



# Patient Transport Services Ltd

Domiciliary & Nursing Care Service Provider  
T: +44 (0)208 381 6254 • F: +44 (0)208 327 0165  
T: +44 (0)208 207 3441 • M: +44 (0)7932 634 240  
E: enquiries@vklnursing.co.uk • W: [www.vklnursing.co.uk](http://www.vklnursing.co.uk)



## REQUIREMENTS FOR MEMBERSHIP

When you have ALL the documents listed below.

Call the office on 0208 381 6254 to **MAKE AN APPOINTMENT FOR REGISTRATION**  
This will ensure your application is dealt with quickly and as smoothly as possible.  
No one can start work without providing the required documents.

I.D. badges will only be processed when CRB & two references have been submitted to VKL.

Documentation required please tick all boxes before booking appointment

Requirements	Evidence to present at interview	Tick
<b>Proof of Address</b>	Utility Bill	
	Driving Licence	
	Bank Statement	
<b>ID Check</b>	Passport	
	Two recent passport photo	
<b>Eligibility to work in UK</b>	Visa	
	NI Card	
<b>Written proof of vaccinations From your Doctor</b>	Rubella	
	Varicella	
	Tetanus	
	Tuberculosis	
	Hepatitis B (titre level)	
<b>Current Training Certificates</b>	Health & Safety*	
	Manual Handling*	
	First Aid*	
	NVQ Certificate (if applicable)	
	Statement of entry & Pin for Nurses only	
<b>Registration</b>	Fully completed application form	
	Details of two referees	
	CRB payment £55.00 (Full payment required at time of registration) (Concessions apply )	See overleaf for more info
	I.D Badge payment £5.00 (Full payment required at time of interview)	
<b>Training *</b> A £3.00 deposit for each on-line course is required at time of registration.	£100.00 - Basic Induction including Mental Health Awareness, Price reduced on receipt of previous certificates proving compliance.	
	Student letter of acceptance from college	
<b>Employment Record</b>	P45	
<b>If all boxes are ticked you are ready for an interview. Please telephone for an appointment on 0208 381 6254</b>		

Any and all documentation may be submitted to the UK Borders Agency for authentication.

\* VKL has training and updates available if required.

# **IMPORTANT** **NOTICE**

## **RE: CRB & I.D BADGE** **PRICING & PAYMENT**

THE TOTAL COST OF THE ABOVE WILL BE **£60.00**.

A MINIMUM DEPOSIT OF **£15.00** WILL BE REQUIRED BEFORE CRB AND I.D BADGE ARE ACTIONED.

THE REMAINING AMOUNT OF **£45.00** IS TO BE PAID AT THE TIME OF SIGNING THE CRB.

You may pay direct into VKL Bank using your name as a reference.

**HSBC BANK**  
**Sort Code: 40-12-27**  
**Account Number: 91381415**

**PLEASE CALL THE OFFICE WHEN YOU HAVE DONE THIS TO CONFIRM**

THE CRB WILL THEN BE SENT TO ATLANTIC DATA.

ALTERNATIVELY THE FULL AMOUNT OF **£60.00** CAN BE PAID AT TIME OF INTERVIEW ALONGSIDE ANY TRAINING COSTS THAT MAY INCUR.

**CRBs ARE NO LONGER TRANSFERABLE BETWEEN AGENCIES**  
**YOU WILL HAVE TO APPLY FOR A VKL CRB.**

**All Prices correct at time of print.**  
**Prices are subject to change without notice**



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## Application Form for Membership

### POSITION APPLIED FOR:

RMN\*  RGN\*  Care Assistant

*\*must have an English NMC number in order to apply as a nurse*

Date of application:

### UK STATUS

British  Indefinite leave to remain/permanent Residence  Dependant  Student Nurse  Student other   
Work Permit Holder  Asylum Seeker

Valid from:

Valid Until:

Ref Number:

### PERSONAL DETAILS

Title: Mr.  Mrs.  Miss.  Ms.

First Name:

Surname:

Date of birth:

Marital Status: Married  Unmarried  Divorced  Separated

Current address:

City:

County:

Postal Code:

Email:

Telephone 1:

Telephone 2 (mobile):

### NATIONAL INSURANCE

National Insurance Number:

### NURSING QUALIFICATION *(applies to nurses only)*

Nursing Qualification: Diploma  Degree  Masters  Higher

Date of Qualification(s):

Nursing and Midwifery Council (NMC) PIN number:

Date of Registration:

### PASSPORT DETAILS

Nationality:

Passport Number:

Date of Issue:

Expiry Date:

### NEXT OF KIN (IN CASE OF EMERGENCY)

Full Name:

Title: Mr.  Mrs.  Miss.  Ms.

Capacity in which the person is know to you:

Address:

City:

Country:

ZIP Code/Postal Code:

Email:

Telephone 1:

Telephone 2 (Mobile):

## Employment Details

Please give full details of work history for the previous six years, identifying and giving details of any significant breaks.  
Current / most recent position

NAME AND ADDRESS OF EMPLOYER	POSITION HELD	FROM	TO	SUMMARY OF RESPONSIBILITIES TYPE AND SIZE OF UNIT

## Education

NAME OF SCHOOL COLLEGE UNIVERSITY ATTENDED	FULL OR PART TIME	FROM	TO	COURSES TAKEN OR CURRENTLY STUDYING	EXAMINATION RESULTS INCLUDING GRADES



## Experience

**QUALIFIED NURSES ONLY**  
(Please tick the areas that describe your work experience)

Experience	Less than 6 months	More than 6 months	1 -2 years	2+ years	Experience	Less than 6 months	More than 6 months	1 – 2 years	2+ years
A & E					Mental Health				
Anaesthetic Trained					Midwifery				
Ante Natal					Neonatal				
Cardiac					Neurology				
Cardiothoracic					Nursing Homes				
Care of the Elderly					Occupational Health				
Chemotherapy					Ophthalmology				
Community Nursing					Orthopaedics				
Day Care Centre					Out Patients				
Day Surgery					Paediatric				
District Nursing					PICU				
Family Planning					Practice Nurse				
Gynaecology					Prisons				
Haematology					Recovery				
Health Visitors					Renal				
High Dependency Unit					Residential Homes				
Home Care					SCBU				
Hospices					School Nurse				
Hospitals					Scrub				
In Charge Duties					Stoma Care				
Intensive Care Unit					Surgical				
ITU Psychiatric					Termination Clinic				
Learning Disability					Theatre				
Medical					Urology				
Medical Assessment Unit / PAU									

**HEALTH CARE ASSISTANTS ONLY**  
(Please tick the areas that describe your work experience)

Experience	Less than 6 months	More than 6 months	1 -2 years	2+ years	Experience	Less than 6 months	More than 6 months	1 – 2 years	2+ years
Nursing Homes					Home Care				
Residential Homes					Senior Care				
Private Homes					Catheter Care				
Hospitals					Fluid Charts				
Schools					Urinalysis				
Community Care					NVQ				
Learning Disability					Observations BP/TPR				
Mental Health					Observations				
Paediatrics					NNEB				

**Professional References (compulsory)**

REFERENCE 1 (PRESENT/MOST RECENT)	REFERENCE 2
Name:	Name:
Position:	Position:
Employment Address:	Employment Address:
Email:	Email:
Telephone:	Telephone:
May we approach this referee: Yes/No	May we approach this referee: Yes/No

**Medical History**

Medical History	Yes	No	Details
Have you ever been treated at hospital for serious illness or surgery? Please give details			
How much time have you lost from work due to illness in the last five year? Please give details			
Are you a registered disabled person?			
What is the date of your last chest x-ray?			
Have you ever suffered from any of the following?			
Heart / Circulatory illness / Hypertension			
Diabetes			
Asthma / Hayfever			
Bronchitis / Pneumonia / Pleurisy			
Tuberculosis			
Epilepsy / Frequent Fainting Attacks			
Headaches / Migraine			
Psychiatric Illness / Anxiety / Depression			
Dermatitis / Skin Sensitivity (Allergies) Psoriasis / Eczema			
Back Injury / Back Problems or Back Pains			
Recurrent Infections e.g. Sore Throats / Ear Infections			
Hepatitis / Jaundice			
Are you receiving medicines, pills or tablets from a doctor or on a prescription?			
Do you have any physical disabilities other than those listed above that could affect your ability to carry out your assignment?			
Have you been immunised against the following? <b>Please provide evidence of vaccinations or immunity.</b>			
Tuberculosis			
Rubella (German Measles)			
Poliomyelitis			
Hepatitis B			
Tetanus			
Typhoid			
Chicken Pox			
Any Other			
Do you smoke?			

**I declare the statements are true and complete to the best of my knowledge and belief**

**Signed:** .....

**Dated:** .....

**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"

Have you ever been convicted of any criminal offence? YES / NO

Do you have any criminal charges pending? YES / NO

If you have answered yes to either of the above, please give details:

.....  
.....

NB. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, if you are appointed, failure to disclose any criminal conviction could lead to termination of our ability to act as your agent.

**Rehabilitation of Offenders Act 1974 England**

- 1. I confirm that the information set out in this form is true and correct, is not misleading and that no material information had 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.
- 2. I hereby authorise VKL Nursing Health and Social Care Training Centre 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.
- 3. I confirm that I have read and understand the conditions of engagement offered by VKL Nursing Health and Social Care Training Centre Ltd. and agree to be bound by and comply with the same.
- 4. I have no objection to my details being held on computer records and utilised by the company in pursuit of its legitimate business.
- 5. I understand that my application is subject to the receipt of satisfactory references, Police clearance and any other checks (where appropriate).
- 6. I agree to inform VKL Nursing Health and Social Care Training Centre Ltd. of any changes or additions to the information I have supplied.

**Declaration**

I declare the information given in this application form is true and complete to the best of my knowledge and belief. I authorise VKL Health and Social Care Training Centre 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.

Signed..... Date.....

**Please answer the following questions:**

Why do you want to work for this company?

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What kind of experience do you have to work in the Care Industry?

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How did you get on with your previous manager/supervisor, coworkers and subordinates?

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How would you describe yourself?

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What are your strengths and weaknesses?

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What's your understanding of Confidentiality?

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***THANK YOU FOR COMPLETING THIS FORM***



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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 ALLOWED TO 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. <b>Confirm scar seen.</b>			

**PLEASE SEND COMPLETED FORM WITH YOUR APPLICATION FOR EMPLOYMENT**

<p><b>OFFICIAL SURGERY STAMP</b></p>    
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## Training Courses Available to Everyone.

**Courses:** Courses marked with  are compulsory to those with no previous experience or no proof of training (at a cost of £100.00).

**A Deposit of £3.00 per on-line course is required.**

Tick the boxes of the other courses you would like to complete.

<input type="checkbox"/> Challenging Behaviour	£5.00	<input checked="" type="checkbox"/> <b>Induction Awareness</b>	<b>£5.00</b>
<input type="checkbox"/> Communication Verbal	£5.00	<input checked="" type="checkbox"/> <b>Infection Control</b>	<b>£5.00</b>
<input type="checkbox"/> Communication Written	£5.00	<input type="checkbox"/> Medication Administration	£5.00
<input type="checkbox"/> Continence Promotion	£5.00	<input checked="" type="checkbox"/> <b>Mental Capacity</b>	<b>£5.00</b>
<input type="checkbox"/> CoSHH (Substances)	£5.00	<input checked="" type="checkbox"/> <b>Moving &amp; Handling Assessment</b>	<b>£5.00</b>
<input type="checkbox"/> Dementia Care	£5.00	<input checked="" type="checkbox"/> <b>Moving &amp; Handling Theory</b>	<b>£5.00</b>
<input type="checkbox"/> Deprivation of Liberties Safeguards	£5.00	<input type="checkbox"/> Palliative Care	£5.00
<input type="checkbox"/> Develop as a Worker	£5.00	<input type="checkbox"/> Person Centered Care	£5.00
<input type="checkbox"/> Diversity & Equality	£5.00	<input type="checkbox"/> Record Keeping	£5.00
<input checked="" type="checkbox"/> <b>Fire Training</b>	<b>£5.00</b>	<input type="checkbox"/> Risk Assessment	£5.00
<input checked="" type="checkbox"/> <b>First Aid / Basic Life Support</b>	<b>£5.00</b>	<input type="checkbox"/> Role of the Care Worker	£5.00
<input checked="" type="checkbox"/> <b>Food Hygiene</b>	<b>£5.00</b>	<input checked="" type="checkbox"/> <b>Safeguard of Vulnerable Adults</b>	<b>£5.00</b>
<input type="checkbox"/> Hand Hygiene	£5.00	<input type="checkbox"/> Understanding Your Organization	£5.00
<input checked="" type="checkbox"/> <b>Health &amp; Safety</b>	<b>£5.00</b>		
<input checked="" type="checkbox"/> <b>Manual Handling Practical.</b>			<b>£15.00</b>
<u>Theory &amp; Assessment courses to be completed first</u>			
<input checked="" type="checkbox"/> <b>Mental Health Awareness Course.</b>			<b>£35.00</b>
Includes Dementia, Challenging Behaviour, Parkinson Disease, Diabetes, Epilepsy and more			
<u>Minimum 6 people per course</u>			
<input type="checkbox"/> Physical Intervention. (Control & Restraint)			<b>£150.00</b>
2 day Course			
<u>Maximum 8 candidates per course</u>			

**You may pay direct into VKL Bank using your name as a reference.**

**HSBC BANK Sort Code: 40-12-27 Account Number: 91381415**

**PLEASE CALL THE OFFICE WHEN YOU HAVE DONE THIS TO CONFIRM.**

**I enclose Cheque / Cash / proof of direct payment** (delete as appropriate)

<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	

For

£

**Please sign this form and send back to VKL with completed application form**

The above are online training course provided by Social Care TV. These are complete courses and not short versions. You can do the course anywhere there is a computer either at home, our office or a cyber café. The certificates for the above courses will be printed out by VKL only and given out after payment.

