



DRAYCOTT NURSING
The Professionals in Nursing and Care

NURSE - APPLICATION FORM

| Section 1 – Personal Details | | | | |
|--|---------------------|-------|----------------------|----------|
| Position Applied for: | Nurse | Carer | Live in | Live out |
| Surname: | Forename(s): | | Mr / Mrs / Miss / Ms | |
| Address: | | | | |
| Postcode: | | | | |
| Mobile No: | Telephone / Fax No: | | | |
| Email: | | | | |
| Which languages do you speak? <i>(please indicate your first spoken language)</i> | | | | |
| How did you hear about Draycott Nursing? | | | | |

| Section 2 - History | |
|---|-------|
| Please summarise any specialist areas of nursing or care E.g. Dementia, palliative care: | |
| Which of the following mandatory training days have you attended? | |
| Manual Handling | Date: |
| First Aid | Date: |
| Food Hygiene | Date: |

| Section 3 – Education and Qualifications |
|---|
| Please provide details of your school leaving qualifications: (Please include dates and names of establishments) |

Please provide details of any additional qualifications:

*** FOR NURSES ONLY***

NMC Registration Number:

Expiry Date:

Do you have professional indemnity insurance?
(e.g. RCN or UNISON)

Expiry Date:

What is the date of your most recent drug calculation test?

Date:

Section 4 – Employment History

1. Current OR most recent employer:

Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

2. Previous employer:

Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

Reason for leaving:

3. Previous employer:

Job Title:

From: (Month/Year)

To: (Month/Year)

Summary of role and responsibilities:

Reason for leaving:

| | |
|---------------------------------------|------------------|
| 4. Previous employer: | |
| Job Title: | |
| From: (Month/Year) | To: (Month/Year) |
| Summary of role and responsibilities: | |
| Reason for leaving: | |
| 5. Previous employer: | |
| Job Title: | |
| From: (Month/Year) | To: (Month/Year) |
| Summary of role and responsibilities: | |
| Reason for leaving: | |

| Section 5 – References | |
|---|--------------------|
| <p>Please provide details of 3 professional referees who ideally have knowledge of your work as a nurse or carer. Referees must be in a managerial or a senior position and not colleagues, friends or relatives. If your referees are outside the UK then please provide a professional email address.</p> | |
| 1. Referee - Name: | Referee job title: |
| Company Name & Address: | |
| Postcode: | Telephone: |
| Fax: | Email: |
| Your job title: | |
| 2. Referee - Name: | Referee job title: |
| Company Name & Address: | |
| Postcode: | Telephone: |
| Fax: | Email: |
| Your job title: | |

| | |
|-------------------------|--------------------|
| 3. Referee - Name: | Referee job title: |
| Company Name & Address: | |
| Postcode: | Telephone: |
| Fax: | Email: |
| Your job title: | |

Section 6 – Passport and Driving Licence Details

If you have a non EU passport please provide details of your eligibility to work in the UK.

Work Permit Type: (e.g. student, indefinite leave) Expiry date: / /

Do you hold a valid UK driving licence? **YES** / **NO** Expiry date: / /

Section 7 – Criminal Records

This position is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are therefore not entitled to withhold information requested by the Company about any previous convictions in this country or abroad which you may have, even if in other circumstances these would be regarded as “spent”.

Do you have any criminal convictions in the UK or abroad? **YES / NO**

Have you ever been barred from working with vulnerable adults or children? **YES / NO**

If your answer is yes to either of the above questions, please provide details below:

Have you had a criminal records check? **YES / NO** **DATE:**

Section 8 – Next of Kin

Please provide details of your next of kin

Name: _____ Relationship to you: _____

Address:

Telephone number: _____ Mobile: _____

Other emergency contact

Name: _____ Relationship to you: _____

Address:

Telephone number:

Mobile:

Section 9 - Signature

I confirm that the information I have given is true. I understand that if information given on the application form is found to be false it may result in disciplinary action which could include dismissal.

Signed:

Printed:

Date:

Section 10 – Candidate Consent

I understand that any personal information stored by Draycott Nursing, may be accessed from time to time by authorised inspectors from the Care Quality Commission (CQC). I give permission for these individuals to have access to my records.

Signed:

Printed:

Date:

Please return your completed application form to:
Draycott Nursing and Care at 100 Sydney Street, London SW3 6NJ

REGISTERED NURSE SKILLS EVALUATION

| | | |
|--------------|-------------|---------------------|
| Name: | PIN: | Expiry Date: |
|--------------|-------------|---------------------|

Please tick the box to indicate your level of competence.

1. I am experienced and competent in this
2. I am familiar with this procedure but do not have experience
3. No Knowledge

| General | 1 | 2 | 3 | Comments |
|--|---|---|---|----------|
| Cancer | | | | |
| COPD | | | | |
| Diabetes | | | | |
| Dementia | | | | |
| Lymphoedema | | | | |
| Neurological disorders | | | | |
| Pain | | | | |
| Palliative care | | | | |
| Stroke/TIA | | | | |
| Medication Administration | 1 | 2 | 3 | Comments |
| Oral | | | | |
| Peg | | | | |
| Naso Gastric | | | | |
| Topical | | | | |
| Injections – intra dermal, subcut, intramuscular | | | | |
| PR, PV Suppositories | | | | |
| Intravenous Therapy | 1 | 2 | 3 | Comments |
| Heparin Lock | | | | |
| Peripheral line | | | | |
| Central line | | | | |
| Hickman catheter | | | | |
| Intravenous drug calculations | | | | |
| Preparation and administration of IV Medication | | | | |
| Administration of blood and blood products | | | | |
| Bolus Injections | | | | |
| Infusion pumps | | | | |
| Syringe drivers | | | | |
| Venepuncture | | | | |
| Cannulation | | | | |
| Parental Feeding | 1 | 2 | 3 | Comments |
| Knowledge of solutions | | | | |
| Administration | | | | |
| Site dressing | | | | |
| Gastrointestinal | 1 | 2 | 3 | Comments |
| Colostomy / Ileostomy care | | | | |
| Stoma therapy | | | | |
| Peg feeding | | | | |

| Bladder | 1 | 2 | 3 | Comments |
|-------------------------------------|---|---|---|----------|
| Male catheterisation | | | | |
| Female catheterisation | | | | |
| Catheter care | | | | |
| Suprapubic catheter | | | | |
| Bladder washout/instillation | | | | |
| Urine testing | | | | |
| MSU/CSU | | | | |
| Rehabilitation | 1 | 2 | 3 | Comments |
| Paraplegia | | | | |
| Quadriplegia | | | | |
| Amputation | | | | |
| Equipment | | | | |
| Wheel chair | | | | |
| Monkey pole | | | | |
| Hoist | | | | |
| Walking frames | | | | |
| Electronic beds/chairs | | | | |
| Air bed | | | | |
| Crutches | | | | |
| Slide sheet | | | | |
| Transfer boards | | | | |
| Wound Care | | | | |
| Norton/Waterlow chart | | | | |
| Dressings | | | | |
| Respiratory | 1 | 2 | 3 | Comments |
| Tracheostomy | | | | |
| Chest drains | | | | |
| Oxygen therapy: | | | | |
| Cardiovascular | 1 | 2 | 3 | Comments |
| 12 lead ECG | | | | |
| Interpretation of basic arrhythmias | | | | |
| Angina | | | | |
| CCF | | | | |
| Oncology | 1 | 2 | 3 | Comments |
| Chemotherapy treatment | | | | |
| Radiotherapy treatment | | | | |

I confirm that the above information is correct regarding my abilities.

Signature:

Date:

EQUAL OPPORTUNITIES QUESTIONNAIRE

Draycott Nursing aims to be an equal opportunities employer and seeks to ensure that prospective staff are interviewed and put forward for vacancies solely on the basis of merit, irrespective of race, disability, age, gender or dependants. In order to monitor the effectiveness of our policy, we request all job applicants provide the information below. The information given is for statistical monitoring purposes only. Thank you for your co-operation.

Name

Date of Application:

Please ensure you read all the categories listed and tick the appropriate boxes.

I am Female:

☐

I am Male:

☐

I have dependants:

☐

e.g. financially dependant children, non-working spouse /partner, elderly relatives, sick relatives or partner

I consider myself to have a Disability:

☐

According to the Disability Discrimination Act 1995, "disability" includes any physical or mental impairment which may have a substantial and / or long term adverse effect on your ability to carry out some or all of the normal activities of the job for which you are applying.

Please select your Ethnic Origin from the categories below. This could be the origin of your forebearers, so it is not necessarily the same as nationality.

I am of White origin:

British

☐

Irish

☐

White other

☐

I am of Mixed race origin:

White & Black Caribbean

☐

White & Asian

☐

White & Black African

☐

Mixed Other

☐

I am of Asian or Asian British Origin:

Indian

☐

Pakistani

☐

Bangladeshi

☐

Asian other

☐

I am of Black origin:

Caribbean

☐

African

☐

Black other

☐

I am of Chinese or other ethnic origin:

Chinese

☐

Any other origin

☐

Unknown

☐

Please select your Religion or Belief.

Baha'i

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jain

☐

Jewish

☐

Muslim

☐

Pagan

☐

Sikh

☐

Zoroastrian

☐

None

☐

Other

☐

Please tick the appropriate box for your age group

18 – 24

☐

45 – 54

☐

25 – 34

☐

55 – 64

☐

35 – 44

☐

65 +

☐

NURSES JOB DESCRIPTION

| | |
|---|---|
| Job Title | Registered Nurse |
| Job Purpose | <p>To provide care for clients in their own homes, in a professional and compassionate manner in accordance with Draycott Nursing's policies and procedures.</p> <p>To comply with health and Social Care Act 2008 (regulated activities) regulations 2010 and CQC (registration) regulations 2009. (See attached outcomes)</p> |
| Accountable to | Draycott Nursing and Care at 100 Sydney Street, London SW3 6NJ |
| Main Activities Specific Duties Other Duties | <p>The specific requirements of each assignment will vary and these will be discussed with you before you accept the assignment.</p> <p>You will provide nursing care according to the client's specific diagnosis and needs. Your duties will include:</p> <ul style="list-style-type: none"> • Communicating effectively with the client, the multi disciplinary team and Draycott Nursing • Keeping accurate, factual written accounts of your time with the client • Following the Draycott Nursing Administering Medication Policy, as outlined in the handbook • An awareness of the client's emotional and spiritual needs • Observing and following the Draycott Nursing Health and Safety policy • It is the responsibility of each member of staff to prevent and control infection. <p>Your role may also include:</p> <ul style="list-style-type: none"> • Care of intravenous therapy • Care of a syringe driver/pump • Administration of medicines, injections, enemas and suppositories • Dressings • Catheter care (change of catheters for females only) • Bladder wash outs • Feeds via a PEG tube • Vital signs • Management of MRSA (Methicillin Resistant Staphylococcus Aureus) including information sharing if client is transferred <p>You may be required to perform tasks that would not normally be required within the hospital environment, for example:</p> <ul style="list-style-type: none"> • Meal preparation • Light household duties • Care of pets • Escorting clients to appointments • Making transport arrangements • Any other duties which may be part of a specific assignment |
| Code of Conduct | As a registered nurse, you are required to practice in accordance with the Nursing & Midwifery Council's Code of Professional Conduct. |
| Knowledge and Expertise | <ul style="list-style-type: none"> • NMC registration • General nursing experience • Ideally some experience of nursing clients in their own home • Evidence of up to date training |
| Essential Requirements | <ul style="list-style-type: none"> • An enhanced disclosure with the Criminal Records Bureau • Satisfactory References |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Occupational Health Clearance • Completion of Draycott Nursing Induction Training • Mandatory training |
|--|--|

| Revision Date | Revision Number | Description of Revision |
|---------------|-----------------|-------------------------|
| February 2012 | 02 | Update |

The Care Quality Commissions' Essential Standards

Each of the Standards has an associated Outcome which CQC expects clients will experience as a result of the care you provide. The Outcomes which specifically apply to your role are:

- **Outcome 1: Respecting and involving people who use services**
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
- **Outcome 2: Consent to care and treatment**
Before people are given any examination, care, treatment or support, they should be asked if they agree to it.
- **Outcome 4: Care and welfare of people who use services**
People should get safe and appropriate care that meets their needs and supports their rights.
- **Outcome 5: Meeting nutritional needs**
Food and drink should meet people's individual dietary needs.
- **Outcome 7: Safeguarding people who use services from abuse**
People should be protected from abuse and staff should respect their human rights.
- **Outcome 8: Cleanliness and infection control**
People should be cared for in a clean environment and protected from the risk of infection.
- **Outcome 9: Management of Medicines**
People should be given the medicines they need when they need them, and in a safe way.
- **Outcome 11: Safety, availability and suitability of equipment**
People should be safe from harm from unsafe or unsuitable equipment.
- **Outcome 21: Records**
People's personal records, including medical records, should be accurate and kept safe and confidential.