

Knightwood Nursing Services.

A division of Rapid and Secure Limited

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APPLICATION FORM

Position Applied For: _____

Surname:	Forenames:	Mr Mrs Ms / Miss	Reference Check 1 2	Passport Number Expiry Date:
Previous Surname:	Nationality:		Date of Birth:	
Address:	National Insurance Number:		Sex (please circle) Male Female	
Post Code:	How far will you travel to work:		What are your means of Transport? (please circle) Car Motor cycle Bus Other	
Home Telephone:	Bank / Building Society name:			
Mobile Telephone / e-mail:	Address:			
Are you registered disabled? Yes / No	Disability registration number:		Sort code:	
Do you have a criminal record? Yes / No	Do you have any unspent convictions? Yes / No		Account number:	
Are you a European Citizen? Yes / No	Do you require a work permit? Yes / No		Roll number:	
How Your name appears on the account:				

Part(s) of the register: *(Qualified Staff Only)*

PIN/GMC/HPCNo:

Expiry Date:

C R B number:

Renewal Date:

Nationality:	Religion:
Marital Status:	
Next of Kin:	Relationship:
Contact Number:	

Employment

Current Employment:

Employer	Position	Start date	Finish date	Reason for leaving
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Brief description of duties:

Previous Employment:

Starting with the most recent please give details of all employment (including agency and temporary work) (A comprehensive CV will cover this)

Employer	Position	Start date	Finish date	Reason for leaving
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Training:

Please give details of any training courses you have undertaken, including when and where they took place. Qualified nurses, please include your nurse and any post registration courses, and how you are fulfilling your PREP requirements.
Copies of all certificates are required:

Please give the names, addresses and telephone numbers of 2 people who we may contact to give references. Both of these must be clinical references. One must be your present or most recent employer. (Private addresses will not be accepted)

(1)

(2)

Telephone:

Telephone:

DECLARATION.

I confirm that the information given by me on this form, and on my health declaration form is complete and accurate in all respects. I understand that giving false information will disqualify me from agency membership. I understand that I will be required to provide an Enhanced Disclosure from the Criminal Records Bureau on an annual basis.

Name: _____ Signed: _____

Date: _____

Interview Notes: For Office Use Only

NMC check Y/N

I declare that the photographs attached and signed by myself represent a true likeness of the applicant.

Name:

Signature:

Date: