



**NAOMI CARE AGENCY**

E-mail: [info@naomicareagency.co.uk](mailto:info@naomicareagency.co.uk)

Tel: 07903 703678

Mob: 07547903498 & 07808024422

Please complete the attached application form as much as you can and send it back to us (*Naomi Care Agency, 80 John Davis Way, Watlington, Kings Lynn, Norfolk, PE33 0TD*) with photocopies of the following documents:

Personal Identification (Passport or other official documents showing your eligibility to work in the UK)

Two Proof of Address [Full Driving Licence, Utility bills, Bank Statements and must be within the last three months]

Immunisation Details [Rubella, Hepatitis B, Varicella, Tuberculosis]

Educational/Training Certificates

Recent Passport sized Photograph x 2

National Insurance Number: NI Card, NI Letter or any other Official document containing your NI Number

P45/P46/P38

Curriculum Vitae

NMC PIN Card and Statement of Entry (Qualified Nurses Only)

DBS Certificate (Formerly known as CRB Disclosure)

On receipt of your application, it will be processed.

Once everything comes back fine, we shall arrange an interview for you and if you are found suitable for the position applied for, the next stage is for us to organise your induction training.

As a member of staff, we can assure you of our support at all times.

Please do get in touch with us, should you have any question and we shall be glad to help.

Thank you for your interest in working for us.

Recruitment Department  
Naomi Care Agency  
80 John Davis Way  
Watlington  
Kings Lynn  
Norfolk  
PE33 0TD

# NAOMI CARE AGENCY

E-mail: [info@naomicareagency.co.uk](mailto:info@naomicareagency.co.uk)

Tel: 07903 703678

Mob: 07547903498 & 07808024422

## EMPLOYMENT APPLICATION FORM

Position Applied For .....

(Please complete this form and send it back by post to: Naomi Care Agency, 80, John Davis Way, Watlington, Kings Lynn, Norfolk, PE33 0TD)

Personal Details [Please use capital letters throughout]

Surname: .....	Previous/Maiden Name:.....
First Names: .....	Sex: .....
Date of Birth:.....	Nationality: .....
Present Address:..... .....	
Home Telephone No:.....	Mobile Telephone No:.....
National Insurance No: .....	Do you require a work permit to be employed in the UK <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current driving licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licence Number (if Yes): .....
Expiry Date:.....:	
E-mail Address:.....	

### Emergency Contact/Next of Kin

Name:	
Capacity in which this person is known to you:	
Address:	
Home Tel:	Mobile Tel:

### Employment History (Please give the full details of work history for the previous **ten years**, explaining any significant breaks)

Name and address of <b>current</b> employer	Position held & salary	Responsibilities	Date

**NAOMI CARE AGENCY**

E-mail: [info@naomicareagency.co.uk](mailto:info@naomicareagency.co.uk)

Tel: 07903 703678

Mob: 07547903498 & 07808024422

**Previous appointments** *(most recent first and continue on a separate page, if necessary)*

	Position held & salary	Responsibilities.	Dates

**Professional References**

Reference 1 (present/most recent employer)	Reference 2:
Name: Position: Employment address:  E-mail: Tel No:                      Fax: May we approach this referee prior to interview?  <input type="checkbox"/> <input type="checkbox"/> yes                              no	Name: Position: Employment address:  E-mail: Tel No:                      Fax: May we approach this referee prior to interview?  <input type="checkbox"/> Yes <input type="checkbox"/> No

**Educational, Technical and Professional Qualifications**

College/University Secondary School	Full/ Part Time	From – To	Courses/Subjects	Exam results/grades

**NAOMI CARE AGENCY**

**E-mail: [info@naomicareagency.co.uk](mailto:info@naomicareagency.co.uk)**

**Tel: 07903 703678**

**Mob: 07547903498 & 07808024422**

Have you ever been convicted of any criminal offence?  Yes  No [Please tick as appropriate]  
Do you have any criminal charges pending?  Yes  No  
Please give the details, if the answer is 'Yes' to either of the above:

N.B. Any information disclosed will be taken into consideration but will not automatically prevent the progress of your application. Please declare all criminal convictions, whether spent or not, charges, warnings and cautions.

Signed: .....

**Rehabilitation of Offenders Act 1974**

**Declaration and Data Protection Statement**

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. We may disclose your information to carefully selected third parties who may process data on our behalf or any of our Clients for the purpose of ascertaining your suitability for a assignment. If you are appointed, the information will be used in the administration of your employment with us. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process. We may check the information collected with third parties or with other information held by us. We may also use or pass them to certain third parties in order to prevent or detect crime or in other ways as permitted by law.

By signing this application form, we will be assuming that you agree to the processing of sensitive personal data, as [described above], in accordance with our registration with the Data Protection Commissioner.

I declare that the information set out in this form is true and correct. I understand and agree that if I submit any false or misleading information, this may result in any offer of employment with the Company being withdrawn, or, if already accepted will lead to dismissal.

I hereby authorise **Naomi Care Agency** to collect all information it may require in connection with my application for employment.

I confirm that I have read and understood the Conditions of Engagement offered by the Company and agreed to comply with them and to be bound by them.

I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business. I understand that my application is subject to the receipt of satisfactory references, **DBS** (Disclosure & Barring Service) checks, and my **ISA** (Independent Safeguarding Authority) Register status.

I agree to inform **Naomi Care Agency** of any changes to the information I have supplied.

Signed: ..... Date: .....

**Your Bank details are required for the payment of your wages:**

**Bank &Address**.....

**Account Name**.....

Please answer the following questions by ticking the appropriate YES/NO box. If the answer to any question is YES then *please give details in the space provided below*. It is your responsibility to inform us immediately if any of the following information changes. Have you ever had in your life, including childhood, any of the following?

**DESCRIPTION OF ILLNESS**

<i>NO</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>YES</i>
Heart/Circulation Illness/hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Disorders e.g. Anaemia, Haemophilia.....	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Disease/Injury or Defect.....	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma, Hay Fever.....	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis, Pneumonia, Pleurisy.....	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy, Frequent Fainting Attacks.....	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches, Migraine.....	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric Treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	
Dermatitis, Psoriasis, Eczema, Skin Sensitivities.....	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox.....	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Loss, Frequent Ear Infections.....	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis / Jaundice.....	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder Kidney Infection.....	<input type="checkbox"/>	<input type="checkbox"/>	
Gynaecological Problems, Painful Periods.....	<input type="checkbox"/>	<input type="checkbox"/>	
Gastric Ailments, Ulcer.....	<input type="checkbox"/>	<input type="checkbox"/>	
Back Pain, Sciatica or Deformities of the spine.....	<input type="checkbox"/>	<input type="checkbox"/>	
Varicose Veins.....	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any deformities which affect movements?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Are you receiving any medication from a Doctor?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been treated at hospital?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Are you registered Disabled Person.....	<input type="checkbox"/>	<input type="checkbox"/>	

Weight:                      Height:

Please provide the **Name and Address of your GP (General Practitioners)**

.....  
 .....

I declare that all the following statements are true and complete to the best of my knowledge and belief. I hereby give Naomi Care Agency the permission to contact my General Practitioner to obtain further information should it be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other details:

.....  
 .....  
 .....  
 .....

**NAOMI CARE AGENCY**

E-mail: [info@naomicareagency.co.uk](mailto:info@naomicareagency.co.uk)

Tel: 07903 703678 .....

Mob: 07547903498 . & 07808024422

**EQUAL OPPORTUNITY QUESTIONNAIRE**

Naomi Care Agency aims to be an equal opportunity employer and recruitment agency and seeks to ensure that job applicants are interviewed and/or put forward for vacancies solely on the basis of merit, irrespective of race, disability, age, gender, in order to monitor the effectiveness of our policy. We request all job applicants to provide the information requested below.

Thank you for your co-operation. The information given is for statistical monitoring purposes only.

Candidate's Name:.....

Please make sure that you read all the categories listed below and then, tick/ circle the appropriate code number:

- I am female (11)
- I am Male (12)
- I consider myself to have a disability (13)

Note: According to the Disability Discrimination Act 1995. 'Disability' includes any physical or mental impairment which may have a substantial and/ or long term adverse effect on your ability to carry out some or all normal activities of the job for which you are applying.

Please make sure you read all the categories listed below and then tick the appropriate code numbers that best describe your ethnic origin. Ethnic origin could be the origin of your role bearers, so it is not necessarily the same as nationality.

- I am white of European origin (14)
- I am white of other origin (please specify) (15)
- I am Asian
  - Of Indian Origin (16)
  - Of Pakistani Origin (17)
  - Of Bangladeshi Origin (18)
  - Of Chinese Origin (19)
  - Of other origin (please specify) (20)
- I am Black
  - Of Caribbean origin (21)
  - Of African origin (22)
  - Of other origin (please specify) (23)
- I am of another origin (please specify) (24)