

# **Altimate Staff & Personal Agency** **(The Ultimate in Value)**

## **REQUIRED DOCUMENTS**

**Please fully complete and return the application form. You will then be contacted to attend an interview with a manager. When you are invited for interview, you must bring the following documents, (originals.)**

**1 – A fully completed application form**

**2 – The following original documents:**

- U.K. Birth Certificate, or Passport with Work Permit
- Pin Number and Confirmation from NMC (Nurses)
- National Insurance (NI) card, or P45
- Proof of Address
- Training Certificates (£100.00)
- CRB (£54.00)
- Immunization Certificates against infectious diseases and hepatitis.
- 2 Passport Photograph
- Uniform (£15.00)
- Proof of address(Utility Bills, bank statement, medical card etc)

**NOTE:** Please be advised that Altimate Staff & Personnel Agency works in co-operation with the Police and Immigration services and all documents submitted must be Original and authentic; otherwise you may be subject to Police and immigration Authorities scrutiny



# ALTIMATE STAFF & PERSONNEL AGENCY

*(THE ULTIMATE IN VALUE)*

## EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL DETAILS-

First Name(s): Address:  Postcode:  National Insurance Number:  Current Driving Licence:  If YES, type of licence:  Do you have a regular use of a car?  Name, address and telephone No. to contact in emergencies:  Next Of Kin:	Last Name: Title: e.g. (Mr, Mrs) Daytime tel no: Evening tel no: Mobile tel no: Email:  Yes      No  Date of Birth:  Yes      No
--	---

### EDUCATION AND QUALIFICATIONS

Date from	Date to	School/College/University	Exams passed/ awaiting

**PAST EMPLOYMENT & EXPERIENCE**

Employment Record				
Date from	Date to	Employer	Duties and Responsibilities	Reasons for leaving/Last Pay

Qualified nurses/teachers/social workers to complete this section	
Qualifications:	Maiden name: _____ (if applicable)
Place of Training:	UKCC/DES/DFEE Registration No: (Delete as applicable)
Dates:	Date of Registration:

Please give length of experience of the following:

Speciality	Time	Speciality	Time
ITU		Gynae	
CCU		Obstetrics	
Theatres		Renal	
A&E		District Nursing	
Paediatric		Occupational Health	
Psychiatry		Care of the Elderly	
Learning Disabilities		Other	

Have you ever worked for?

NHS

**GP Practice**

**Nursing Homes**

Private Sector

Date and result of last chest X ray	
-------------------------------------	--

**FURTHER INFORMATION**

Please give any further information in support of your application you think is relevant

**State of health (Delete not Applicable)**

Are you suffering from, receiving treatment for or anticipating any surgical intervention for any medical condition that may affect your ability to carry out normal daily duties? If yes, please supply details separately.  
 Yes No

**Rehabilitation of Offenders Act 1974 – Exemption from (s) 4 (2)**

This employment is exempted from the above Act and employees are not therefore entitled to withhold information about spent convictions. In the event of your ever having been convicted of any offence by a court of law, please give details of the offences with dates. Have you had any convictions? Yes No  
 If your answer is yes, please give details below; continue on a separate sheet if necessary.

**HEALTH SCREENING (Care workers and Nurses only)**

Please give last date of immunisation for the following:

	Date	Office use	
		Certificate	Photocopied
Tetanus			
Diphtheria (Schick test)			
Rubella (German measles)			
Last chest x-rays			
Poliomyelitis			
Hepatitis B			
Tuberculosis			

**NATIONALITY**

Do you require a work permit to work in this country? Yes/No

**COMMUNICATION**

Can you communicate in sign language? Yes/No

Can you communicate in any other languages? Yes/No

If yes, what are they?

## MEDICAL HEALTH DECLARATION

If answering 'yes' to any of the following questions, give full details in the space provided of the dates, duration and outcome of the illness or condition. Any offer of membership may be subject to a satisfactory medical report.

Have you ever had....?	<b>DELETE not Applicable</b>	If yes, please provide details
Chest complaints (TB, asthma, bronchitis)?	Yes/No	
Chest pain, heart condition or raised blood	Yes/No	
Blackouts, fits, migraine, giddiness?	Yes/No	
Depression, mental illness, nervous breakdown	Yes/No	
Rheumatism or arthritis?	Yes/No	
Back problems?	Yes/No	
Typhoid, dysentery?	Yes/No	
Digestive or bowel disorders?	Yes/No	
Diabetes, thyroid, gland trouble?	Yes/No	
Bladder or kidney problems?	Yes/No	
Dermatitis of skin trouble?	Yes/No	
Varicose Veins?	Yes/No	
Any other accident / illness?	Yes/No	
Have you any reason to believe you may be infected with any communicable disease?	Yes/No	
Any current / recent medical condition which might affect you attendance or performance at work?	Yes/No	
Any illness or medical condition that prevented you from attending work or your normal duties and activities for more than one week during the past 12 months?	Yes/No	
Any physical disabilities including defect of sight or hearing?	Yes/No	
Do you smoke? If so, how many cigarettes per day?	Yes/No	

**TIMES AVAILABLE**

Please indicate with a tick the times of day you would normally be available to work. NB Exact hours may sometimes vary to meet clients' needs. Are you able to work flexible hours?

Yes                  No

Time of day	Week						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Night							

**REFERENCES**

Is your approval required before references are taken up?    Yes                  No

Referees (present or most recent employer should be your first referee)	
1. Name:	2. Name:
Address:	Address:
Tel no:	Tel:

**SECURITY**

Police checks may be carried out on all applicants before they can commence employment  
Do you agree that such checks may be made concerning you if required?                  Yes/No

**APPLICANTS' DECLARATION**

I confirm that I am over 18 years of age.

I declare that all the information I have given is true and I understand that any false or misleading information may result in my removal from Altimate Staff & Personnel Agency s staff register.

I agree that premiums for professional negligence indemnity insurance and training may be deducted from my fees.

I agree to abide by the conditions of engagement.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application forms shall be sent to:  
Altimate Staff & Personnel Agency  
44 Lozells Road  
Birmingham  
B19 2TH  
On call hours: - 0121 5547750 (Anytime)

# Altimate Staff & Personnel Agency

*(THE ULTIMATE IN-VALUE)*

## Equal Opportunities in Employment

Altimate Staff & Personnel Agency intends to be an equal opportunity employer, and the purpose of our policy is to ensure that no job applicant or employee is given a less favorable treatment on grounds of sex, marital status, sexual orientation, disability, religion, and color. Ethnic or cultural origins or is disadvantaged by conditions of requirements which cannot be shown to be justified.

Altimate Staff & Personnel Agency is fully aware and committed to making this policy effective. You are requested to provide the following personal details by placing a tick in the appropriate box for the purpose of monitoring equal opportunity only.

**Please indicate your Cultural/ethnic origin**

White	<input type="checkbox"/>	Are you?	<table border="1" style="width: 100%;"><tr><th style="width: 50%;">Yes</th><th style="width: 50%;">No</th></tr></table>	Yes	No
Yes	No				
Black Afro/Caribbean	<input type="checkbox"/>	Male	<input type="checkbox"/>		
Indian	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>	Disabled (registered)	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>	Disabled (unregistered)	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>		<input type="checkbox"/>		
Other (Please Specify)	<input type="checkbox"/>		<input type="checkbox"/>		

What post are you applying for? \_\_\_\_\_

How did you learn of this post? \_\_\_\_\_

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

Registered Office: 44 Lozells Road Birmingham B19 2TH  
 Tel: 0121 554 7750  
 Fax: 0121 554 5400  
 On call hours: 0121 554 7750 (24hrs)

# **Altimate Staff & Personnel Agency**

*(THE ULTIMATE IN-VALUE)*

## BANK/BUILDING SOCIETY ACCOUNT DETAILS

Surname: ..... Mr/Mrs/Miss/Ms

Forenames: .....

Position Applied: .....

Address: .....

.....

.....

.....

.....

Name of Bank/  
Building Society: .....

Address: .....

.....

.....

.....

Account No: .....

Sort Code: .....

Type of Account: ..... Current ..... Deposit

Signature:..... Date: .....

# **Altimate Staff & Personnel Agency**

*(The Ultimate in-Value)*

## **Policy Statement on Confidentiality**

It is our policy that the Patients/Clients rights of confidentiality and his/her expectation that identifiable personal health information will not be disclosed without consent are respected. Therefore personal data gathered from patients/clients, shall be stored and locked away securely in a filing cabinet.

On no account must information relating to identifiable patients be divulged other than to authorized persons, who are directly involved in the patient/client care. Similarly, no information of a personal or confidential nature concerning individual members of staff be divulged to anyone without the proper authority having first been given.

---

Staff/Agent Signature

(Delete as appropriate)

---

Manager's Signature

Registered Office: 44 Lozell's Road Birmingham B19 2TH  
Tel: .0121 554 7750 Fax: 0121 5547750  
On call hours: 0121 554 7750(Anytime)  
Website: [www.altimatestaff.co.uk](http://www.altimatestaff.co.uk)

Company Registered in UK  
Licensed by Care Quality Commission