

Name:	
DBS Number:	
Candidate Number:	
Code:	
Sign:	

For office use only



APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLACK INK and
return to: *BNR AGENCY Ltd, Express Networks 1, 1 George Leigh Street,
Manchester, M4 5DL. Or email to: info@bnragency.co.uk*

Tel: 0161 478 0102, 0775 778 4829, 0778 956 9321

Fax: 0161 222 0980

BNR
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SECTION 1: Personal Details

Title :		Surname:		Maiden Name:	
Forenames:				Former Name:	
Date of Birth:				National Insurance Number:	
Address:					
				Post Code:	
Email address:				Country of Birth:	
Home Telephone No:				Nationality:	
Mobile Telephone No:				Ethnic Origin:	
Work Telephone No:				Can we contact you at work?	Y N
Next of Kin:				Relationship:	
Contact (Day):				Contact (Night):	
Means of Transport:				Do you hold a current Full U.K driving licence?	Y N
Position Applied for:					
NMC Number:				Expiry Date: dd/mth/yr	/ /
Indemnity Insurance Provider:					
Indemnity Insurance Number:				Expiry Date:	
Professional Body		Type of Membership		Expiry Date	
<i>(Office use only). NMC and indemnity check</i>					

Employment history

Please print clearly details of the past five years work history starting with your current or most recently held position. You must state reasons for any breaks in employment. Continue on a separate sheet if necessary. Please enclose copy of your current CV if you have one.

Name and address of Employer:	Position Held and duties:	From:	To:

Reason for leaving:			
If any gaps are present between this employment and the one below, Please explain in the space provided below.			

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Name and address of Employer:	Position Held and duties:	From:	To:

Reason for leaving:			
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SECTION 3: Work Preferences

To enable us to place you in suitable environments, please indicate areas of choice and speciality.

Please tick to indicate your preference:		Day		Night		Full time		Part time	
Areas of work (Please tick to indicate your preference):									
NHS		General hospitals			Nursing Homes				
Private		Secure units			Residential Homes				
Other (Please Specify):									
Areas you would like to be excluded:									
Areas of speciality:									

SECTION 4: References

Please supply names and contact addresses of two referees who must be healthcare professionals and preferably hold a position more senior to your own. One must be from your current or most recent place of employment.

Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Telephone number:		Telephone number:	
Fax:		Fax:	
Email:		Email:	

Name:		Name:	
Address:		Address:	
Post Code:		Post Code:	
Telephone number:		Telephone number:	
Fax:		Fax:	
Email:		Email:	

SECTION 5: General information

Eligibility to work

Before you can work with BNR, we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK in accordance with Home Office guidance on the prevention of illegal working.

Do you have permission to work in the U.K?

Yes

No

Rehabilitation Offenders Act

Please note that this application will require an enhanced DBS criminal background check, and a POVA first check. Even if you already have a disclosure for other employment, legal requirements are that all agency workers must obtain a new check.

Please complete the enclosed DBS form and return it with your application. It can take approximately up to four weeks for the completion of the process. Unfortunately, we are not able to facilitate any agency work placements until we have received a certificate from the Criminal Records Bureau.

Do you have any spent or unspent criminal convictions?

Yes

No

If you answer "yes" to the above, please explain below.

Association with BNR may result in placements involving contact with children and vulnerable adults. In such cases, a record of all convictions must be given as this is required in accordance with the rehabilitation of Offenders act 1974.

Failure to disclose any convictions which are later discovered could lead to termination of placements and removal from our register.

Section 6: Confidentiality

Registration implies acceptance of our code of confidentiality.

In the course duties undertaken, I may have access to confidential information about clients. Under no circumstances must information relating to identifiable client be divulged to anyone other than the manager of the agency, or bodies concerned with the welfare of individuals under the governance of the law. I will 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 the agency register.

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

Signed

Date

Section 7: Equal Opportunities Statement

Equal opportunity for all work seekers is of paramount importance at BNR. As such, BNR is committed to a policy of equal opportunities, and shall adhere to non discriminatory practices at all times on all aspects of operation including recruitment and placement, and to unlawful or undesirable discrimination. Every worker will be treated equally regardless of race, ethnic or national origin, colour, sex, sexual orientation, disability, marital status, age, religion, political beliefs, offending history or membership or non-membership of a trade union and we require commitment from all staff and agency workers to respect and act in accordance with the policy.

Assessment of candidates will solely be based upon the candidates' merits, qualification and ability to perform the relevant duties required by a particular vacancy.

Section 8: Final Statement and Declaration.

I hereby declare to the best of my knowledge that the information given above, including any supporting documents is true and correct.

I consent to my personal data and CV being forwarded to clients.

I consent to references being passed on to potential employers.

I consent to the processing of personal data, and for any enquiries to be made to confirm all matters concerning my application, and employment such as qualifications, dates of employment, experience, Disclosure and Barring Services check, and health checks, and for the release by other people and organisations for that information might be necessary for that purpose.

I understand that false information might lead to my dismissal.

If during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that BNR will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the client without further charge being applicable to the client).

I understand that acceptance on to the BNR register may only be granted after relevant checks are made, satisfactory references are received and I have attended an interview / Agency Induction.

Signed

Date

Please return this form, when completed, to our head office address at:

BNR AGENCY Ltd, Express Networks 1, 1 George Leigh Street, Manchester, M4 5DL.

Or email to: info@bnragency.co.uk

Health declaration

8. Immunisations-proof of immunisations must be provided

BCG	Yes		No		Date
Diphtheria	Yes		No		Date
Poliomyelitis	Yes		No		Date
Rubella	Yes		No		Date
Tetanus	Yes		No		Date
Varicella (Chickenpox)	Yes		No		Date
Skin Test for TB	Yes		No		Date
Hepatitis B	Date of last injection	Booster 1st	2nd	3rd	
	Date of last blood			Result (titre levels)	
				IUL	

I confirm that the above is true:

Name _____ Signature _____

Date _____