

Application Form



PART A

Incorporating| ScotNursing  
ScotMed & Occ Health  
ScotCare at Home  
ScotCollege

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Candidate Identification Number (for Office Use Only):

Application for:

Registered Nurse

Trained Carer

No applicant will be unfairly discriminated against. We are particularly alert to eliminating discrimination on account of age, cultural/religious/political beliefs, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership.

PERSONAL DETAILS

Surname:

Forename:

Title:

Maiden Name/Previous Name(s):

Address:

Postcode:

Contact Telephone Number (Day):

Contact Telephone Number (Evening):

Email:

If we need to, the best way to contact you is by:

Phone

Email

Next of Kin:

Relationship:

Contact Tel. No.:





**EMPLOYMENT HISTORY:**

Start with your most recent employment first, and work down the page, providing the last ten years' employment history. If a job supports the position applied for, please say more about it in your application statement.

JOB TITLE:	EMPLOYER:	DATE FROM:	DATE TO:

**PART C**

**REFEREES:**

Your referees will include your current (or most recent) employer. Please identify below the person in your organisation (e.g. your direct line manager) who is authorised to confirm your employment and the details given in your application. Please identify a second referee who may have closer knowledge of your skills, knowledge, and abilities, and who may offer opinion on your suitability for the post. **You should not use family members or friends. You should use referees from two separate employers.** Our pre-employment screening also includes, where appropriate, health and fitness for work, criminal records, qualifications, and professional registration.

Name 1:

Designation:

Telephone:

Email:

Address:

Post Code:

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Name 2:

Designation:

Telephone:

Email:

Address:

Post Code:

**DISABILITY:**

The Disability Discrimination Act 1995 and Amended Regulations 2005 defines disability as follows: “any physical or mental impairment which has a substantial adverse effect on a person’s ability to carry out normal day to day activities.” ScotNursing is “Positive About Disabled People”, and as such we provide job opportunities for people with disabilities people.

Please specify any special requirements if attending for interview, e.g. Induction Loop, Wheelchair Access, Signer:

**DRIVING LICENCE:**

Do you have a current UK driving licence?    Yes                      No

If “Yes” for which type of vehicle?

**PART D**

**STATEMENT IN SUPPORT OF APPLICATION – Please tell us your personal qualities and attributes, experience, and any major achievements and show how they match those needed for working with us:**

**IMMUNISATION**

Immunisation	Certification Date	Notes
Hep B Mandatory		You will require to provide evidence of viral titre above 100.
Rubella		You will require to provide evidence of antibodies.
Tuberculosis		You will require to provide certification of BCG Star Check or Heaf/Mantoux result of 2-4.
Varicella		You can self declare having chicken pox or shingles. If not you require to provide evidence of blood results.

Our Occupational Health team can assist with the above if required.

**PART E****BANK DETAILS FOR WAGES:**

Name of Account Holder:

National Insurance No.:

Name of Bank:

Address of Bank:

Post Code:

Sort Code:

Account No.:

**Please read the following statements. You will be asked to sign a declaration if you are appointed.**

- I have completed parts A to E of this application form and the details I have supplied are, to the best of my knowledge, true and complete;
- I understand that, if successful, the information on this form will be kept as part of my personal file record;
- I authorise you to obtain references to support this application if I am identified as a suitable candidate;
- I understand that details of educational qualifications, membership of professional bodies, and referee reports may be verified through the establishments and individuals I have indicated;
- I understand that the information that I provide on this form and on any CV given will be used by ScotNursing Limited to provide you work finding services. In providing this service to you, you consent to your personal data

being included on a computerised database and consent to us transferring your personal details to our clients.

- I understand that ScotNursing Limited may check the information collected, with third parties or with other information held by us.
- I understand that ScotNursing Limited may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.
  
- I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998;
- I have read, understand and hereby consent to the attached "Privacy Notice" issued to me with this Application Form;
- I declare that I have no previous convictions, or will identify I have on the PVG Declaration form to be completed alongside this application form.

Read, agreed, and understood (check box):

Date:

EQUAL OPPORTUNITIES MONITORING  
TO BE COMPLETED WITH APPLICATION FORM  
PARTS A – E.



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We want to ensure that our job opportunities are open to all. The only way that we can ensure that there is an equal opportunity is to monitor applications we receive and compare the profile of people who apply with those appointed. Therefore this form asks you for your ethnic origin, gender, disability, religion, sexuality, and age. **The information you provide in this form is confidential and is not used in the selection process.**

**You are:**

**(1) Male**

**(2) Female**

**What is your age?**

I am \_\_\_\_\_ years old, and my date of birth is:

**What is your Marital Status?:**

Single

Married

Divorced

Widowed

**Do you have a physical or mental health condition or disability that:**

- Has a substantial effect on your ability to carry out day to day activities?
- Has lasted or is expected to last 12 months or more?

Yes

No

Prefer not to say

- If answered 'yes', please tick either of the following:

Learning Disability

Physical Impairment

Long Standing Illness

Sensory Impairment

Mental Health Condition

Other (please describe):



If “Yes” please describe any particular arrangements you would need for your work location:

What is your ethnic group?

**Choose one from sections A to F then tick the appropriate box to indicate your cultural background.**

**A: White**

Scottish

Irish

Other British

Any other White background

**B: Mixed**

Any mixed background

**C: Asian; Asian Scottish; Asian British**

Pakistani

Indian

Chinese

Bangladeshi

Any other Asian background

**D: Black; Black Scottish; Black British**

Caribbean

African

Any other Black background

**E: Other ethnic background**

Any other background

**F: Prefer not to answer**

**To which religion, religious denomination, or body do you actively belong?**

Buddhism:

Christianity (Other):

Church of Scotland (Christianity):

Hinduism:

Islam:

Judaism:

No religion:

Other faith/belief:

Roman Catholic (Christianity):

Sikhism:

Other:

Prefer not to answer: