



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

I am Female: <input type="checkbox"/>	I am Male: <input type="checkbox"/>		
I have dependants: <input type="checkbox"/> <i>e.g. financially dependant children, non-working spouse /partner, elderly relatives, sick relatives or partner</i>			
I consider myself to have a Disability: <input type="checkbox"/> 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 <input type="checkbox"/> Irish <input type="checkbox"/> White other <input type="checkbox"/>			
I am of Mixed race origin: White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> Mixed Other <input type="checkbox"/>			
I am of Asian or Asian British Origin: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Asian other <input type="checkbox"/>			
I am of Black origin: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Black other <input type="checkbox"/>			
I am of Chinese or other ethnic origin: Chinese <input type="checkbox"/> Any other origin <input type="checkbox"/> Unknown <input type="checkbox"/>			
Please select your Religion or Belief.			
Baha'i <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Zoroastrian <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/>			
Please tick the appropriate box for your age group			
18 – 24	<input type="checkbox"/>	45 – 54	<input type="checkbox"/>
25 – 34	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
35 – 44	<input type="checkbox"/>	65 +	<input type="checkbox"/>



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	The specific requirements of each assignment will vary and these will be discussed with you before you accept the assignment.
Specific Duties	<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
Other Duties	<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
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Revision Date	Revision Number	Description of Revision
February 2012	02	Update



DRAYCOTT NURSING
The Professionals in Nursing and Care

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.