



NURSE - 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:

Section 3 – Education and Qualifications

Please provide details of your school leaving qualifications and the grades achieved:
(Please include dates and names of establishments)

Please provide details of any post-graduate qualifications:
(Training school, hospital, university, post school etc.)

Other courses attended:

* FOR NURSES ONLY*

NMC Registration Number:

Expiry Date:

If you are a member of a Professional Body or Union please state which:

Section 4 – Employment History

Please provide details of employment history:

1. Current most recent employer:

Job Title:

From:

To:

Summary of role and responsibilities:

Salary before any deductions:

£

monthly

or, £

weekly

2. Previous employer:

Job Title:

From:

To:

Summary of role and responsibilities:

Reason for leaving:

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 & Care, 100 Sydney Street, London SW3 6NJ



DRAYCOTT NURSING
The Professionals in Nursing and Care

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

Medication Administration	1	2	3	4	Comments
Oral					
Via Peg route					
Topical					
ENT – eye, ear, nose, throat, inhalation					
Injections – intra dermal, subcut, IMI					
PR, PV Suppositories					

Intravenous Therapy Management of:	1	2	3	4	Comments
Heparin Lock, IV cannula					
Hickman Line					
Calculation of Injectable & intravenous drugs					
Preparation and administration of IV Medication					
Administration of blood and blood products					
Bolus Injections					
Infusion pumps					
Syringe drivers					
Venepunctures					

Parenteral Feeding	1	2	3	4	Comments
Knowledge of solutions					
Administration management					
Site Dressing Management					

Gastrointestinal	1	2	3	4	Comments
Colostomy / Ileostomy care					
Peg feeding					

Bladder	1	2	3	4	Comments
Male catheterisation					
Female catheterisation					
Catheter care					

Bladder cont./	1	2	3	4	Comments
Suprapubic catheter management					
Bladder washout/instillation					
Urine Testing					
Collection sterile specimen urine					

Support of Patient living with:	1	2	3	4	Comments
Restrictive airways disease					
Diabetes					
Stroke					
Lymphoedema upper or lower limbs					
Pain					

Basic Neurological Assessments:	1	2	3	4	Comments
Neurological assessment using Glasgow coma scale or other					
Seizure monitoring / precautions / reporting					

Care of Assisted Rehabilitation of Patient	1	2	3	4	Comments
Paraplegia					
Quadriplegia					
Hemiplegia					
Totally immobility					
Amputation of one or more limbs					
Crutches, walking frame					
Wheel chair					
Manual handling needs – Hoist, slide sheet, monkey pole					
Norton/Water low score – ID & prevention of Pressure sores					
Slide sheet use, transfer boards use					
Log rolling client					

Respiratory skills	1	2	3	4	Comments
Chest Physiotherapy					
Tracheostomy tubes					
Tracheostomy care					
Oropharyngeal suctioning					
Endotracheal suctioning					
Chest drains management					
Oxygen equipment-					
-Nasal cannula					
- Face mask					
- Vent mask					



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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 forbearers, 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"/>
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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"/>
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I am of Chinese or other ethnic origin:	Chinese <input type="checkbox"/>	Any other origin <input type="checkbox"/>
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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"/>

FOR OFFICE USE ONLY:
Information transferred to Monthly Return

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