



APPLICATION FORM

PENINSULA CARE SERVICES NI LTD
3A MOVILLA ST,
NEWTOWNARDS
7JG

55-59 ADELAIDE STREET
BELFAST
BT2 8FE

TEL: 02891 828921
WEB: WWW.PENINSULACARESERVICES.CO.UK BT23
EMAIL: INFO@PENINSULACARESERVICES.CO.UK



PLEASE COMPLETE IN BLOCK CAPITALS & BLACK INK

PERSONAL DETAILS		POSITION APPLIED FOR	
TITLE		SURNAME	
FORENAMES		GENDER	
CURRENT ADDRESS			
POSTCODE		EMAIL	
MAIN CONTACT NO.		MOBILE NO.	
OWN TRANSPORT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DRIVING LICENCE NO.
NMC/NISCC PIN NO.		EXPIRY DATE	

EMERGENCY CONTACT DETAILS		CONTACT NAME	
RELATIONSHIP		CONTACT NO.	

NATIONALITY DETAILS			
PLACE OF BIRTH		DATE OF BIRTH	
PASSPORT NO.		EXPIRY DATE	
NATIONAL INS NO.			
IF YOU ARE A NON-EU NATIONAL WHAT IS YOUR CURRENT VISA STATUS IN THE UK.			
PLEASE ENCLOSE PROOF OF ELIGIBILITY TO UNDERTAKE EMPLOYMENT IN THE UK.			

WORKING TIME DISCLAIMER			
YOU HAVE THE CHOICE TO OPT OUT OF THE 48 HOUR WORKING WEEK LIMITATION, AS LAID DOWN IN THE WORKING TIME REGULATIONS 1998.			
I WISH TO WORK 48 HOURS OR MORE PER WEEK	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
YOU MAY END THIS AGREEMENT BY GIVING ONE WEEK'S NOTICE TO PENINSULA CARE SERVICES IN WRITING AT ANY TIME.			
SIGNED		DATE	

CRIMINAL RECORDS CHECKS - PART A			
REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 – UK BECAUSE OF THE NATURE OF THE WORK FOR WHICH YOU ARE APPLYING, THE PROVISION OF SECTION 4 (2) OF THE REHABILITATION OF OFFENDERS ACT 1974 DOES NOT APPLY BY VIRTUE OF THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975. APPLICANTS ARE THEREFORE NOT ENTITLED TO WITHHOLD INFORMATION ON CONVICTIONS WHICH FOR PURPOSES ARE 'SPENT' UNDER THE PROVISIONS OF THE ACT. IN THE EVENT OF EMPLOYMENT, ANY FAILURE TO DISCLOSE SUCH CONVICTIONS WILL RESULT IN YOUR REMOVAL FROM OUR REGISTER. ANY INFORMATION YOU GIVE WILL, OF COURSE, REMAIN STRICTLY CONFIDENTIAL. PENINSULA CARE SERVICES NI LTD MAY CONTACT YOU FOR YOUR PERMISSION TO DISCLOSE SUCH DETAILS IF RELEVANT TO THE POSITION YOU ARE APPLYING FOR.			
HAVE YOU EVER BEEN POLICE CHECKED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF SO BY WHOM?
ACCESS NI/CRB No.		DATE OF LAST CHECK	
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES COMPLETE PART B

CRIMINAL RECORDS CHECK – PART B		
DATE OF CONVICTION	OFFENCE	SENTENCE

EMPLOYMENT HISTORY (PLEASE GIVE DETAILS OF FULL EMPLOYMENT HISTORY – MOST RECENT FIRST)			
DATES	EMPLOYER'S NAME, ADDRESS &	JOB TITLE & SPECIALITIES	REASON FOR

FROM	TO		CONTACT NO./EMAIL	LEAVING COVERED

REFERENCES

- PLEASE PROVIDE DETAILS FOR 2 REFEREES – ORGANISATION ADDRESS PREFERRED
- THEY MUST BE RELEVANT TO YOUR AREA OF PRACTICE
- ONE MUST BE YOUR MOST RECENT EMPLOYER
- REFEREES MUST BE SUITABLY SENIOR TO BE ABLE TO COMMENT UPON YOUR WORK (NURSES REFEREES – AT LEAST ONE REFEREE SHOULD BE OF BAND 6 OR EQUIVALENT)
- REFEREES **WILL** BE CHECKED & MUST BE CONSIDERED SATISFACTORY PRIOR TO YOUR APPLICATION BEING ACCEPTED BY PENINSULA CARE SERVICES NI LTD

REFEREE DETAILS - 1

NAME		TELEPHONE NO.	
POSITION/GRADE		CAPACITY KNOWN	
ORGANISATION			
ADDRESS			
		POSTCODE	
EMAIL ADDRESS			

REFEREE DETAILS - 2

NAME		TELEPHONE NO.	
POSITION/GRADE		CAPACITY KNOWN	
ORGANISATION			
ADDRESS			
		POSTCODE	
EMAIL ADDRESS			

HEALTH DECLARATION

HAVE YOU ATTENDED YOUR DOCTOR IN THE PAST 2 YEARS?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES PLEASE GIVE DETAILS				

MANDATORY TRAINING RECORD

PLEASE STATE WHETHER OR NOT YOU HAVE COMPLETED THE MANDATORY TRAINING AS LISTED BELOW BY TICKING THE YES OR NO BOX AS APPLICABLE. IF YES, PLEASE COMPLETE THE DATE THAT YOU LAST COMPLETED THE TRAINING.

	YES	NO	DATE
BASIC LIFE SUPPORT & FIRST AID AWARENESS			
PROTECTION OF VULNERABLE ADULTS & SAFEGUARDING CHILDREN			
INFECTION PREVENTION & CONTROL			
MOVING & HANDLING			
FIRE SAFETY			
COSHH			
FOOD HYGIENE			

DECLARATION

I CONFIRM THAT I HAVE COMPLETED THIS APPLICATION FORM & TO THE BEST OF MY KNOWLEDGE ALL INFORMATION I HAVE PROVIDED IS TRUE & CORRECT.
 I UNDERSTAND THAT ANY FALSE INFORMATION OR DELIBERATE OMISSION MAY RENDER ME LIABLE TO DISMISSAL. I UNDERSTAND THAT PENINSULA CARE SERVICES NI LTD OPERATES AN EQUAL OPPORTUNITIES POLICY, THIS MEANS THAT THEY SHALL NOT DIRECTLY NOR INDIRECTLY DISCRIMINATE AGAINST PEOPLE ON THE GROUNDS OF THEIR SEX, RACE, MARITAL STATUS, COLOUR, RELIGION OR ETHNIC ORIGIN. PENINSULA CARE SERVICES NI LTD SHALL NOT DISCRIMINATE IN ADVERTISING, SELECTION, WHEN OFFERING TRAINING OR PROVIDING BENEFITS OR SERVICES.
 I CONFIRM THAT I HAVE REGISTERED WITH PENINSULA CARE SERVICES NI LTD OF MY OWN VOLITION. I ACCEPT THAT PENINSULA CARE SERVICES NI LTD HAVE NO OBLIGATION TO FIND ME EMPLOYMENT, NOR DO I HAVE ANY OBLIGATION TO ACCEPT OFFERS OF TEMPORARY EMPLOYMENT THROUGH PENINSULA CARE SERVICES NI LTD.
 I HEREBY GIVE CONSENT FOR MY DETAILS TO BE HELD ON COMPUTER.

SIGNED		DATE	
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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION FORM.

PLEASE RETURN IT TO EITHER BRANCH:

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 3A MOVILLA STREET
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