

YOUR PERSONAL DETAILS

Your choice

Program: IRLNURSE USNURSE (USA) UKNURSE

About you

Mr / Mrs / ...:		Title:	
Surname:		Previous Surname(s)	
Forename(s)			
Gender:	<input type="radio"/> male <input type="radio"/> female	Date of Birth:	
Citizenship:		Country of Origin:	

How to contact

Street:		c/o:	
ZIP / City:		Country:	
Preferred Contact:		E-mail Address:	
Home Tel:		Work Tel:	
Mobile Tel:		Fax Number:	

Your profession

Profession: _____ Speciality: _____

YOUR REQUIREMENTS

To help us find the most appropriate work for you, please answer the following questions: **not USNURSE**

What are your preferred vocational areas of speciality? _____

Are there any vocational areas you would not consider? _____

What type of work are you looking for (please select)?

- Full Time / Temporary & Permanent
- Full Time / only Temporary
- Full Time / only Permanent
- Part Time / Temporary & Permanent
- Part Time / only Temporary
- Part Time / only Permanent
- Locum

In which geographical areas would you prefer to work? _____

Would you be prepared to live in hospital accommodation: Yes No

Do you hold a current driving licence and if so what type? (e.g. German, International) _____

Do you have your own means of transport? Yes No

If currently working full-time, how much notice are you required to give? _____

From what date will you be available to start work? _____ (DD/MM/YYYY)

YOUR RIGHT TO WORK DOCUMENTATION

Please select ONE(!) of the following:

- | | |
|---|--|
| <input type="radio"/> EU Passport | <input type="radio"/> Accompanying spouse Visa |
| <input type="radio"/> Work Permit | <input type="radio"/> UK Ancestry Visa |
| <input type="radio"/> Spouse of permit holder | <input type="radio"/> Permit-free training |
| <input type="radio"/> Working Holiday Visa | <input type="radio"/> EU / EEA Passport |

Please give further information:

Which Country's Passport you have?

YOUR EDUCATION HISTORY

Please give us some details (e.g. primary & secondary school, military service)

Type of education	from	to	Grade

YOUR PROFESSIONAL QUALIFICATIONS

Institution	Qualification	Date Commenced	Date Qualified

Are you registered at the National Nursing and Midwifery Council?

Expire date of your NMC/ABA USStateBoard of registration? (MM/YYYY)

YOUR WORK HISTORY

Employer / Organisation	Dates (from/to)	Grade	Post	Area of responsibility



Application Form for Nurses (Ireland, UK and USA & other regions)

YOUR TRAINING DETAILS

Have you completed an approved lifting/manual handling programme? Yes No Date: (DD/MM/YYYY)
Have you completed a course in Basic Cardiopulmonary Resuscitation? Yes No Date: (DD/MM/YYYY)
Have you completed a course in Advanced Cardiopulmonary Resuscitation? Yes No Date: (DD/MM/YYYY)
Have you completed a course in Control & Restraint Techniques? Yes No Date: (DD/MM/YYYY)

CONTINUED PROFESSIONAL DEVELOPMENT

Table with 4 columns: Course Name, Location, Date, Additional Information

YOUR REFEREES

Please give the names and addresses of your referees. One referee should be your current or most recent employer. If you would like us to check with you before contacting your referees please check this box: []

Referee number 1 Referee number 2 Name: Position: Address: Tel: Fax: E-mail:



Application Form for Nurses (Ireland, UK and USA)

YOUR HEALTH RECORD

What is your Height in cm?

What is your Weight in kg?

Do you currently, or have you in the past suffered from any disorders relating to the following systems?

Respiratory (including asthma, pneumonia, breathless or allergies) Yes No

Cardiovascular (including high blood pressure or chest pains) Yes No

Gastrointestinal (including dysentery, typhoid or any skin infection) Yes No

Central Nervous (including headaches, migraine, fits or epilepsy) Yes No

Genito-urinary (including any kidney or bladder infections) Yes No

Dermatological (including eczema, dermatitis or any skin infection) Yes No

Endocrinology (including diabetes, thyroid or gland disorder) Yes No

Hematological (including low red blood cell count) Yes No

Loco motor (including rheumatoid arthritis, prolonged backache or disc trouble) Yes No

Have you any known allergies? Yes No

Have you ever taken an overdose of drugs? Yes No

Do you have a history of mental illness? Yes No

Do you have a medical condition affecting sleep? Yes No

Is there any medical reason why you should not work at night? Yes No

Are you pregnant? Yes No

Have you any reason to believe that you should not work currently, for example:

Exposure to notifiable disease? Yes No

Are you currently under medical supervision or taking any medication? Yes No

Have you ever been treated for abuse or addiction to any substances? Yes No

If the answer to any of the above questions is yes or you are currently taking any medication, please give further details:

Have you had any illness or operation not mentioned other than childhood illness? Yes No

If yes, please give further details:

Would you be prepared to attend a medical examination? Yes No

There may be times when we need further information from your Occupational Health Department or GP, please tick the following box for your authorisation to do this. Yes No



Application Form for Nurses (Ireland, UK and USA)

CONTINUED YOUR HEALTH RECORD

Are you hard of hearing or wear a hearing aid? Yes No

Do you wear spectacles or contact lenses or have any defect of sight? Yes No

How many days sick leave have you had in the last 12 months? Please give reasons and duration of each episode in the space below:

Most recent chest X-Rays

Do you smoke? Yes No Daily: Weekly:

Do you drink alcohol? Yes No Daily: Weekly:

YOUR VACCINATION RECORD

Have you had any of the following vaccinations/screenings?

Hepatitis B Vaccine Yes No Date:

Hepatitis C screen Yes No Date:

Tuberculosis (B.C.G.) Yes No Date:

Positive Heaf Test Yes No Date:

Tetanus (Most recent booster) Yes No Date:

Rubella Screening Test Yes No Date:

Oral Polio Yes No Date:

Typhoid Yes No Date:

Diphtheria Yes No Date:

Chicken Pox Yes No Date:

Please also provide documentary evidence (a copy of original certification) or a letter from your G.P. together with this application form. Hospitals in the UK may not employ healthcare workers unless they are able to produce documentary evidence regarding hepatitis B status.

PROFESSIONAL CONDUCT

Rehabilitation of Offenders Act 1974 UK only!

Virtually all the assignments we arrange are with clients who are exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1985. Applicants are therefore not entitled to withhold information about any convictions which for other purposes are 'spent' under the provision of the Act. Any information given will be completely confidential and will be considered in relation to an application for the positions to which the order applies. Please tick the box below if you have no such convictions to declare. If not please contact us for advice.

I have no convictions to declare

Police Checks UK & Ireland only!

In positions where you will have substantial access to children, the sick or vulnerable you will be required to have a British Police Criminal Record check, which will identify all past convictions, including those passed as "spent". Please note: any NHS employers and independent as well now require a police check (CRB) for all healthcare professionals.

Do you have such a Police check? Yes No

If you are from outside the UK, please apply for a police check in your home country before travelling to the UK. If you reside in UK please contact your nearest police station and request the following forms 'Data Protection Forms: Request for access to Information held on Police Computers'.

Professional Misconduct

Have you ever been the subject of professional misconduct proceedings or suspensions from an employer, or are such pending or threatened against you either in your home country or abroad? Yes No

If yes please give details:

48 Hour Working Week Opt-out, UK only!

The working Time Directive states that staff cannot be forced to work more than an average of 48 hours per week. You are free to accept as many or as few hours per week as you wish. However, in case you should wish to work more than 48 hours in any one week, please sign below to give your consent.

I hereby agree that the Working Week Limit shall not apply: Yes No

AIDS / HIV infected healthcare workers (All healthcare professions)

I confirm that I am aware of the Department of Health's guidelines on AIDS/HIV infected healthcare workers issued in April 1993 and agree to abide by these recommendations. (tick box below)

I confirm

Clothier Clearance (Beverly Allit Report) UK only!

I confirm that I am aware of the Department of Health's guidelines and agree to abide by these recommendations. (tick box below)

I confirm

I declare that all the information I have provided above is correct and that I will immediately notify pm - recruitment of any changes.

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(Date, Signature)