



DRAYCOTT NURSING
The Professionals in Nursing and Care

APPLICATION FORM

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

Section 2 - History	
Please summarise your caring / nursing experience, stating any specialist areas:	
Which of the following courses / training days have you attended?	
Manual Handling	Date:
First Aid	Date:
Food Hygiene	Date:
Others <i>(please state)</i>	
	Date:
	Date:

3. Previous employer:	
Job Title:	
From:	To:
Summary of role and responsibilities:	
Reason for leaving:	
4. Previous employer:	
Job Title:	
From:	To:
Summary of role and responsibilities:	
Reason for leaving:	
5. Previous employer:	
Job Title:	
From:	To:
Summary of role and responsibilities:	
Reason for leaving:	

Section 5 – References <i>(please check with your referees before supplying us their details)</i>	
Please provide details of 3 referees who have knowledge of your work as a nurse or carer. <i>(Please include as many UK references as possible. If outside the UK then please ensure you provide a fax number and / or email address)</i>	
1. Referee - full name and title:	Referee job title:
Company Name & Address:	
Postcode:	Telephone:
Fax:	Email:
Your job title:	

Section 8 – Next of Kin

Please provide details of your next of kin. This should be parent relative or guardian.

Name:

Relationship to you:

Address:

Telephone number:

Other contact – Name:

Address:

Telephone number:

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 forms to:
Draycott Nursing and Care at 100 Sydney Street, London SW3 6NJ



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CARERS IN THE HOME SKILLS EVALUATION

Name:

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 will need supervision.
3. Understand procedure but no experience.
4. No Knowledge

Personal Hygiene	1	2	3	4	Comments
Bath/ shower					
Use of bath aids					
Shaving					
Dress/ undress patient					

Mobility	1	2	3	4	Comments
Moving/ handling patient					
Using walking frames					
Use of hoists					

Terminal Care	1	2	3	4	Comments
Mouth care					
Eye care					
Pressure area care					

Toileting	1	2	3	4	Comments
Assisting to commode					
Use of bedpans					
Catheter / Uro sheath care					
Colostomy / Ileostomy care					

Home Care Observations	1	2	3	4	Comments
Skin / Nails / Hair					
Food & Fluids					
Bowels & Bladder					
Weight loss					

Diabetic Awareness re:	1	2	3	4	Comments
High blood sugar					
Low blood sugar					
<i>.. and support with:</i>					
Food / Fluids					
Finger prick					
Urine test					
Insulin administration					

General	1	2	3	4	Comments
General Housekeeping					
Bed making with sheets/slide sheet					
Ensuring medication taken					

General cont./	1	2	3	4	Comments
Shopping for a client					
Managing house expenses					
Observing client confidentiality					
Report writing					
Recording instructions from GP or District Nurse					
Supporting client with appointments					
Observing changes in the patient's condition					
Know how to manage in an urgent situation i.e. who to call first					
Working with other nurses or carers, OT's etc					
Are you willing to look after the patient's pets?					

Nutrition and Cooking Skills	1	2	3	4	Comments
Food handling					
Feeding the client					
Peg feeding					
Experienced in cooking for patients					
Cater for a vegetarian diet					
Experience in catering for other special diets	YES / NO				
Please state which					
Do you have any dietary requirements	YES / NO				
State what they are please					

Environment	1	2	3	4	Comments
Do you have experience of working in the following situations?					
Hospice					
Nursing home					
Residential home					
Hospital					
Patient's own home					
Caring for a client at the end of life					
Supporting bereaved relatives					

Equipment	1	2	3	4	Comments
Experience with the following :					
Wheel chairs					
Client using a 'Monkey pole'					
Electronic beds/chairs					
Air chair/bed mattress					

I declare 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 termination of the recruitment process or disciplinary action which could result in dismissal.

Signed: **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

Please tick the appropriate box for your age group

18 – 24 45 – 54

25 – 34 55 – 64

35 – 44 65 +

FOR OFFICE USE ONLY:

Information transferred to Monthly Return

Month:..... Signed:.....