

Attach
Photograph
x 3

Health Care Workers registration form

Personal details

Title	Surname	Maiden name
Previous surnames (if any)		
Forenames (in full)		
Address		
Post code	Telephone number	Mobile
Email address		Nationality
Date of birth	National Insurance Number	
<i>Next of kin to be notified in case of emergency</i>		Name
Address		
Post code	Telephone number	
Relationship to you	Work/mobile contact number	

Education

Details of education establishment	Courses taken	Date from	Date to	Attainment

Professional details

To assist us in finding suitable work for you, please **circle** all the care tasks in which you are experienced:

Personal hygiene

Bath/shower/strip wash
 Bed Bath
 Care of eyes
 Care of feet (exc. Toenails)
 Care of fingernails
 Care of hair
 Dressing/undressing
 Mouth care (inc dentures)
 Shaving
 Use of bath aid

Changing a catheter bag
 Contenance care
 Emptying a catheter bag
 Stoma Care

Mobility

Moving and handling clients
 Moving and handling course
 Use of hoist (main./elec)
 Use of walking aids

Nutrition

Feeding
 Food handling
 Preparing meals

Toileting

Applying a conveyen
 Attaching a night bag
 Bedpans/commodes etc

Care Duties

Assisting with medication
 Pressure area care
 Simple dressing procedures
 Terminal care

Practical task

Bed making/changing a bed
 Collecting benefits
 Cooking
 Light housework
 Recording of blood pressure
 Recording of temperature
 Recording of respiration
 Shopping
 Washing personal laundry

Administrative abilities

Confidentiality
 Observing/recording
 changes in clients condition
 Recording instructions
 From GP/District nurse
 Report writing

Previous experience in:

Hospital
 Nursing/ residential home
 Private House

Please explain briefly how you gained this experience

Please indicate your level of proficiency according to the scale below

- I** no experience
- II** previously performed but not proficient
- III** competent to perform independently

Which area of care do you have experience in?

Area	NHS/Private/Local Authority	Month/years	Level of proficiency		
Nursing Home - Frail elderly - EMI - Other			I	II	III
Residential Home - Frail elderly - EMI - Other					
Home Care					
Hospital					
Community					
Mental Health					
Learning Disabilities					
Occupation Health/Industry)					

Level of practice	Date achieved
NVQ 1	
NVQ 2	
NVQ 3	

Please state if currently undertaking an NVQ course and at what level

Training received	Date	Certificate supplied
Manual Handling		
Infection Control		
Fire Safety		
First Aid		
Essential Food Hygiene		
Observation Skills		
Lone Worker		
Management of aggressive/violent behaviour		
Abuse Awareness		
Health & Safety		
Other Please specify		

General information

Do you hold a current driving licence	YES	NO	Do you have a current passport	YES	NO
Do you have a car available	YES	NO	Typing/WP experience	YES	NO

Please state which languages you speak, including an indication of fluency

How did you first hear about this agency?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance for carers? YES NO

Body Name Amount of cover

Policy number Expiry date

General information

Please specify which type of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate up to date information. Please keep us informed of all developments, in your career & work preferences.

Positions part-time full-time

Type of work NHS Private hospitals nursing homes industry

Clients in their own home Other, please specify

live-in days nights visit

Do you have any other work commitments? YES NO

Which areas of work do you wish to exclude?

When will you be available to start work?

Confidentiality declaration

Registration implies acceptable of our code of confidentiality.

In the course of your duties you may have access to confidential information about clients. On no account must information relating to identifiable clients be divulged to anyone other than your branch manager or his/her assistant. You should not disclose ANY information to your family, friends, or neighbours. If you are worried By any information you have obtained and consider that you should talk about it to someone else MAKE AN APPOINTMENT TO SPEAK IN PRIVATE to your MANAGER. Failure to observe these rules will be regarded as serious misconduct which could result in removal from agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

Passport and work permit details (for care workers from overseas only)

Work permit/visa	YES	NO	Expiry date
Passport nationality	Place of issue		
Passport Number			
Date of issue	Expiry Date		
Known restrictions in use			

Declaration

The information that I have given in this application form is, to the best of my knowledge, complete & accurate in all respects, & I am not aware of any reason why I am not fit for work. I understand that knowingly Giving false information will disqualify me from registration with this agency.

Signed

Date

Name

Position applied for

Location

No.1 Recruitment aims to be an equal opportunities provider of work and we select solely on merit race, sex, disability etc.

Additional notes (if required)
