or unspent* criminal convictions?

Yes No

If your answer is Yes please provide details and dates below:

*Certain types of employment and professions are exempt from the Rehabilitation of Offenders act 1974 and in those cases, particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Cooke Reynolds Ltd, the offence is relevant to the position of agency nurse. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

Section 7: Areas of Expertise

In order for us to obtain you work placements that are most appropriate, according to both your own and client requirements please state below your areas of personal expertise and the length of time you have spent working in these areas. Please include your CV if you have one or continue on a separate sheet if necessary.

Area of Expertise	Dates/Workplaces
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.	.

Section 8: Data Protection Statement

The information that you provide on this form, and on any CV you submit to us, will be used by Cooke Reynolds Ltd to provide you with work finding services. By completing and submitting this form, you are indicating your consent to us to add this information to our database and to transfer this information to our clients in connection with work finding services at our sole discretion.

Section 9: Equal Opportunities Statement

Cooke Reynolds Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times. We continuously review all aspects of our recruitment practices to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non membership of a trade union and we place an obligation upon all our staff to respect and act in accordance with the policy. Cooke Reynolds Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers.

Cooke Reynolds Ltd will ensure that each candidate is assessed only according to their merits, qualifications and ability to perform the duties required by a particular vacancy.

Section 10: Final Statement and Declaration.

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed on to potential employers.

If during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Cooke Reynolds Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the client without further charge being applicable to the client).

I understand that acceptance on to the Cooke Reynolds Agency register may only be granted after relevant checks are made, satisfactory references are received and I have attended an interview / Agency Induction.

PRINT NAME HERE

Date: .

Are you happy for us to use this as your electronic signature? Yes No

Please return your completed form to our head office address at:

**1 Cloverdown
The Green
Claverdon
Warwickshire**

CV35 8LL

Or Email it to nikki.cooke@cooke-reynolds.co.uk or peter.cooke@cooke-reynolds.co.uk

Cooke Reynolds Ltd.