



Allcare Nurses Agency Ltd  
2 Albion Road  
Blackburn  
BB2 4UW

Dear Applicant

Thank you for applying to work for our agency.

We enclose all the paperwork you need to complete and return to us, as well as some information about us, a person specification and a job description.

The sooner you can return the information to us the sooner we can proceed with the interviewing process.

The two references requested **must** be your last two employers. We require the full name and address of the referees to enable us to write to them before your interview.

If you have had any mandatory training within the last twelve months please bring evidence to your interview. If we do not have evidence you will be expected to complete the mandatory training with us before you commence work including Common Induction Standards.

Disclosure and Barring Service (DBS) checks including the ISA lists will be checked before you are allowed to begin work.

If you are invited to interview we will request that you provide use with your DBS renewal service Unique subscription number in order we can complete the appropriate checks.

Alternatively if you do not hold a Unique subscription number we will ask that you pay for your DBS, currently the cost is £54.

If you start work for us, the cost of the DBS will be returned to you in your pay once you have worked 3 full shifts for us (excluding Inductions).

If you have any questions about the information enclosed please give us a ring or send us an email, we will be happy to answer, however please bear in mind that most of your questions will be answered at interview.

We look forward to hearing from you soon.

Yours sincerely

Rachel Quinn  
Managing Director

### **Enclosed**

- ✓ Application form to be completed in full
- ✓ Registered Nurse Job description
- ✓ Registered Nurse Person specification
- ✓ Pay rates



## INTERVIEW CHECKLIST

**Please ensure that you bring the following with you to your interview**

- N.M.C. pin card (for registered nurses only)
- DBS Update Service ID number (if applicable)
- Your work permit / residency permit (if applicable)
- Passport
- National Insurance Number
- Evidence of Unique Learning Number
- Driving Licence
- Birth certificate
- Two proofs of name and address e.g. bank statement, utility bill, and council tax bill.
- £54 in cash or in a cheque made out to: Allcare Nurses Agency Ltd (for DBS check).



For use 17/3/18 onwards

## PAY RATES

Your hourly pay is listed below.  
Travel paid at £5 per shift.  
Day 0700 – 2100 Night 2100 - 0700

<b>GRADE</b>	<b>DAY</b>	<b>MON-FRI NIGHT SATURDAY DAY &amp; NIGHT</b>	<b>SUNDAY DAY &amp; NIGHT</b>	<b>BANK HOLIDAY DAY &amp; NIGHT</b>
CSW(B)/BAND 3	7.83	8.00	8.32	17.48
RN(E)/BAND 6	14.52	15.82	17.12	32.16

Everyone is entitled to 28 days paid holiday (pro rata) per year.  
Holiday pay is 1 hour pay for each 8 hours worked.

Requests for holidays must be received in the office in writing at least one month before your holiday. Only 3 staff will be allowed holiday pay in any one week, on a first come first paid basis.  
You are of course entitled to take as many unpaid holidays as you wish.



**APPLICATION FORM**

**Please complete all pages of this form fully and legibly in BLOCK CAPITALS.**

**POST APPLIED FOR: NURSE**  **CARE SUPPORT WORKER**

<b>PERSONAL DETAILS</b>			
MR/MRS/MISS/MS (Delete as applicable)			
FIRST NAME		LAST NAME	
OTHER NAMES		DATE OF BIRTH	
OTHER LAST NAMES		No & AGES OF CHILDREN	
ADDRESS			
POST CODE		TELEPHONE (HOME)	
MOBILE		EMAIL ADDRESS	
TRANSPORT CAR / PUBLIC / OTHER (Delete as applicable)			
NATIONALITY	RELIGION	WORK PERMIT YES / NO / NA	
<b>EMERGENCY CONTACT</b>			
NAME		RELATIONSHIP	
TELEPHONE (HOME)		WORK / MOBILE	
PIN NUMBER (TRAINED STAFF ONLY)		DATE OF EXPIRY	
NATIONAL INSURANCE NUMBER		UNIQUE LEARNING NUMBER	
DBS UPDATE SERVICE ID NUMBER			
ARE YOU INTENDING WORKING FOR THE AGENCY ONLY OR IN ADDITION TO YOUR PRESENT WORK?			
WOULD YOU PREFER?			
DAY	<input type="checkbox"/>	EVENING	<input type="checkbox"/>
NIGHTS	<input type="checkbox"/>	WEEKENDS	<input type="checkbox"/>
APPROXIMATE NUMBER OF HOURS PER WEEK?			



<b>QUALIFICATION RECORD (INCLUDING SHORT COURSES ATTENDED)</b>		
Name of Training Provider	Dates of Training	Qualification(s) Gained

<b>EMPLOYMENT RECORD (MOST RECENT FIRST)</b> Continue in separate paper if necessary		
NAME AND ADDRESS OF EMPLOYER		
TIME IN PRESENT EMPLOYMENT	FROM	TO
POSITION HELD		
REASON FOR LEAVING (If applicable)		
NAME AND ADDRESS OF EMPLOYER		
TIME IN EMPLOYMENT	FROM	TO
POSITION HELD		
REASON FOR LEAVING		

<b>REFERENCES WILL BE REQUESTED IF YOU ARE SELECTED FOR INTERVIEW</b>	
<b>Please provide details of two persons whom we may approach for a reference.            These should be your current and previous employers.</b>	
NAME OF REFEREE	NAME OF REFEREE
ADDRESS	ADDRESS
TEL No	TEL No
OCCUPATION/POSITION	OCCUPATION/POSITION





## EMPLOYEE DECLARATION

### REHABILITATION OF OFFENDERS ACT HEALTH AND SOCIAL SERVICES EXEMPTIONS

This post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act 1974 (exemptions Order 1975). You are therefore not entitled to withhold information about convictions which, for other purposes are "spent" under the provision of the Act, and in the event of employment, any failure to disclose such conviction could result in dismissal or disciplinary action by Allcare Nurses Agency Ltd. Any information given will be completely confidential and will be considered only in relation to any application for posts with the Order apply.

Have you ever been convicted or cautioned of a criminal offence? YES / NO  
(Other than minor traffic offences e.g. parking tickets)

If so, please give details

Are there any criminal proceedings pending against you? YES / NO

### DISCIPLINARY HISTORY

Have you ever been disciplined or asked to resign by your current or previous employer ? YES / NO

If so, please give details

### CONFIDENTIALITY

All information which you may see or hear in the course of your duties is confidential. You may not disclose to any other person any details or information relating to the clients, their medical conditions or Company matters.

I understand this to be a condition of my employment with Allcare Nurses Agency Ltd.

I confirm that I have read and understood the above and that the information I have given is correct.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return all completed forms to:

Allcare Nurses Agency Ltd  
Allcare House  
2 Albion Road  
Blackburn  
Lancashire  
BB2 4UW

Tel: 01254 682200



## HEALTH DECLARATION

It is a priority that we keep all our staff healthy and safe throughout their career with Allcare. It is important that you are immunised against a number of diseases. The Department of Health's current guidelines recommend that all healthy adults are immunised against the following diseases:

<b>Recommended Immunisations</b>
Measles
Mumps
Rubella (German Measles)
Tetanus
Diphtheria
Polio

**Please provide written confirmation from your GP** as to your Immunisation status with these diseases; most GP's will provide you with a basic print out of what immunisations you have had and the date received.

### Declaration

I understand that Allcare Nurses Agency Ltd has advised me on all recommended Immunisations I have understood the information Allcare Nurses Agency Ltd has provided about recommended Immunisation and I will submit the information required.

I understand that it is solely my responsibility to ensure I have received all recommended inoculations and any subsequent boosters.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please complete and return to:**

Allcare Nurses Agency Ltd, 2 Albion Road, Blackburn. BB2 4UW.

or

Email to [enquiries@allcare-uk.com](mailto:enquiries@allcare-uk.com)