

# Unicare Professionals

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Surname	<input type="text"/>		
First name	<input type="text"/>		
Title	<input type="text" value="Mr / Mrs / Miss / Ms"/>		
Address	<input type="text"/>		
	<input type="text" value="Country"/>		
Telephone number	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/>		
Passport No	<input type="text"/>	Date of expiry:	<input type="text"/>
Date of issue	<input type="text"/>	Place of issue:	<input type="text"/>
Position sought	<input type="text"/>		

How many hours would you like to work?

Full time	<input type="text"/>	Part time	<input type="text"/>	Days	<input type="text"/>
Nights	<input type="text"/>	Any	<input type="text"/>		

## To Be Completed By Registered Nurses Only

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:	<input type="text"/>	Part of register	<input type="text"/>
Expiry	<input type="text"/>		
Name of training Hospital or University	<input type="text"/>		

Qualifications	Date completed
<input type="text"/>	

## Competency & Accountability

Please tick the areas you are competent and confident to work in

Anaesthetics	<input type="checkbox"/>	A & E	<input type="checkbox"/>	Autism	<input type="checkbox"/>
Cardiothoracic	<input type="checkbox"/>	Cardio	<input type="checkbox"/>	Care of the Elderly	<input type="checkbox"/>
Challenging behaviour	<input type="checkbox"/>	Chemotherapy	<input type="checkbox"/>	Dental	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	Haematology	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>
Home Care	<input type="checkbox"/>	Hospices	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Midwifery	<input type="checkbox"/>	Neonatal	<input type="checkbox"/>	Neurology	<input type="checkbox"/>
Nursing Homes	<input type="checkbox"/>	Occupational Health	<input type="checkbox"/>	Oncology	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	Orthopaedics	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	Renal	<input type="checkbox"/>
Residential Homes	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	SCBU	<input type="checkbox"/>
Social Care	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	ITU	<input type="checkbox"/>

## Experience

Please tick the areas you have experience in

Acute Behavioural Problems	<input type="checkbox"/>	Anaphylactic shock	<input type="checkbox"/>
Blood obs & charting	<input type="checkbox"/>	Boots Monitoring Drug System	<input type="checkbox"/>
Care Plans/ Assessment	<input type="checkbox"/>	Cassette Drug System	<input type="checkbox"/>
Catheterisation M/F	<input type="checkbox"/>	Drug Rounds/Medication	<input type="checkbox"/>
IV Cannulation	<input type="checkbox"/>	Naso-Gastric Tubes	<input type="checkbox"/>
Peg feeds	<input type="checkbox"/>	Recording & charting of BM's	<input type="checkbox"/>
Resuscitation	<input type="checkbox"/>	Syringe Drivers	<input type="checkbox"/>
Use of most Pumps on market	<input type="checkbox"/>	Ventilated Patients	<input type="checkbox"/>
Other:			

## 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 (inc date and nature of conviction)

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

If 'Yes', please give details (inc date and nature of conviction)

Have you ever been dismissed from a nursing post? Yes  No   
If 'Yes', please give details (inc date and nature of dismissal)

Are you currently suspended, on notice of dismissal from employment or under investigation from any employer? Yes  No   
If 'Yes', please give details

### Your References

Please give the details of at least two referees.

#### Referee 1

Present or most recent employer

Clinical referee (name)

Occupation

Address

Tel Number

Email

#### Referee 2

Name

Occupation

Relationship to you

Address

Tel Number

Email

Can we fax or email your referees to speed up the registration process?

Yes  No

Can we approach your referees before the interview?

Yes  No

**Declaration**

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

I understand that Unicare Professionals needs 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 Unicare Professionals to process such data for the purpose of my application and to other parties as required to assess whether I am suitable for their business.

Signed

Date