



Application Form

Please use capital letters and complete all sections. If you have any difficulties in completing this form please ask someone to help you.

In accordance with the Data Protection Act (1984) you are advised that you have the right of access to any information from this application form which may be held on computer database. Twenty Four Seven aims to satisfy the needs of clients by providing equal opportunities irrespective of their sex, age, marital status, racial or ethnic origin, disability or sexual orientation.

In order to provide you with work Twenty Four Seven will require all the documents listed below. If you are unable to provide one or more of the following please contact the office where we will advise you further.

- Completed Registration Form (Signed and dated)
- Health Declaration forms and serology reports
- 2 x Passport sized photographs (to bring at interview stage)
- Passport
- Proof of eligibility to work in the UK
- Any Qualification certificates in relation to Registration form
- Driving Licence (if driving to shifts)
- Completed CRB application form

PERSONAL DETAILS

Title _____	Surname _____	Previous Surnames (if any) _____
Forename(s) in Full _____		
Address _____		
_____		Postcode _____
Home Tel No: (_____) _____		Mobile No: _____
Date of Birth ____ / ____ / ____	Email: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nationality _____	Qualification(s): _____	Part of Register _____
National Insurance Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Qualified Nurse applicants only)	Expiry date ____ / ____ / ____
Name of emergency contact _____		Relationship to you _____
Work Tel No: (_____) _____		Home Tel No: (_____) _____

Managed by: **Twenty Four Seven Recruitment (Yorkshire) Ltd.**

Head Office: 2, Grove Promenade, Ilkley, LS29 8AF Telephone: 0333 121 4 247

Telephone: 0333 1214 247

Email: enquiries@247nursinguk.com www.247nursinguk.com



INVESTORS
IN PEOPLE



EDUCATION AND TRAINING

Name and address of school/college/nurse training school/Other	Courses or subjects taken and (any) qualifications gained	From Mth/Yr	To Mth/Yr

LANGUAGES

Language – Please list languages in which you are fluent (including your mother tongue)	Speech	Reading	Writing

FULL EMPLOYMENT HISTORY

MUST BE FROM LEAVING FULL TIME EDUCATION
AND ALL GAPS MUST BE COVERED

Present or most recent employer and address Please include any voluntary work	Position held	From Mth/Yr	To Mth/Yr
Previous employer(s) and address(es) Please include any voluntary work	Position(s) held	From Mth/Yr	To Mth/Yr
Continue on the next page			

Previous employer(s) and address(es) Please include any voluntary work	Position(s) held	From Mth/Yr	To Mth/Yr
<div>Continue on a separate sheet if necessary</div>			

SUPPLEMENTARY QUESTIONNAIRE

Please give brief answers to the following questions, please note that failure to write anything will result in your application being rejected.

Why do you feel you would be suited to agency work?

Give a brief description of the hours you would prefer and the areas/locations in which you would wish to work?

IMPORTANT

Do you have a work permit

Yes / No

(Please delete as appropriate)

If yes then who currently holds your permit to work in the United Kingdom?

REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of the work for which you are applying, this is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies and should be entered at the end of any particulars you give in support of your application.

Your answer to the following question should include any “spent” convictions.

Have you ever been convicted of a criminal offence? Yes / No

DOH circular (88/9) Protection of Children requires us to carry out checks on police records for Temporary Workers on our records whose assignments will give them substantial access to children.

Do you agree that such checks may be made concerning yourself if required? Yes / No

REFERENCES

Please provide details of 2 referees who can provide information relating to your competence in a caring role, one of whom should be your present or most recent employer (references for Qualified Nurses must be professionals). One referee should have worked with you during the last 12 months.

Name _____	Name _____
Address _____	Address _____
_____	_____
_____ Postcode _____	_____ Postcode _____
Position _____	Position _____
Organisation _____	Organisation _____
Telephone No: (_____) _____	Telephone No: (_____) _____
Fax No: (_____) _____	Fax No: (_____) _____
May we approach the above prior to interview? Yes / No	May we approach the above prior to interview? Yes / No

SPECIALITIES

Please circle each category below to indicate your Post-Registration or care work experience:

A & E	Theatre	Ophthalmics	Cough Assist	Care of the elderly	Renal Nursing
Mental Health	ODP	Screening	Midwifery	Dermatology	Cardio-thoracic
CCU	Marie Curie	Gynaecology	Surgical	Radiotherapy	Recovery
ICU	Phlebotomy	Physical Handicap	Palliative Care	Tracheostomy Care	Learning Disabilities
Family Planning	Orthopaedic	Autism	Occupational Health	Epilepsy	District Nursing
Medical	Anaphylaxis	Practice Nursing	Dementia	AIDS/HIV	
Paediatrics	District Nurse	Isolation	Alzheimer's	Detox	

DECLARATION

I confirm that I am 18 years of age or over, and that I am eligible to work in the UK.

I declare that all the information given is true and I understand that any false or misleading information may result in removal from TWENTY FOUR SEVEN's Register of Temporary Workers.

Signed _____ Date _____