

APPLICATION FORM

(NURSES – ODPs – HCAS)

One Lyric Square, Hammersmith, London W6 0NB
Tel: 0203 008 5210 (24 hours)



Cavendishstaffing

Title:	Surname:
Maiden Name (if relevant):	Forenames:
Contact Address:	
Postcode:	Car Driver? YES <input type="checkbox"/> NO <input type="checkbox"/>

Home Phone:	Mobile Phone:
Work Phone:	PAYROLL NUMBER:
Email:	Marital Status:

Nationality:	Date of Birth: / /
Passport Details: Nationality..... Passport Number..... Date of Issue.....Date of Expiry.....	
Where did you hear about Cavendish Staffing?	

Please note all applicants are required to provide evidence of eligibility to work in the United Kingdom.

NMC Pin Number:	NMC Expiry Date:	HPC Number:	Exp Date:
NMC Part(s) of Register:		National Insurance Number:	

NEXT OF KIN DETAILS

Name:	Relationship:
Address:	
Postcode:	
Home Phone:	Mobile Phone:

EMPLOYMENT HISTORY. (Please continue on additional sheet if required)

Please supply details of your **full employment history** starting with your most recent / present position first.

Date From:	Date To:	Employer's Name & Address:	Principal Duties:	Grade:	Reason for Leaving:

Please state the clinical areas in which you would prefer to work:

PROFESSIONAL MISCONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Are there any ongoing or pending proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Have you ever been convicted of a criminal offence, bound over by any court or cautioned by the police? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Are you, or have been, on the Protection of Children Act (POCA) list or Protection of Vulnerable Adult (POVA) list? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Have you been charged with any offence, or to your knowledge been investigated by police? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Have you been dismissed or given a spoken or written warning as part of disciplinary proceedings by a previous employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Have you been disqualified from caring for children under the Disqualification for Caring for Children Regulations 2002? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:
Do you have any unspent convictions, subject to the Rehabilitation of Offenders Act (1974) and Rehabilitation of Offenders (Exceptions) Order 1975? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" please supply details:

WORK PREFERENCES

Please tick as appropriate.

A&E	<input type="checkbox"/>	CLINICS	<input type="checkbox"/>	COMMUNITY	<input type="checkbox"/>
ELDERLY CARE	<input type="checkbox"/>	GENERAL	<input type="checkbox"/>	GYNAECOLOGY	<input type="checkbox"/>
HEALTH VISITOR	<input type="checkbox"/>	HOMECARE	<input type="checkbox"/>	NURSE PRACTITIONER	<input type="checkbox"/>
ITU	<input type="checkbox"/>	LEARNING DISABILITIES	<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>
MENTAL HEALTH	<input type="checkbox"/>	MIDWIFERY	<input type="checkbox"/>	NEONATAL / PICU	<input type="checkbox"/>
NURSING HOMES	<input type="checkbox"/>	OCCUPATIONAL HEALTH	<input type="checkbox"/>	ODP	<input type="checkbox"/>
ORTHOPAEDICS	<input type="checkbox"/>	PAEDIATRICS	<input type="checkbox"/>	PRACTICE NURSE	<input type="checkbox"/>
RECOVERY	<input type="checkbox"/>	RENAL	<input type="checkbox"/>	SCBU	<input type="checkbox"/>
SURGICAL	<input type="checkbox"/>	THEATRES	<input type="checkbox"/>	UROLOGY	<input type="checkbox"/>
OTHER (PLEASE SPECIFY) <input type="checkbox"/>					

REFERENCES

Please supply the names and work addresses of two clinical professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.

1. Name:		Position	
Work Address:			
Postcode	Telephone	Fax	
Email			
In what capacity and how long has this person known you?			
May we contact your referee prior to an interview?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Name:		Position	
Work Address:			
Postcode	Telephone	Fax	
Email			
In what capacity and how long has this person known you?			
May we contact your referee prior to an interview?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Training & Development Requirements

Surname..... First Name.....

Date of Birth.....

Qualifications.....

	Date	Certificates/Evidence	Update Due Date
Moving and Handling			
Basic Life Support (CPR)			
Fire Safety			
Infection Control			
Mental Health Training			
Resuscitation of Newborns (Midwives)			
Interpretation of Cadiolocograph Traces (Midwives)			
Food Hygiene			
Clostridium Difficile awareness			
MRSA awareness			

Have you had experience working with children?

.....

Recent Awareness

Control of Substances Hazardous to Health Regulations (COSHH1994) YES/NO
 Reporting of Injuries, Diseases and Dangerous Occurrences (Regulations 1995) RIDDOR YES/NO
 'A Code of Practice for Safe Disposal of Sharps' YES/NO
 Cavendish Staffing will offer support training where necessary. Annual updates compulsory

CRB Check Disclosure

Number..... Issue Date:.....

Any comments

.....

Signature..... Date.....

DECLARATION OF HEALTH

Evidence of immunisation status for Hepatitis B, Rubella, Tuberculosis and Varicella is required in the form of a lab report from an Occupational Health Department or a letter from your GP.

Tuberculosis:	Rubella:	Tetanus
Hepatitis B:	Varicella:	Diphtheria
Hepatitis C	Date of Last Chest X Ray:	

DECLARATION OF HEALTH

Please state whether you have or have not suffered from any of the following. Where the question has prompted a 'yes' response please enter details in the comments box.

Description of Illness	YES	NO	Notes
Cardio/vascular illness including chest pain, high blood pressure, low blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>	
Eye disease/injury or defect of vision not corrected by glasses.	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, bronchitis, pleurisy, pneumonia or other chest illness.	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes, thyroid or other glandular problems	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, frequent fainting attacks, giddiness or migraine	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken pox, German measles, poliomyelitis, dysentery, rheumatic fever, jaundice	<input type="checkbox"/>	<input type="checkbox"/>	
Any degree of hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis A, B or C	<input type="checkbox"/>	<input type="checkbox"/>	
Prolonged or severe back ache, back injury, neck injury.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any illness that affects your mobility/movement?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking any prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been treated for any other serious illness/operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer with dermatitis, psoriasis, melanoma or other skin complaints?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any reasonable adjustments that an employer should make to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever suffered with depression, mental illness or a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you any reason to believe you may be infected with a communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you knowingly been in contact with MRSA or worked within an MRSA environment?	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that the answers given with this Declaration of Health above are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from Cavendish Staffing employment. I give Cavendish Staffing permission to contact my GP to obtain further information if necessary.

Signed.	Date
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DECLARATION

I confirm that the information given in this application is, to the best of my knowledge, true. I am permitted to work in the UK. I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy. I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau. I undertake to inform Cavendish Staffing should I be convicted of an offence in the future. I undertake to inform Cavendish management immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment. I agree to respect the confidentiality of patients and any other information I may have access to, at all times. I am clear that Cavendish Staffing cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

Signed.	Date
PRINT NAME:	

THE WORKING TIME REGULATIONS 1998

Agreement to work in excess of an average 48 hours per week

The Working Time Regulations which came into effect in 1998 states that a worker’s average working time shall not exceed an average of 48 hours per week, unless the worker agrees in writing that the limit shall not apply in his/her case.

You have indicated our agreement to work in excess of 48 hours per week. Please sign and date the declaration below.

Cavendish Staffing Ltd is required to retain this from to allow for inspections by the enforcing authority.

DECLARATION

I,
agree to work when necessary, in excess of 48 hours per week. I understand that I may change/terminate this agreement at any time.

NAME.....

SIGNATURE.....Date.....

Induction Information:

Cavendish Staffing is a professional organisation specialising in:
• Providing high quality Nurses, Doctors and Social Care Professionals to a wide range of health institutions.

Cavendish’s continuing success depends on how well we work together. To achieve this there has to be agreed rules, guidelines and standards of conduct for all; these are fully explained in the Staff Handbook in conjunction with the Policy and Procedures. Copies of these are available on request

The amount of work that we receive, depends not only on us, but also on your performance, therefore we have some basic expectations of you, which are listed in your terms of engagement. I have taken time out to summarise some of these for you,

- Please make sure you arrive on time for your placement, or preferably 5 minutes early. If you are running late, you must ring Cavendish as soon as possible and advise us of this so that we can ring the client..
- You are our representative at the client; please ensure that you perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for you to be replaced.
- Cavendish will only pay on receipt of an authorised timesheet. Weekly payments are made provided the timesheet arrives by our deadline. We cannot guarantee that your timesheet has been received unless it is physically brought to us

If for any reason your are unhappy with any aspect of the service that Cavendish provides please feel free to contact our HR Dept on 0208 992 4703.

Please take some time out before starting your first placement with us to familiarise yourself with your Terms and Conditions of employment. This information should provide you with all of the reference material you may require; Please feel free to ask your contact within the organisation if there is anything that you are unsure of, as we are always here to help, 24 hours a day. Thank you and welcome aboard.

Patrick Liston
Director

I have received a copy of the Induction information letter and can confirm that I am aware that more detailed information on the Staff Handbook and Policy and procedures can be obtained directly from Cavendish Staffing.

Name: _____

Signed: _____ Date: ____/____/____

REGISTRATION **APPLICATION CHECKLIST**



Cavendishstaffing

Documents required for registration: * Essential

1. 3 x Clear Colour Passport Sized Photograph *
2. Inoculation Certificates (Including Hep B) **(Photocopy) ***
3. Passport or Birth Certificate (UK Citizen Only) **(Photocopy) ***
4. Visa / Right to work in the UK **(Photocopy) ***
5. Completed CRB Application Form with payment *
6. Existing CRB with current or previous employer **(Photocopy) ***
7. NMC/ Pin Card / Statement of Entry or Copy of HPC Certificate **(Photocopy) ***
8. 2 x Proof of Address – Utility Bill, Council Letter, Bank Statement **(Photocopy) ***
9. CPR / Manual Handling Certificates **(Photocopy) ***
10. Supporting Evidence of Qualifications **(Photocopy) ***
11. Copy of Union Membership **(Photocopy)**
12. Current Up To Date CV **(Photocopy)**
13. Control and Restraint Certificate (If Applicable) **(Photocopy)**
14. Intention to Practice and Mentor (RMW Only) **(Photocopy) ***

Please ensure you bring original certificates with you on the day of registration.

Please also check for the following as missing information will delay your application

15. Signed Terms and Conditions
16. Signed confirmation confirming Induction info has been read and understood
17. National Insurance Number
18. Two Professional References
19. NMC/HPC Pin Number

Please tick and when complete call 0203 008 5210 for an interview

Please ensure that you bring **ORIGINAL** or certified copies. Cavendish Staffing will accept copies of all information that you provide to us.



Cavendishstaffing

Policy Statement on the recruitment of Ex-Offenders

Cavendish Staffing:

As an organisation using the Criminal Records Bureau (CRB) Disclosure service to assess applicants' suitability for positions of trust, Cavendish Staffing complies fully with the CRB Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.

Cavendish Staffing is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability or offending background.

We have a written policy, which is made available to all Disclosure applicants at the outset of the recruitment process.

We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.

A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.

Where a Disclosure is to form part of the recruitment process, we encourage all applicants call for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential, cover to a designated person within Cavendish Staffing and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.

Due to the nature of the positions offered by Cavendish Staffing it is necessary to ask questions about your entire criminal record, as these positions are exempt from Section 4 ("") of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation Act (exceptions) Order 1975. It is not therefore in any way contrary to the Act to reveal any convictions you have had which would otherwise be considered 'spent' in relation to this position. Any such information will be kept in strict confidence and used only in consideration of the suitability of the applicant for the position where such an exemption is appropriate.

We ensure that all those in Cavendish Staffing who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offenders. We ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1974.

At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

We make every subject of a CRB Disclosure aware of the existence of the CRB Code of Practice and make a copy available on request.

We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.



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Agency Bank Record/ Nurse Payroll Details

SURNAME (MR/MRS/MISS/DR/OTHER).....

FORNAME.....

ADDRESS.....
.....POSTCODE:.....

DATE OF BIRTH..... NATIONAL INSURANCE NO:.....

TELEPHONE NUMBER:.....

Please ensure that you have read the information with regard to Pay, Income Tax and National Insurance
DECLARATION- I confirm that the information given above is correct and that I understand my position with regard to
the receipt of Pay, Income Tax, National Insurance and Private Home Nursing.

SIGNATURE.....DATE.....

Bank Details

PLEASE MAKE ALL PAYMENT INTO MY BANK ACCOUNT, THE DETAILS OF WHICH ARE GIVEN BELOW.

BANK NAME.....

BANK

ADDRESS.....
.....POSTCODE.....

NAME IN WHICH ACCOUNT IS HELD.....

ACCOUNT NUMBER.....SORT CODE.....-.....-

I will notify you of any changes to my bank details

SIGNATURE.....DATE.....

ATTACHED (please tick) P45/P46/P38/STUDENT FORM

SIGNATURE OF INTERVIEWER.....

NOTES (Details of Umbrella Companies, Private employment status, etc)

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Cavendishstaffing

Equal Opportunities Policy

Cavendish Staffing Limited, 26 Gunnersbury Avenue, London, W5 3QL is committed to a policy of equal opportunities for all and shall adhere to such a policy at all times. All staff members of Cavendish Staffing Ltd and its employees accept that it is their personal duty to ensure that such a policy is effective.

For the avoidance of doubt in this policy the following definitions apply:-

'the company'	refers to Cavendish Staffing Ltd	
'staff members'	refers to all staff employed to work for Cavendish Staffing in members of the public and Cavendish employees.	the offices i.e. dealing directly with
'employees'	refers to all staff registered with the agency for work	
'service users'	all persons using the services of the agency	

1. The Company will make all efforts to prevent discrimination or other unfair treatment against any of its staff, potential staff, or service users regardless of race, gender, religion, sexual orientation, responsibilities for dependents, marital status, age, disability or offending background that does not create risk to children and vulnerable adults.
2. Cavendish Staffing will appoint, train, develop and promote staff on the basis of merit and ability. Our clients will be encouraged not to include age or other specific criteria in a job description, and every effort will be made to recruit on the basis of competence and skill.
3. Every practical effort will be made to accommodate the needs of the staff, candidates or clients with disabilities.
4. All staff members have a personal responsibility for practical application of the Company's Equal Opportunities Policy, which extends to the treatment of members of the public and employees.
5. Management and staff members involved with the selection and recruitment process have special responsibility for the practical application of the company's Equal Opportunities Policy.
6. The grievance procedure is available to any employee who believes that he or she has been unfairly discriminated against.
7. Disciplinary action under the Disciplinary procedure shall be taken against an employee who is found to have committed an act of unfair discrimination.
8. Discriminatory conduct and sexual or racial harassment will be regarded as gross misconduct and dealt with accordingly.
9. Cavendish Staffing Ltd will carry out periodic monitoring of our policies and recruitment process to ensure equal opportunities for all. Written records will be kept in confidence.
10. If there is any doubt regarding appropriate treatment under the company's Equal Opportunities Policy, employees should contact the company's General Manager for further guidance.

EQUAL OPPORTUNITIES MONITORING FORM

Cavendish Staffing operate an Equal Opportunity Policy. To help us monitor the effectiveness of this policy you are requested to complete this form and return it with your application form. A copy of our Equal Opportunities Policy is included in the application pack.

PERSONAL DETAILS

Last name:..... First Name:.....

Gender: MALE/FEMALE Date of Birth:.....

Address:.....
.....
.....

Disabilities:.....
.....
.....

The following categories are based on those used in the 2001 Census. Please note that the questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic groups described. Please tick below which best describes the ethnic category to which you belong.

- A WHITE
- British
 - Irish
 - Any other white background – please write in below
.....

- B MIXED
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background – please write in below
.....

- C ASIAN OR ASIAN BRITISH
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background – please write in below
.....

- D BLACK or BLACK BRITISH
- Black Caribbean
 - Black African
 - Any other Black background – please write in below
.....

- E Chinese or other ethnic group
- Chinese
 - Any other Chinese background – please write in below
.....