



VKL Transport Services Ltd

Name of Applicant, _____ Sex: ____ Grade: _____

Thank you for your interest in registering. *Please complete the application form and contact us for the next step.*

The Nurses Agencies Regulations 2002 stipulates mandatory information is required in respect to all agency health care workers. Therefore it is important you complete all sections of the application.

Applicants called for interview must bring the following original documents:

Registration:

- A fully completed application form.
- Two** completed reference forms. 1. 2. .
- Completed Conditions of Membership document.

Identification:

- Proof of Identity (valid passport).
- Valid Visa or written Home Office permission to work (if applicable).
- Student status letter from place of education including term dates & hours (if on Student Visa).
- A P45 or P46 document showing current circumstances i.e. second job or student etc.
- National insurance card and/or official letter from Department of Work and Pensions.
- UK Driving License and counterpart (if applicable).
- Proof of address – any 2 utility bills and/or bank statement. (Less than 2 months old)
- 5 year address history for DBS/CRB checking purposes.
- Your most recent DBS/CRB enhanced disclosure and **£55.00 for your DBS** application, unless you have signed up for the Update Service.
- DBS No: _____ Issue date: _____ Update registered: _____
- Bank details: _____ Ltd Company details: _____ PI Insurance: _____
- Recent passport size photographs and **£5.00 for a VKL ID badge.**

Immunizations: (THESE ARE A COMPULSARY PART OF THE JOB ROLE)

- Any records of immunization or vaccinations. T.B. Hep B Varicella Tetanus Rubella
- Any statement of good health and fitness to work certificates.

Training:

- Original certificates for evidence of training.

Qualified Nurses:

- Copy of Nursing Diploma or equivalent
- NMC statement of registration
- NMC Pin Number _____

Please note only original documents will be accepted. References provided should have a company stamp or letterhead. References from friends or relatives will not be accepted.

If you have any questions about the application or our service please contact us on the number given below. We look forward to receiving your application and working with you.

Yours sincerely,

The VKL Team



VKL Transport Services Ltd

Application for Employment – Health Care Division

Please complete this form in block capitals and complete all sections in full.

Position applied for: Date:

Where did you hear about this vacancy:

Personal Information

Your name: Title:

Address: **Proof will be required at time of interview, please provide a bank statement or utilities bill as proof.**

.....

.....

..... Post Code:

Phone 1: Phone 2: Email:

Date of birth: Nationality: Place of birth:

Passport Exp. date: Passport Number: NI number:

A valid Enhanced DBS is essential in gaining employment through our agency. Details will be given during phone interview.

DBS Date of issue: Enhanced DBS Number:

Is your DBS registered with the update service: Yes No

Do you require a work permit to take up employment in the U.K.? Yes No
(If yes, please provide evidence of your right to take up employment in the UK)

IELTS TEST RESULTS
(IELTS is the International English Language Testing System)

Listening: Reading: Overall result: Date of test:

Education, Training and Qualifications (use other side of paper for more space)

| Name & location of education establishment | Course of study / qualifications | Date From | Date to | qualifications earned (results) |
|--|----------------------------------|-----------|---------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Describe any specialised training, skills or experience which you believe are relevant to the job you are applying for.

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VKL Transport Services Ltd

Employment History & References

Please give an accurate and complete record of your previous employment starting with your latest employment first.
(Attach additional sheets if necessary and provide reasons for any gaps in employment)

Dates of employment: From: To:

Company name:

Address:
.....
.....

..... Post Code:

Contact Telephone No.: (business line only) Email:

Contact Name: Contact job title:

State job titles and describe job duties:
.....
.....

Reason for Leaving:

Dates of employment: From: To:

Company name:

Address:
.....
.....

..... Post Code:

Contact Telephone No.: (business line only) Email:

Contact Name: Contact job title:

State job titles and describe job duties:
.....
.....

Reason for Leaving:

May we contact these employers as a reference prior to making a hiring decision? Yes No

Have you informed these referees that we may be contacting them? Yes No



VKL Transport Services Ltd

General Information

Preferred working pattern:

- Anytime (Day & Night)
 Day Only
 Night Only
 Weekend only

Are there any days, shifts, hours you will not work? Yes No

If yes, please provide details:

.....

If successful in your application, when are you able to start work?

How did you hear about us:

Name any relatives/friends currently employed at the company and their relationship to you:

.....

.....

In Case of Emergency: Please provide the name of your emergency contact (UK only).

Name: Relation to You:

Phone Number (UK only): Email:

.....

Working Hours (as set by the European Working Time Directive 1998)

- Yes, I may wish to work more than 48 hours per week.
 No, I do not wish to work more than 48 hours per week.

I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer [up to 3 months'] notice in writing to end this agreement.

Signed..... Dated.....

Data Protection:

- Yes**, I would like to receive any correspondence from VKL and agree to non-sensitive information about me being used for this purpose.
 No, I do not wish to receive certain correspondence from VKL and do not agree to non-sensitive information about me being used for this purpose



VKL Transport Services Ltd

Criminal Convictions

Do you have a criminal record? Yes No

If yes, please describe the conviction(s) fully, listing the dates and nature of the offence(s):

.....
.....
.....

Please note that a 'Yes' answer does not automatically disqualify you from employment since the nature of the offence, date and the job for which you are applying are also considered). A statement of circumstances may be required.

Rehabilitation of Offenders Act 1974 England:

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The position for which you are applying is one which is exempted under the above order. Therefore it is necessary for you to disclose any criminal convictions, even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as "spent"

All appointments are subject to the receipt of a satisfactory Enhanced Disclosure (CRB). This is a statutory requirement placed on VMH by the registration framework and it is therefore a condition of all contracts of employment. This means that the company has the right to access and make decisions on offences that would otherwise be regarded as 'spent'. All conditional offers of employment will be subject to an Enhanced Disclosure that provides information on the applicant's complete criminal record.

Comments

Please add any comments you wish to make to support your application:

.....

Interests

Please describe any leisure interests you have:

.....



VKL Transport Services Ltd

What are your strengths and weaknesses?

.....

.....

.....

.....

What is your understanding and definition of Confidentiality?

.....

.....

.....

.....

Declaration:

- I confirm that the information set out in this form is true and correct, is not misleading and that no material information has been omitted. I understand and agree that if I submit any false or misleading information, this may result in any offer of registration with the agency being withdrawn, or, if already accepted in my dismissal.
- I hereby authorise VKL Transport Services Ltd to secure all information it may require in connection with my application for registration, Subject to any specific direction I have made related to contacting my referees.
- I confirm that I have read and understand the conditions of engagement offered by VKL Transport Services Ltd. and agree to be bound by and comply with the same.
- I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
- I understand that my application is subject to the receipt of satisfactory references, Police clearance and any other checks (where appropriate) including UKBA.
- I agree to inform VKL Transport Services Ltd of any changes or additions to the information I have supplied.
- I declare the information given in this application form is true and complete to the best of my knowledge and belief. I authorise VKL Transport Services Ltd to make any other enquiries to support my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to at all times.
- I agree to VKL checking my status with the DBS Update Service on a regular basis in order to prove suitability for employment with VKL. Yes No

Signature of Applicant:

Date:

Name in Full:



VKL Transport Services Ltd

DBS (The Disclosure & Barring Service).

Essential requirement for anyone wishing to work with our company.

COMPULSORY FOR ALL APPLICANTS,

(Documents required will be discussed prior to application)

The cost of this check is £55.00, for those without a DBS or an expired DBS. This is to be paid on the day of interview without fail.

A DBS is valid for 1 year only, unless registered with the update service. A DBS not registered with the update service is non-transferable and a new DBS application will be required.

If you have a current & clean DBS registered with the update service, bring your DBS with you and a check will be done. If your DBS is not clean a risk assessment meeting will be held with the possibility of a new DBS being requested.

CONTACT US:

Registered Address:

VKL Transport Services Ltd
Studio 2000,
5 Elstree Way,
Borehamwood,
Hertfordshire,
WD6 1SF.

Tel: 0208 953 8493

Fax: 0208 953 2743

Email: enquiries@vklnursing.co.uk

We are an Equal Opportunity Employer, which makes employment decisions regarding prospective qualified employees without regard to race, colour, sex, religion, national origin, age, disability, marital status or sex change status or any other factor protected by law.



VKL Transport Services Ltd

IF YOU DO NOT ALREADY HAVE WRITTEN PROOF OF ALL OF THE IMMUNISATIONS LISTED BELOW you are required to **consult your GP or practice nurse** to complete this form prior to starting work placements with this Agency.

It is YOUR responsibility to pay for any charges your GP may make for immunizations.

It is very important that you commence your immunizations as soon as possible as it may take several months to fully complete the course.

Nb. You must have TB and rubella screening and have commenced the hepatitis b course before you will be considered for work. In addition you must not handle blood and body fluids until you have completed the hepatitis b course and had a blood test to check for hepatitis antibodies.

NAME OF APPLICANT: _____

| VACCINATIONS | DATE | BOOSTER DATE | GP'S OR PRACTICE NURSE NAME (BLOCK CAPITALS) AND SIGNATURE |
|---|------|--------------|---|
| HEPATITIS B | 1 | | |
| | 2 | | |
| | 3 | | |
| Varicella | | | |
| Rubella | | | |
| Tuberculosis | | | |
| Tetanus | | | |
| SCREENING (blood tests) | DATE | RESULT | GP'S OR PRACTICE NURSE NAME (BLOCK CAPITALS) AND SIGNATURE |
| Post vaccination Hepatitis B antibodies | | | |
| Varicella Zoster Virus Antibodies (if not had chicken pox) | | | |
| Rubella Antibodies | | | |
| TB screening (heaf / mantoux / tine) Only if no BCG scar. Confirm scar seen. | | | |

Official Surgery Stamp



VKL Transport Services Ltd

VKL Transport Services Ltd, Studio 2000, 5 Elstree Way, Borehamwood, Hertfordshire, WD6 1SF. 0208 953 8493
 Company Number: 5587615 Registered with Care Quality Commission, Hertsmere Borough Council & British Ambulance Association

| | |
|---|-------------------------|
| Applicant Details | Referees Details |
| Name: | Name: |
| Job Role: | Position: |
| Employment Dates | Address: |
| From: _____ To: _____ | |
| <p>Please complete and send back to VKL by fax on 0208 953 4008 Thank you.</p> | |

| Ability | Very Good | Good | Average | Poor | Unable to Comment |
|---|-----------|------|---------|------|-------------------|
| Practical/Theoretical Knowledge | | | | | |
| Aptitude for work | | | | | |
| Technical/Clinical Skills (If applicable) | | | | | |
| Report Writing Skills | | | | | |
| Motivation | | | | | |
| Punctuality / Reliability | | | | | |
| Self Organisation Skills | | | | | |
| Willingness To Learn | | | | | |
| Team Contribution | | | | | |
| Personality | | | | | |
| Ability to Undertake Responsibility | | | | | |
| Honesty & Integrity | | | | | |
| Performance & Pressure | | | | | |
| Interpersonal Skills | | | | | |
| Colleagues | | | | | |
| Patients and Relatives | | | | | |

Has the named applicant been, or is he/she currently the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other country. YES NO

Would you employ this person again : YES NO if no please state reason

Number of sick days taken in the last year: _____

Name: _____

Referees Signature _____ Date: _____

Company Stamp:

This reference will become void without a Company Stamp or Company Stationary. Please provide

Thank you for your time and consideration in completing this reference – VKL