



APPLICATION FORM

Dear Applicant,

Thanks for showing interest to register with Dolphin Healthcare Services. Please find attached the application form for you to complete and return ASAP.

To register with us, please ensure that you have the right to work in the UK and are able to provide us with **2 contactable referees (including one clinical reference)** with full contact details including email, postal address and telephone number. Once the application form is completed fully, please return by post/email with your **up to date CV (with no gaps)**.

Please also find attached the **list of documents** you would be expected to bring at the time of your interview. Failure to provide the required information will result in your application being delayed or rejected.

ATTENTION: The following are your responsibility. Failure to provide the required information at the time of interview will result in your application being delayed or rejected

- **Proof of immunisations (refer to enclosed interview document) or attendance of a blood test if required.**
- **5 years address history for CRB form with supporting documents**
- **Attendance and completion of mandatory training (Practical and Online) after successfully passing your interview**
- **Your updated contact details including email, postal address and telephone number**

We look forward to working with you soon,

Kind Regards

Recruitment Team



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SECTION 1 - Your Personal Details

Title:

Surname:

First Names in full:

Previous names (inc maiden names):

Current Address:

County:



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Postcode:

Home Telephone No.:

Mobile Telephone No.:

Other Contact No.:

Email:

Date of Birth:

National Insurance No.:

Who should we contact in an emergency? Include name, address and contact numbers



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Are you a registered RMN / RGN, HCA, Other?

(Please confirm)

If Other

(Please specify)



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Payment details

Bank/Building Society information for weekly pay

Account Number:

Sort Code:

Name on account:

Bank / Building Society Name:

Branch Address:

Tel number:



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Dolphin Healthcare Services is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid any type of discrimination. We will treat everyone equally irrespective of sex, sexual, orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Dolphin Healthcare Services 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. Dolphin Healthcare Services will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

1.1 Your Personal Details (cont)

Rehabilitation Of Offenders Act

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Amendments Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any spent convictions. This may or may not affect your application.

All Nurses and Care Staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process.

Do you have any unspent* criminal convictions? Yes/No

If yes, state convictions and dates

*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 Dolphin Healthcare Services the offence is relevant to the post to which you are applying. 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.

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?

Yes No

If 'Yes', please give details:



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Date of conviction:

Nature of conviction

Please continue on or on a separate sheet if required

Are you currently the subject of criminal proceedings? (eg charges or summons that are not yet being dealt with)?

Yes No

If 'Yes', please give details:

Date of conviction:

Nature of conviction:

Please continue on a separate sheet if required



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Have you ever been dismissed from a nursing post?

Yes No

If 'Yes', please give details:

Date of dismissal:

Nature of dismissal

Please continue on a separate sheet if required

Are you currently suspended, on notice of dismissal from employment or under investigation from any employer?

Yes No



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If 'Yes', please give details:

Please continue r on a separate sheet if required

Do you belong to a professional body?

Yes No

If Yes, which one?

Do you have professional indemnity cover?

Yes No

If yes, which type?

Do you belong to any other agencies or staff banks?

Yes No

How did you hear about The Flame Lily? *Please specify*



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SECTION 2- Your Work Preferences

Permission to work in the UK

Do you have immigration permission to work in the UK? Yes/No

In line with UKBA 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 Dolphin Healthcare Services for temporary work

How many hours would you like to work with us?

Full time, Part time, Days, Nights, Weekdays, Weekends / Any of the above

Do you have your own transport?

Yes No

Please specify

Which areas would you like to work in?

Medical Wards



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- Surgical Wards
- Mental Health
- Acute
- Learning Disabilities
- A&E
- Clients in their homes
- Nursing Homes
- Other *Please specify:*

You have the option to opt out of the 48 hour working week limitation as laid out in the Working Time Regulations 1998. Please indicate one of the following:

- I wish to opt out
 I do not wish to opt out

SECTION 3- Your Qualifications

3.1 To be completed by Carers

We need to know your practical experience, training and courses/qualifications (i.e. NVQ, first aid, food hygiene, manual handling, basic life support etc)

Course	Date of completion	Where taken?	Certified (Yes / No)



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3.2 To be completed by Registered Nurses

We need to know your qualifications. These are to include details of NMC registration, Post registration qualifications and any other qualifications that you think are relevant.

NMC PIN number:

Expiry:

Name of training Hospital or University:

Date of receiving Qualification:

When was the last time you had manual handling training?

When was the last time you had basic life support training?



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SECTION 4- Your Employment History

Please continue or on a separate sheet if required

Please provide in date order details of your full employment history during the last 10 years starting with your present / latest position. Please note that to work within specialist clinical areas you will need to demonstrate that you have within the last two years gained a minimum of 1 years experience in your speciality. For this you must be able to provide the details of at least one professional reference within 'Section 5- Your References'

Employers Name	Position / Duties	From	To	Ward / Unit Type



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Have you attached a copy of your CV with this application form?

Yes No

Qualified Nurses experience:

A & E	<input type="checkbox"/>	Occupational Health	<input type="checkbox"/>
Anaesthetics	<input type="checkbox"/>	ODA / ODP	<input type="checkbox"/>
Burns and Plastic	<input type="checkbox"/>	Oncology	<input type="checkbox"/>
Cardio Thoracic	<input type="checkbox"/>	Ophthalmics	<input type="checkbox"/>
Challenging Behaviour	<input type="checkbox"/>	Orthopaedics	<input type="checkbox"/>
CCU	<input type="checkbox"/>	Outpatients	<input type="checkbox"/>
Dental Nursing	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Phlebotomy	<input type="checkbox"/>
Disabilities	<input type="checkbox"/>	Practise Nursing	<input type="checkbox"/>
District Nursing	<input type="checkbox"/>	Psychiatric – Acute	<input type="checkbox"/>
Elderley Care	<input type="checkbox"/>	- EMI	<input type="checkbox"/>
ENT	<input type="checkbox"/>	- Long Stay	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	- Forensic	<input type="checkbox"/>
Genito Urinary	<input type="checkbox"/>	Radiography	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	Recovery	<input type="checkbox"/>



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Industrial	<input type="checkbox"/>	Renal Dialysis	<input type="checkbox"/>
Infection control	<input type="checkbox"/>	SCBU	<input type="checkbox"/>
ITU / ICU	<input type="checkbox"/>	Screening	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Social Work	<input type="checkbox"/>
MRI Unit	<input type="checkbox"/>	Surgical	<input type="checkbox"/>
Medical Care	<input type="checkbox"/>	Terminal Care	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Theatre	<input type="checkbox"/>
Midwifery	<input type="checkbox"/>	Tropical Diseases	<input type="checkbox"/>
Nanny	<input type="checkbox"/>	X-Ray	<input type="checkbox"/>
Neurology	<input type="checkbox"/>		<input type="checkbox"/>

Care and Support Experience:

Personal Care	<input type="checkbox"/>	Domestic Care	<input type="checkbox"/>
Bath / shower / strip wash	<input type="checkbox"/>	Application / change of simple dressings	<input type="checkbox"/>
Bed bath	<input type="checkbox"/>	Bedmaking	<input type="checkbox"/>
Bed pans / commodes	<input type="checkbox"/>	Care Plans (Evaluating)	<input type="checkbox"/>
Blood Glucose monitoring	<input type="checkbox"/>	Care Plans (Formulating)	<input type="checkbox"/>
Blood Pressure	<input type="checkbox"/>	Care Plans (Implementing)	<input type="checkbox"/>
Care of Bladder and Bowels	<input type="checkbox"/>	Changing a bed / drawsheet with client in / on it	<input type="checkbox"/>
Care of Eyes	<input type="checkbox"/>	Challenging behaviour – children / schools	<input type="checkbox"/>
Care of Feet	<input type="checkbox"/>	Challenging behaviour – young adults	<input type="checkbox"/>
Care of Fingernails	<input type="checkbox"/>	Care of client from Operating theater	<input type="checkbox"/>
Care of Hair	<input type="checkbox"/>	Dealt with Relatives of Ill and Terminally Ill Client	<input type="checkbox"/>
Care of Prosthetics	<input type="checkbox"/>	Dementia Care	<input type="checkbox"/>
Catheter bag (emptying)	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>



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Changes in condition	<input type="checkbox"/>	Evaluating Care Plans	<input type="checkbox"/>
Colostomy bag (changing)	<input type="checkbox"/>	Experience in Hospice	<input type="checkbox"/>
Dressing / undressing	<input type="checkbox"/>	Housework (light duties)	<input type="checkbox"/>
Elimination	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>
Ensure Pressure Areas are Healthy	<input type="checkbox"/>	Mental Health Hospitals acute	<input type="checkbox"/>
Feeding a helpless client	<input type="checkbox"/>	Mental Health Hospitals Long stay	<input type="checkbox"/>
Hoists	<input type="checkbox"/>	Observing Confidentiality	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	Record change of condition in care plan	<input type="checkbox"/>
Mouth Care (Including dentures)	<input type="checkbox"/>	Record keeping	<input type="checkbox"/>
Moving and handling	<input type="checkbox"/>	Record Instructions from GP / District Nurse	<input type="checkbox"/>
Moving and handling aids	<input type="checkbox"/>	Report Writing / Giving	<input type="checkbox"/>
Observations	<input type="checkbox"/>	Return of client from Operating Theatre	<input type="checkbox"/>
Obtaining simple specimens	<input type="checkbox"/>	Shopping	<input type="checkbox"/>
Pulse	<input type="checkbox"/>	Taking, Recording and Conveying Messages	<input type="checkbox"/>
Recording Fluid balance	<input type="checkbox"/>	Terminally ill	<input type="checkbox"/>
Respiration	<input type="checkbox"/>	Washing of Personal Laundry	<input type="checkbox"/>
Shaving	<input type="checkbox"/>	Hostel Work	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	Children's Residential Units including Autism and Challenging Behaviour	<input type="checkbox"/>
Urine Testing	<input type="checkbox"/>	Eating Disorders Units	<input type="checkbox"/>
Use of bath aids	<input type="checkbox"/>	Domiciliary Care	<input type="checkbox"/>
Weight chart	<input type="checkbox"/>	Live in Care	<input type="checkbox"/>



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SECTION 5- Your References

Please give the details of at least two referees, with **one being from an employer where you have worked for more than 6 months within a healthcare setting**. Additional referees can be provided a separate sheet if required

From your present or most recent employer (Reference 1)

Full Name:

Position (Job Title):

Address:

Post code:

Tel Number:



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Fax Number:

Email:

(Reference 2)

Full Name:

Position (Job title):

Address:

Post code:

Tel Number:

Fax Number:



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Email:

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Dolphin Healthcare Services to provide you work finding services. In case of working with vulnerable persons and where professional qualifications / authorisations are required by law, we will offer to provide details of both your references and qualifications to the clients. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients and providers such as - TAIENT HCM.

We may check the information collected, with third parties or with other information held by us.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

SECTION 7- Your Declaration

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

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Dolphin Healthcare Services 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).

How can we contact you? Please tick

Home telephone Mobile Email Text



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Signed:

Date:

Returning the form

Please return this form together with a copy of your full CV.



By Post:

Sheldon Community Centre
Sheldon Heath Road
Birmingham
B26 2RU

By E-Mail:

Info@dolphinhealthcare.co.uk

Enquiries:

Telephone:01212433384

What's next?

Once we receive your application form, we will give you a welcome call to acknowledge receipt of the application. We then apply for your references. Once we receive your references are back, we invite you for interview. At the time of interview, you must bring all documents from the checklist at the end of the form.



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Documents you must bring to your interview (Applicants Checklist)

Important:

- Attending interview with these documents and completed forms is part of the recruitment process
- You risk your application being withdrawn if you attend without them
- If you have any questions on these requirements please telephone us in advance of your interview

1. Proof of Identity

- **Passport**- An in date passport + Valid Visa (where applicable)
- **UK Birth Certificate**- Full issued within 12 months of Date of Birth (Must be accompanied with a photographic ID: **UK Driving Licence, HM Forces ID card or UK Firearms Licence**)

2. Proof of NI Number

- Evidence of your National Insurance Number- could be your NI card, Payslip, P45/P60

3. Proof of Address

- **TWO Proof of Address** with your Full Current Address, **issued** within the **last 3 months**.
Example – Utility Bill, Bank Statement, TV Licence, UK P46/P60 Statement, Council Tax Statement, Addressed Payslip, Store Card Statement or Insurance Letter

4. Occupational Health

- Evidence of all Immunisations (Hep B and Titre Levels, MMR, Measles, Mumps, Rubella, Varicella, TB/BCG Scar, Polio, Tetanus/ Diphtheria, {Hep B Surface Antigen, Hep C, HIV- for Specialist Nurses}).

NB: These immunisations are core criteria for clearance and if there is no evidence provided at the time of the interview then you should be prepared to undergo the process at your own costs.

5. Training

- Mandatory Training Certificates Evidence (less than 12 months old)
- Any Relevant Qualification Certificates- NVQ level 2/3/4, MAPA Training, Medication Training
- All higher educational or professional Qualification Certificates declared on the application form and CV.

(Please note you will have to undertake our Mandatory Online and Practical training prior to registration)

6. Other Requirements

- 2X Passport size photographs(with your name clearly written on the reverse) & Up to date CV
- CRB form to be completed on day of interview (cost £55).
- Professional Registration Number(e.g. NMC – Pin)- Applies to Registered Nurses
- Statement of Entry - Applies to Registered Nurses