



APPLICATION FORM

Section 1 – Personal Details

Position Applied: Nurses / Carer / Support Worker.		
Mr / Mrs / Miss / Ms:	Forename(s):	Middle Name:
Surname:	Date of Birth:	
NMC (Only For Nurses):	National Insurance No:	
Address:		
Postcode:		
Mobile No:	Home No:	
Email:		
How did you hear about Pace-i?		

Section 2 – Qualifications/Education**Section 3.1 – Employment History**

Recent/Previous Employer :

Job Title:

From:

To:

Job Description:

Section 3.2 – Employment History

Previous Employer :

Job Title:

From:

To:

Job Description:

Section 3.3 – Employment History

Previous Employer :

Job Title:

From:

To:

Job Description:

Section 4.1 – References

Referee

Name:

Job Title:

Address:

Phone :

Email:

Section 4.2 – References

Referee

Name:

Job Title:

Address:

Phone :

Email:

Section 4.3 – References

Referee

Name:

Job Title:

Address:

Phone :

Email:

Section 5 – Next of Kin

Name:	Relationship:
Address:	
Phone :	
Email:	

Section 6 – Passport/Driving Details

<u>If you have a non EU passport, please provide details of your eligibility to work in the UK.</u>	
Work Permit Type: (e.g. student, indefinite leave)	Expire Date: / /
Do you have valid UK driving licence? YES / NO Expire Date: / /	

Section 7 – Bank Details

Bank Name:	
Sort code:	
Account No:	

Section 8 – Criminal Records

This position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold information requested by the company about any previous convictions in this country or abroad which you may have, even if in other circumstances these would be regarded as “spent”.

Do you have any criminal conviction in the UK or abroad? YES / NO

Have you ever been barred from working vulnerable adults or children? YES / NO

If your answer is yes to either of the above questions, please provide details below:

Section 9 – Signature

I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal.

Signed:

Print Name:

Date:

Section 10 – Declaration

I understand that any personal information stored by Pace-I. may be accessed from time to time by authorised inspection from Care Quality Commission (CQC). I give permission for these individuals to have access to my records.

Signed:

Print Name:

Date:

DBS INFORMATION

A. PERSONAL INFORMATION.

First Name:	
Middle Name:	
Last Name:	
City of birth / Town:	
Country of Birth:	
Nationality:	
National Insurance Number:	
Date of Birth:	

A. 5 YEARS OF RESIDENTIAL HISTORY.

Address	
Date moved in :	
Date moved out:	

Address	
Date moved in :	
Date moved out:	

Address	
Date moved in :	
Date moved out:	

Address	
Date moved in :	
Date moved out:	

Address	
Date moved in :	
Date moved out:	

EQUALITY AND DIVERSITY FORM

Pace-I wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Gender Male ☐ Female ☐ Prefer not to say ☐

Are you married or in a civil partnership? Yes ☐ No ☐ Prefer not to say ☐

Age 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐

50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐

British ☐ Gypsy or Irish Traveler ☐ Prefer not to say ☐

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Prefer not to say ☐ Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?Yes ☐ No ☐ Prefer not to say ☐**What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:**

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐ Bisexual ☐Prefer not to say ☐ If other, please write in:**What is your religion or belief?**No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:**What is your current working pattern?**Full-time ☐ Part-time ☐ Prefer not to say ☐**What is your flexible working arrangement?**None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐Annualized hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐Homeworking ☐ Prefer not to say ☐ If other, please write in:**Do you have caring responsibilities? If yes, please tick all that apply**None ☐ Primary carer of a child/children (under 18) ☐Primary carer of disabled child/children ☐Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐Secondary carer (another person carries out the main caring role) ☐Prefer not to say ☐

NURSE EXPERIENCE CHECKLIST

Please tick the specialties of which you have significant and post training experience, please remember you will be held accountable for any misinformation.

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1-2 YEARS	2 YEARS+
HOSPITALS (NHS/PRIVATE)				
LEARNING DISABILITY				
MENTAL HEALTH				
BRAIN INJURY				
DEMENTIA				
ELDERLY CARE				
PHYSICAL DISABILITY				
SUPPORTED LIVING				
HOME CARE				
ADOLESCENTS				
RESIDENTIAL HOMES				
NURSING HOMES				
HOSPICES				
MANUAL HANDLING				
USING HOIST				
MOBILE				
MOBILE STANDING				
PORTABLE GANTRY				

I confirm that the information provided above is true

Print Name:	
Signed:	
Date:	

HEALTH DECLARATION

I confirm that to the best of my knowledge I have no health concerned that restrict my ability to work in healthcare and, where there is any doubt, I will seek medical advice and inform Pace-I if any restrictions develop. I have read the terms and condition of engagement and agree to comply with current health and safety work act.

Print Name:	
Signed:	
Date:	