



Carlton House  
50 Merrial Street  
Newcastle under Lyme, ST5 2AW  
01782 622222  
info@bighealthcare.com  
[www.bighealthcare.com](http://www.bighealthcare.com)

APPLICATION FORM

PERSONAL DETAILS			
Position Applied for:	RMN	RGN	SUPPORT WORKER
Surname:			
Forename:			
Date of birth:	NI Number:	NMC Reg No:	
Address:			
			Postcode:
Mobile No:		Email:	
Passport No:		Limited Company:	
HISTORY			
Please write any relevant experience and history in this area of care:			

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## APPLICATION FORM

SPECIALIST TRAINING			
MAPA		MAYBO	
PRICE		PMVA	
MANDATORY TRAINING			
Training	Date Completed	Training	Date Completed
ILS/BLS/ELS		Risk Assessment	
Manual Handling Theory		Fire Safety	
Manual Handling Practice		COSHH	
Food Hygiene		Infection control	
Health and Safety		Medication training	
Safeguarding Adults		Safeguarding Children	
IMMUNISATIONS			
Yes	No	Please attach documents	
EMPLOYMENT HISTORY			
1. Current or most recent employer			
Job title:			
From: Month/Year		To: Month/Year	
Summary of role and responsibilities:			

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2. Previous employer		
Job title:		
From: Month/Year	To: Month/Year	
<i>Summary of role and responsibilities:</i>		
<b>REFERENCES</b>		
<i>Please provide details of 2 professional referees who ideally have knowledge of your work as a nurse or carer. Referees must be in a managerial or a senior position and not colleagues, friends or relatives. If your referees are outside the UK then please provide a professional email address.</i>		
<b>1. Company Name &amp; Address:</b>		
Email:	Telephone:	
Your job title:		
<b>2. Company Name &amp; Address:</b>		
Email:	Telephone:	
Your Job title:		
<b>PASSPORT AND DRIVING LICENCE DETAILS</b>		
If you have a non EU passport, please provide details of your eligibility to work in the UK. <i>(e.g. Indefinite leave/Student Visa)</i>		
Work Permit Type:	Expiry date:	/ /
Driving Licence Details	Yes	No

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### 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 convictions in the UK or abroad? YES / NO

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

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

Have you had a criminal record check (DBS)? YES / NO DATE:

### NEXT OF KIN

Please provide details of your next of kin

Name: Relationship to you:

Address:

Telephone number: Mobile:

### 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.*

Printed:

Signed: Date:

*I understand that any personal information stored by B.I.G Healthcare, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC). I give permission for these individuals to have access to my records.*

### BANK DETAILS

Name: Account Number:

Bank Name: Sort Code: