



flexible staffing

healthcare recruitment & training



Application Form

always there for you



**nursing
social care
mental health
domiciliary care**

is at the **heart**
of what we do

Welcome to The Flame Lily

We are a Healthcare Recruitment & Training Agency specialising in the provision of nursing & care professionals who are committed to providing the highest standards of care to their patients.

Our professional nurse-led recruitment teams are ideally placed to assist you with your next career move, whether you are seeking flexible agency shifts, a fixed term contract or a permanent position.

We look forward to being there for you.

always there for our staff



application form

The Flame Lily
27 Chapel Ash
Wolverhampton
WV3 0TZ
T 0870 0433852
F 01902 574838
E alwayssthere@theflamelily.co.uk
www.theflamelily.co.uk

Please attach a
passport size
photograph and
clearly print your
name on the
reverse of each

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To help us with your application please answer the questions within this form in black or blue ink. Once you have finished please return your completed application form to the address above.

If you have any problems with any of the questions shown here please telephone one of our consultants on the number above, who will be more than happy to assist you with your application.

I.0 Your Personal Details

Surname: _____

Current address: _____

Title: _____

First names: (in full) _____

Previous names: (inc maiden name) _____

Date of birth: _____

National Insurance Number: _____

County: _____

Postcode: _____

Home tel: _____

Mobile tel: _____

Other tel: (please state) _____

Email address: _____

Who should we contact in an emergency?

Surname: _____

Current address: _____

First name: _____

Relationship: _____

Tel number: _____

Are you a registered nurse?

Yes No

Payment details - Bank/Building Society information for weekly pay

Account No: _____

Sort Code: _____

Name on account: _____

Address: _____

Bank/Building Society name: _____

Tel number: _____

1.0 Your Personal Details (cont)

Rehabilitation Of Offenders Act

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Amendments Order 1986, the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 does not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. Your answer to the following questions should include any spent convictions. This may or may not affect your application.

All Nurses and Care Staff will be asked to apply for an Enhanced Disclosure with the Criminal Records Bureau as part of the recruitment and selection process.

Have you ever been convicted of a criminal offence? Yes No

If 'Yes', please give details: _____

Date of conviction: _____

Nature of conviction: Please continue on 'Section 10.0 Your Notes' or on a separate sheet if required

Are you currently the subject of criminal proceedings (eg charges or summons that are not yet being dealt with)? Yes No

If 'Yes', please give details: _____

Date of conviction: _____

Nature of conviction: Please continue on 'Section 10.0 Your Notes' or on a separate sheet if required

Have you ever been dismissed from a nursing post? Yes No

If 'Yes', please give details: _____

Date of dismissal: _____

Nature of dismissal: Please continue on 'Section 10.0 Your Notes' or on a separate sheet if required

Are you currently suspended, on notice of dismissal from employment or under investigation from any employer? Yes No

If 'Yes', please give details: Please continue on 'Section 10.0 Your Notes' or on a separate sheet if required

Are you currently on sick or maternity leave? Yes No

Do you belong to a union or professional body? Yes No If yes, which: _____

Do you have professional indemnity cover? Yes No If yes, which type: _____

Do you belong to any other agencies or staff banks? Yes No

How did you find out about The Flame Lily? _____

2.0 Your Work Preferences

How many hours would you like to work with us?

- Full time
- Part time
- Days
- Nights
- Weekdays
- Weekends
- Any of the above

Which areas would you like to work in?

- Medical wards
- Surgical wards
- Acute
- Psychiatric
- Paediatrics
- Clients in their homes
- Nursing homes
- Learning Disabilities

Do you have your own transport?

Yes No If yes, which type: _____

You have the option to opt out of the 48 hour working week limitation as laid out in the Working Time Regulations 1998. Please indicate one of the following:

I wish to opt out

I do not wish to opt out

3.0 Your Qualifications Please continue on 'Section 10.0 Your Notes' or on a separate sheet if required

3.1 To be completed by Carers

We need to know your practical experience, training and courses/qualifications (ie NVQ, first aid, food hygiene, manual handling, basic life support etc)

Course	Date	Where taken	Certified	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2 To be completed by Registered Nurses

We need to know your qualifications. These are to include details of NMC registration, Post registration qualifications and any other qualifications that you think are relevant.

NMC PIN number: _____ Part of register: _____ Expiry: _____

Name of training Hospital or University	Date	Qualifications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When was the last time you had manual handling training?

Date: _____

When was the last time you had basic life support training?

Date: _____

6.0 Your References

Please give the details of at least two referees. Additional referees can be provided in 'Section 10.0 Your Notes' or on a separate sheet if required

From your present or most recent employer

Full Name: _____

Title: _____

Address: _____

Tel Number: _____

Fax Number: _____

Email: _____

From a clinical referee

Full Name: _____

Title: _____

Address: _____

Tel Number: _____

Fax Number: _____

Email: _____

Can we fax or email your referees to speed up the registration process? Yes No

7.0 Your Declaration

I declare that the information I have given in this application form is complete and accurate in all respects.

I understand that The Flame Lily Flexible Staffing need to process the information that I have provided to them which constitutes personal and sensitive data as defined in the Data Protection Act 1998. I hereby give my consent for The Flame Lily Flexible Staffing to process such data for the purpose of Health and Safety and to other parties as required to assess whether I am suitable for flexible staffing assignments.

I also understand that knowingly giving false information will disqualify me from registration with The Flame Lily Flexible Staffing.

How can we contact you? Please indicate all your choices.

Home telephone

Mobile telephone

Email

Text

Signed: _____ Date: _____

8.0 What do I do now?

Please return this form **together with copy documents listed below** to the address shown on page 1 of this application form.

You can either contact us or we will contact you to arrange an interview.

Please bring to your interview all original documentation needed to complete this form. See Your Checklist below.

If you are unsure of anything please let us know and we will assist you in any way we can.

9.0 Your Checklist - What should I bring to an interview?

You will be expected to bring the following for us to help you with your application:

- | | |
|--|---|
| <input type="checkbox"/> 2 Passport size photographs (If not attached to page 1 of this form) | <input type="checkbox"/> Vaccination report from your doctor or Occupational Health Department i.e. Hepatitis B, Varicella (chicken pox), Rubella (German measles) |
| <input type="checkbox"/> Documentation of your National Insurance Number, ie NI Card, P60, P45 or other official Inland Revenue documents | <input type="checkbox"/> Enhanced disclosure (CRB) Due to the new legislation on POVA (Protection of Vulnerable Adult) listing, a new CRB has to be done when you are joining the Agency. |
| <input type="checkbox"/> Details of Manual Handling and Basic Life Support Training | <input type="checkbox"/> Copies of certificates in relevant field i.e. nursing, care or support work |
| <input type="checkbox"/> Proof of professional indemnity insurance, ie RCN/Unison | <input type="checkbox"/> Drivers Licence |
| <input type="checkbox"/> Proof of identity (passport or full birth certificate only) | |
| <input type="checkbox"/> Curriculum Vitae (CV) if you have one prepared | Qualified staff should also enclose the following essential documents: |
| <input type="checkbox"/> Work Permit or Visa (if required) | <input type="checkbox"/> NMC Statement of entry (not GNC or ENB certificate). Name and number must correspond with PIN card. |
| <input type="checkbox"/> Two forms of proof of current address are required for the Criminal Records Bureau disclosure eg utility bill, bank statement | <input type="checkbox"/> PIN card |
| <input type="checkbox"/> Letter from your college/university, if you are a student | <input type="checkbox"/> Post qualification certificates relevant to practice |

