

APPLICATION FORM
 PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT

PLEASE NOTE – FAILURE TO FULLY COMPLETE THIS FORM MAY CAUSE YOUR APPLICATION TO BE REJECTED.

As this is the only information available for consideration by a short-listing panel it is in your interest to complete this form with understanding and accuracy in particular information and details relating to essential criteria. In view of the costs entailed it is not our policy to acknowledge receipt of application form. You will be advised however, of the outcome of your application. Please quote the reference on any correspondence relating to this post.

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PLEASE RETURN COMPLETED FORMS TO: Phoenix Nursing Agency
 29 William Street
 Newry,
 Co. Down. BT34 2BG

SURNAME	FIRSTNAMES IN FULL:	TITLE: Dr., Mr., Mrs., Miss, Ms., etc.
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HOME ADDRESS	MAIDEN NAME / PREVIOUS SURNAMES:
POST CODE	DATE AND PLACE OF BIRTH

ADDRESS FOR CORRESPONDENCE (if different from above)	HOME TELEPHONE
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POST CODE	DAYTIME TELEPHONE
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NATIONALITY (PLEASE TICK) IF NON EC, PLEASE STATE NATIONALITY EC <input type="checkbox"/> NON-EC <input type="checkbox"/>	NATIONAL INSURANCE NUMBER 9COMPLETE BELOW _____
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DO YOU HOLD A CURRENT DRIVING LICENCE? YES / NO	DO YOU HAVE ACCESS TO A CAR? YES / NO
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FOR POSTS INVOLVING DRIVING DUTIES PLEASE COMPLETE: LICENCE DETAILS:

Type: _____ Date of Issue _____ Date of Expiry _____ Any Endorsements _____

PHOENIX NURSING AGENCY WELCOMES APPLICATIONS FROM DISABLED PEOPLE. DISABILITY CAN BE DESCRIBED AS:

a) a physical, sensory or mental impairment the consequence of which substantially limits one or more of the major life activities of that person; or
 b) a history of having such an impairment; or
 c) a reputation as a person who has had such an impairment

Having read the above definition do you consider you have a disability? YES NO

If yes, do you require special arrangements to be made for you to attend selection test, interview YES NO

Please name two persons who have agreed to act as referee on your behalf. At least one of your referees should be your present Supervisor / Manager / Head of Department / Director. If you have not named your last HPSS/NHS employer, Phoenix will seek a third reference from that employer even if there have been other employers in between. Details of former HPSS/NHS employer should be stated at 3 below (see Guidance Note 5). Close relatives should not be named as referees.

NAME	1 _____	2 _____	3 _____
Designation / Occupation	_____	_____	_____
Address	_____	_____	_____
Post Code:	_____	_____	_____
Telephone:	_____	_____	_____

EDUCATION

Results in GCE / GCSE (or equivalent) and / or secretarial Examinations				
AWARDING BODIES	SUBJECTS PASSED	LEVEL OBTAINED	GRADE	YEAR

FURTHER EDUCATION

DEGREE / DIPLOMA / CERTIFICATE	YEAR OBTAINED	EXAMINATIONS YET TO BE TAKEN (IF ANY)

PROFESSIONAL QUALIFICATIONS

APPLIES TO ALL PROFESSIONALLY QUALIFIED STAFF

NAME OF PROFESSIONAL BODY	PART No. WITH DATE AND RESULT	FINAL WITH DATE AND RESULT	ENROLMENT REG. No. / PIN No. DATE OF EXPIRY	EXAMINATIONS YET TO BE TAKEN (IF ANY)

EMPLOYMENT HISTORY

PRESENT POST

NAME AND ADDRESS OF PRESENT EMPLOYER	DATE APPOINTED	PRESENT SALARY / WAGE	PERIOD OF NOTICE
	DEPARTMENT (INCLUDING LOCATION) OF POST		JOB TITLE AND GRADE
PRINCIPAL DUTIES OF POST			

PREVIOUS POSTS

Please list you previous posts (with dates) beginning with the most recent, and give a brief description of your duties.

EMPLOYER	GRADE / POSITION	DUTIES	DATES		REASON FOR LEAVING
			FROM	TO	
			Month Yr	Month Yr	

Continue on the following page if necessary

Are you in receipt of Health Service Pension? YES / NO (If yes, give description)

NURSE TRAINING SCHOOLS (NURSING POSTS ONLY)

NAME OF SCHOOLS	DATES (Pleaser give day, month and year)					
	FROM			TO		
	D	M	Y	D	M	Y

Please indicate the number of days absent within the last 2 years

Supplementary Information

Please provide any additional information you feel necessary including information on interests, offices held, courses attended and any other information that you consider relevant to your application.

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING

Rehabilitation of Offenders – Exceptions Legislation

The Rehabilitation of Offenders (Northern Ireland) Order 1978 which came into effect on 1 July 1979, allows certain convicted persons who have not been subsequently reconvicted to be considered as rehabilitated persons and their convictions treated as 'spent'. The general effect of this is that under most circumstances no reference need be made to such a conviction or circumstances relating to it. The Order makes it a criminal offence to disclose information about 'spent' convictions from official records without a valid official reason. A 'spent' conviction cannot normally be used as a reason for refusing to employ someone, or dismissing him/her from employment. It should be noted, however, that if a person is given a sentence of more than 30 months then that conviction can never be 'spent'. A more detailed guide to the Order is available from the Northern Ireland Office.

A number of exceptions have been made by the Rehabilitation of Offenders (Exceptions) Orders 1979 and 1987 some of which are designed to ensure the protection of certain vulnerable groups of the public in particular circumstances. The exceptions include health and personal social services employees. Health service employers in both the public and private sector are therefore entitled to ask questions relating to the whole of the past of an applicant for employment in a post in the health service.

- (a) where the work normally involves direct contact with people who are receiving a health service; and
- (b) where the applicant is informed at the time the question is put that any spent convictions are, by virtue of the Exceptions Order, to be disclosed.

Health Service employers are therefore able to take into account any previous convictions, whether or not 'spent' under the Order, in considering the eligibility of an applicant for a particular job if patients/clients will be at any risk from the employment of such persons.

In view of the foregoing, the following notices are relevant to applicants:

- Rehabilitation of Offenders (NI) Order 1978
- Rehabilitation of Offenders (Exceptions) (NI) Order 1979
- Rehabilitation of Offenders (Exceptions) (Amendments) (NI) Order 1987

Because of the nature of the work for which you are applying, this post is excepted from the Provisions of the 1978 Order. You are, therefore, not entitled to withhold information about convictions, cautions and bind-over orders which for other purposes are 'spent' under the provisions of the Order. The Company can seek confirmation of convictions from the Courts. You are also required to inform the Company if you are currently the subject of police investigation or awaiting the hearing of a legal action which may result in you receiving a conviction, caution or bind-over order.

The Company reserves the right to request your permission to contact the Royal Ulster Constabulary in order to confirm information supplied by you regarding the above, and to treat your refusal of same as grounds for discontinuing consideration of your application. In the event of employment, failure to disclose such information could result in dismissal or disciplinary action by the Company.

Any information given will be treated as strictly confidential, and will be considered only in relation to an application for a position where such an exception is appropriate. Unprejudiced consideration will be given to candidates who declare criminal conviction(s) unless their offence(s) is/are manifestly incompatible with the post in question.

Information to Applicants about the PECS Check for posts involving work with children or adults with a learning disability.

Before appointing anyone to a post which involves substantial access to children / adults with a learning disability it is Company policy to ask for a check to be carried out by the Department of Health and Social Services (DHSS) Pre-Employment Consultancy Service. The purpose of the check is to make sure that people are not appointed who might be a risk to children/people with a learning disability.

The check will tell us whether you have a criminal record, or whether the DHSS holds any other information about you which might have a bearing on your suitability. Any information which we receive will be treated confidentially and will be discussed with you before we make a final decision. After the decision is made the information will be destroyed. We will only ask for the check if your application is successful. However you **MUST** tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You **MUST** include ALL offences even minor matters such as motoring offences and 'spent' convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application.

REHABILITATION OF OFFENDERS (EXCEPTIONS) ORDER N.I. 1979

The answer to the question below requires information about all convictions. You must include all offences even traffic offences. If you leave anything out it will affect your application.

Do you have any prosecutions pending or have you ever been convicted at a court or cautioned by the police for any offence?

YES / NO (delete as appropriate)

If yes, please give details below including the offence and date and place of court hearing.

DISCLOSURE OF A CONVICTION DOES NOT NECESSARILY DEBAR YOU FROM OBTAINING EMPLOYMENT

CONSENT TO PECS CHECK - THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS. FAILURE TO DO SO WILL PREVENT FURTHER CONSIDERATION OF THE APPLICATION.

I understand that a Pre-Employment Consultancy Service (PECS) check must be carried out before my appointment can be confirmed. This has been explained to me and I am aware that spent convictions must be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Signature _____

If you have not lived at your present address for the past five years, please state any previous address / addresses.

Address	Address	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all the information I have given in this application is correct.

SIGNATURE OF APPLICANT _____ DATE OF APPLICATION _____

CANVASSING, DIRECTLY OR INDIRECTLY WILL DISQUALIFY

Please indicate how you became aware of this vacancy

- | | |
|---|---|
| 1. LOCAL PAPERS (please specify) _____ <input type="checkbox"/> | 2. PROFESSIONAL JOURNAL (Please Specify) _____ <input type="checkbox"/> |
| 3. BELFAST TELEGRAPH _____ <input type="checkbox"/> | 4. IN SERVICE CIRCULATION _____ <input type="checkbox"/> |
| 5. OTHER (please specify) _____ <input type="checkbox"/> | |

NEXT OF KIN (For administrative purposes)

Name _____

Address _____

PLEASE ENSURE THAT YOU COMPLETE THE ATTACHED MONITORING PAGE

FOR ALL PERSONNEL FILES

STAFF CONSENT RECORD

I _____ consent to the following checks / audits being completed during my application and if appointed with Phoenix Nursing Agency as follows:

- a) References from past / present employers;
- b) Health Questionnaire from GP or Occupational Health;
- c) PECS / Police Checks as appropriate;
- d) Confirmation in relation to any gaps in employment;
- e) Audits of placements I am assigned to;
- f) Previous employment record;
- g) Information deemed appropriate in relation to my suitability for employment;
- h) Training Records;
- i) Fair Employment Monitoring.

Employee Name:	_____
Signature:	_____
Date:	_____

FOR ALL PERSONNEL FILES

DATA PROTECTION CONSENT FORM

I hereby consent to information relating to me being processed by the Company in order that it may properly carry out its duties, rights, and obligations as my employer. I understand that such processing will principally be for personnel, administrative, and payroll purposes.

I understand that information about me shall include information of a sensitive personal nature, including information concerning:

- My racial or ethnic origin;
- My political opinions;
- My religious beliefs or other beliefs of a similar nature;
- My membership or non-membership of a Trade Union;
- My physical or mental health or condition;
- My sex life;
- Any commission or alleged commission by me of any offence, or;
- Any proceedings for any offence committed or alleged to have been committed by me, the disposal of such proceedings or the sentence of any court in such proceedings.

I also understand that the term 'processing' includes the obtaining, recordings, or holding of information or data or carrying out any operation or set of operations on the information or data, including organising, altering, retrieving, consulting, using, disclosing, combining, or destroying the information or data.

I confirm that I have read and understood this explanation of the processing of data relating to the Company and that I consent to the processing of such data.

Employee Name:	_____
Signature:	_____
Date:	_____

APPENDIX 3

INFORMATION ABOUT AND CONSENT TO THE POVA (NI) SERVICE CHECK BY APPLICANTS FOR POSTS INVOLVING WORK WITH VULNERABLE ADULTS

You have applied for a care position. Before appointing anyone to such a post, it is our policy to ask for a Protection of Vulnerable Adults (POVA (NI)) service check to be carried out by the Department of Health, Social Services and Public Safety (DHSSPS). This check is to make sure that people who might be a risk to vulnerable adults are not appointed.

The check will tell us if you have a criminal record, or if your name is included in the DHSSP Disqualification from Working with Vulnerable Adults List. Any information which we will get will be treated confidentially, and we will talk to you about it before we make a final decision. After the decision is made the information will be destroyed.

We will only ask for the check if we are thinking of appointing you, but you **MUST** tell us now if you ever been convicted of a criminal offence, or cautioned by the Police, or bound over. You **MUST** tell us about **ALL** offences, even minor ones such as motoring offences, and 'spent' convictions, that is things which happened a long time ago. If you leave anything out it may affect your application.

Please complete the section below to give us this information and return it with your application. The form also asks you to give your written consent to the check. If you do not consent we will not accept your application.

CONSENT TO POVA (NI) CHECK

Do you have any prosecutions pending? (If yes, please give details) YES NO

Have you ever been convicted at a court or cautioned by the Police for any offences? YES NO

If YES, please list below details of **all** convictions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing, and the Court which dealt with the matter.

I understand that a POVA (NI) Check must be carried out before my appointment can be confirmed. This had been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Signature _____ Date _____
Name _____ Position Applied for _____

APPENDIX 3

**INFORMATION ABOUT AND CONSENT TO THE PROTECTION OF CHILDREN (NI)
SERVICE CHECK BY APPLICANTS FOR POSTS INVOLVING WORK WITH CHILDREN**

You have applied for a care post that is a regulated position. Before appointing anyone to such a post, it is our policy to ask for a Protection of Children (NI) Service (POC (NI)) check to be carried out by the Department of Health, Social Services and Public Safety (DHSSPS). This check is to make sure that people who might be a risk to children are not appointed.

The check will tell us if you have a criminal record, or if your name is included in the DHSSP Disqualification from Working with Children List or included on the DE List. Any information which we will get will be treated confidentially, and we will talk to you about it before we make a final decision. After the decision is made the information will be destroyed. Employment / Nursing Agencies and Employment Businesses will retain this information for twelve months).

A check will only be carried out if you are considered to be the preferred candidate, and are being offered an appointment. You **MUST** tell us now if you ever been convicted of a criminal offence, or cautioned by the Police, or bound over. You **MUST** tell us about **all** offences, even minor ones such as motoring offences, and 'spent' convictions, that is things which happened a long time ago. If you leave anything out it may affect your application.

Please complete the section below to give us this information and return it with your application. The form also asks you to give your written consent to the check. If you do not consent we will not accept your application.

CONSENT TO POC (NI) CHECK

Do you have any prosecutions pending? (If yes, please give details) YES NO

Have your ever been convicted at a court or cautioned by the Police for any offences? YES NO

If YES, please list below details of **all** convictions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing, and the Court which dealt with the matter.

I understand that a POC (NI) Check must be carried out before my appointment can be confirmed. This had been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Signature _____ Date _____
Name _____ Position Applied for _____

Please answer the following questions ticking the appropriate column YES / NO.
 If the answer is YES, please give further information in DETAILS column

QUESTION	YES	NO	DATES	DETAILS
IMMUNISATION RECORD				
Heaf / Mantoux Test				
BCG				
Rubella Immunity				
Polio				
MMR				
Hepatitis B				
Hepatitis A				
Tetanus				
HAVE YOU SUFFERED FROM IN THE PAST OR ARE YOU SUFFERING AT PRESENT FROM ANY OF THE FOLLOWING? Asthma, Bronchitis, Pleurisy, Heart or Circulatory trouble				
Blackout or Epilepsy fainting attacks or giddiness				
Back trouble or other muscular skeletal disease				
Skin troubles, rash or sensitivity to drugs, food or substance				
Gastric disorders or stomach troubles				
Nervous or mental disorder or nerves				
Recurrent Headaches or Migraine				
Tuberculosis or other illnesses including Jaundice, HIV, Hepatitis or other communicable disease				
Varicose veins. Any operation, if so, for what and when?				
Are you at present having any medication, e.g. pills or tablets, prescribed by a doctor?				
Have you stayed away from work due to illness in the past year? If so, why and for how long?				
Chest X-ray in the past year. If so give place and date.				
Are you a registered disabled person? If so, what disability?				
Hearing Difficulties				
Eye Complaints				
Colour Blindness				
Dyslexia				