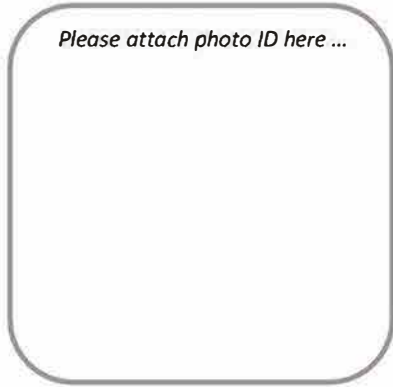




Unit F1, Barratt House, Kingsthorpe Road, Northampton NN2 6HT
 T: 01604 945 827
 E: info@bremmanhealthcare.co.uk
www.bremmanhealthcare.co.uk



APPLICATION TO JOIN US

Thank you for your interest in joining our Bremman Healthcare Solutions Ltd. team. Please complete all sections and return it with all supporting documents to the above address.

If you would like to additionally attach a CV, please do. If you need any help, please call us on 01604945827 or email info@bremmanhealthcare.co.uk.

Which position are you applying for (please tick one)?	
<input type="checkbox"/>	I am applying as a registered nurse (RGN). My current PIN number is given below.
<input type="checkbox"/>	I am applying as a registered nurse (RMN). My current PIN number is given below.
<input type="checkbox"/>	I am applying for Support Worker.
For nurses only, what is your NMC PIN number?	

Please tell us a bit about you			
Title	<i>Mr, Mrs, Miss, Ms etc.</i>		
Surname		What was your surname at birth (if different)?	
Middle name		First name	

Please tell us a bit more

What is your nationality?	<i>Original:</i>	<i>Today (if changed):</i>
What is your date of birth?	<i>dd/mm/yyyy</i>	
Place of birth?	<i>Town:</i>	<i>Country:</i>
What is your current address?		
What is your mobile telephone number?		
Other number (if applicable)?		
What is your e-mail address?		

Personal details

What is your national insurance number?	
Do you hold a full & valid driving license for the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you normally have access to a car to get you to/from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Breman Healthcare Solutions Ltd.? <i>If it was through someone who already works with us, please enter that person's name.</i>	

Bank details

How would you like to be paid?	<input type="checkbox"/> PAYE <input type="checkbox"/> Direct through UTR or the company below <i>Staff paid through PAYE and earning over the qualifying amount per fortnight are automatically enrolled into our workplace pension.</i>
If applicable, what is your unique tax reference (UTR) or company name?	

Your eligibility to work in the UK

Do you require a work permit to work in the UK?

Yes No (*please skip to next section*)

If you do, which type of permit do you have?
(e.g. work permit, biometric residence, dependent etc.)

How many hours per week are you permitted to work?

Unlimited This no. hours:

Please provide a copy of this permit along with this application form.

Training & Education

Was your mandatory training - for example moving & handling, infection control, safeguarding, medication admin (RNs only) completed within the last year?

Yes No

Briefly outline any qualifications as well as professional & vocational training that you feel are relevant to this job

Employment History

Briefly detail your employment history within the past 5 years, starting with the most recent. Please include details of any employment gaps within this period.

Employment details <i>(name of the company, your role)</i>	Reason for leaving	Date from	Date to
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Previous Convictions

Please give details of any convictions in this country or abroad you currently or have previously had.

If none, please write the word "NONE" in this box. Please be aware that it is an offence to withhold this information.

References

Please give details of two people that would be prepared to give you a reference. One must be from a current/previous employer; the other should be a character reference, from someone other than a family member.

Any offer of employment will be subject to satisfactory references. *By entering their details here, you give Breman Healthcare Solutions Ltd. permission to contact these people.*

Reference 1 – Professional reference, from a senior colleague who has worked with you

Professional references must cover the last five years of work. If this reference does not cover this period, please provide additional referee details separately. If you were studying, you may provide a contact at your school/college to cover this period of education.

Name:

Position:

Organisation:

Address:

Contact number or e-mail address:

Reference 2 – Character reference, from someone who knows you well but is not a family member

Name:

Address:

Contact number or e-mail address:

Emergency contacts

Please give contact information for two people we could contact on your behalf in an emergency.

These details are held by Breman Healthcare Solutions Ltd. and only given to the relevant parties in the event of an emergency. Where possible, please give a UK mobile number.

Contact 1 – Name & phone number

Contact 2 – Name & phone number

DBS status

As part of your application we must determine your current DBS status. We can do this through the DBS Update service or by requesting a new certificate for you.

Have you subscribed for the DBS Update Service?

Yes

No (*please skip to next section*)

Please enter the number of the DBS certificate you subscribe with?

Please note this is the DBS certificate number, not your subscription number.

Working Preferences & Working Time Regulations

When would you prefer to work? (circle all that apply)	Day Shifts	Night Shifts	Weekdays	Weekends
Briefly give details of any other employment you currently have – either full or part time				
Night shift working (if you may wish to work nights)	Have you worked night shifts before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever suffered from health problems working night shifts? If so, please give details...		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	When working night shifts, are you able to able to sleep in the day without incurring any health problems?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health & Safety	Do you have a disability of any kind that may affect your work? If so, please give details ...		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have any special needs or medical conditions that others, including clients, may need to be aware of in an emergency? If so, please give details ...		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have any allergies or religious beliefs that prevent you working with specific foods? If so, please give details...		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Online data	<p>We keep many of your records securely online. In addition, clients may ask that these are uploaded and shared online with their own client base (e.g. nursing & care homes), prior to the commencement of your first shift with them.</p> <p>Do you authorise that these details can be shared with them online? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Working time regulations	<p>Under European Union rules, the maximum working week is currently limited to 48 hours. As you are under no obligation to accept any work offered, you will not be compelled to work more than 48 hours per week. However, you may choose to do so.</p> <p><input type="checkbox"/> I DO NOT wish to work more than 48 hours per week</p> <p><input type="checkbox"/> I DO wish to work more than 48 hours per week</p>			

Documents we will need to see

As part of your application we will need to see copies of the following documents. You can send some or all of these now, later or during your interview though the sooner we have them the faster we can process your application.

Please do not send originals by post; any original documents we need to see (marked * below) can be brought to your interview.

Proof of ID	<p>If you subscribe to the DBS Update service...</p> <ul style="list-style-type: none"> • Your main passport page * • 1 x proof of address (recent utility bill, bank statement, council tax etc.) <p>If you do not subscribe to the DBS Update service...</p> <ul style="list-style-type: none"> • Your main passport page * • 2 x proof of address (recent utility bill, bank statement, council tax etc.)
Right to work	<p>Proof of your right to work in the UK...</p> <ul style="list-style-type: none"> • Your main passport page * • Your Biometric Residence Permit (BRP)* if applicable • Any visa or residence permit * • Any appropriate Home Office letter or supporting documentation *
DBS	<p>If you subscribe to the DBS Update service...</p> <ul style="list-style-type: none"> • A copy of the original DBS certificate used by the Update service <p><i>If you do not subscribe to the DBS Update service, we will need to request a new certificate in order to verify your current DBS status.</i></p>
Training	<p>If you have completed any mandatory training within the past year, please provide proof.</p>
Qualifications	<p>If applicable, please send proof of any relevant medical or care-based qualifications you have – e.g. NVQ, QFC, diploma, degree etc.</p>

Data Protection

Our records, including any copies of documents supplied are kept securely in line with GDPR regulations. You understand & give permission for these to be made available from time to time to authorised personnel or inspectors.

Home Office Immigration Check

If applicable, you understand & give permission for Breman Healthcare Solutions Ltd. to contact the appropriate authority in order to verify your current immigration status.

**NEW EMPLOYEE
CLINICAL MEDICAL QUESTIONNAIRE**

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by BREMAN HEALTHCARE SOLUTIONS LTD and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit when need be. Your file may also be used to cross reference and ascertain your fitness should you register with other clients.

PERSONAL INFORMATION			
Title	Surname	First Names	D.O.B
Home Tel:	Work Tel:	Cell:	
Home Address:		GP Address:	

MEDICAL HISTOY		
All Staff to complete this Section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability may have been caused or made worse by your work	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is YES, please provide details of the condition, treatment and dates.	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicate YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being Returned/Nullified.

ADDITIONAL INFORMATION
If you have indicate YES to any of the above questions please provide further details in additional information below.

TUBERCULOSIS

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year? Including Holidays	<input type="checkbox"/>	<input type="checkbox"/>
If your answer is NO to the above, please list all the countries that you have lived in visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a BCG Vaccination in relation to Tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please state when.		
Do you have any of the following		
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

EVD (Ebola Virus Disease)

Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola screening Questionnaire to complete as applicable	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone or Liberia)	<input type="checkbox"/>	<input type="checkbox"/>
If YES to the above, please list all the countries you have lived in, visited in the last 21 days. This must include duration of stay and dates failure to which this form shall automatically be rejected.		

ADDITIONAL INFORMATION

If you have indicated YES to any of the above questions please provide further details in additional information below.

CHICKEN POX OR SHINGLES

Have you ever had Chicken Pox or Shingles

YES:

NO:

DATE

BBV (Blood Borne Virus)

Have you ever come into contact with any BBV's (Including needle stick injuries?)

YES:

NO:

IMUNIZATION HISTORY

Have you been immunized from the following?

Triple Vaccination as a child (Diphtheria, Tetanus, Whooping Cough)

YES:

NO:

DATE

Polio

YES:

NO:

DATE

Tetanus

Hepatitis B (If YES please give details below)

Course:

1

2

3

Boosters:

1

2

3

PROOF OF IMMUNITY (Send the Following)

Varicella

Provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity

Tuberculosis

We require an occupational health GP certificate of a positive scan or a record of a positive skin rest result (No self-declaration)

Rubella, Measles & Mumps

Certificate of two MMR Vaccination or proof of a positive antibody for Rubella and Measles.

Hepatitis B

Provide a copy of the most recent pathology report showing titre levels of 100iu/l or above.

DECLARATION

I confirm that I have read and understood the above and confirm my answers to be accurate and correct.

Additionally, I understand that ...

- It is my responsibility to update BREMAN HEALTHCARE SOLUTIONS LTD. in the event any of these details change in the future.
- Any job offer made to me is based on a zero-hours contract with no guarantee of work or working hours.
- Any job offer made to me is subject to satisfactory references being obtained from the individuals offered above. I give permission for BREMAN HEALTHCARE SOLUTIONS LTD. to contact the referees given.
- Upon acceptance, if I do not subscribe to the DBS Update Service, BREMAN HEALTHCARE SOLUTIONS LTD. will arrange a Disclosure and Barring Service (DBS) check now, and at intervals thereafter. I agree to pay the cost of this, determined at the time, either through deductions from my wages, or paid directly by me after three months from the DBS request being made, whichever is sooner.
- I also understand that BREMAN HEALTHCARE SOLUTIONS LTD. may contact the Home Office/UK immigration in order to verify my eligibility to work in the UK.
- If information given on this application form is found to be false it may result in disciplinary action, or dismissal.

Signed:

Date: