

Interviewers Comments Only:

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**EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE: (PLEASE TICK)**

**SEX** FEMALE  MALE

**ETHNIC ORIGIN:**

I AM WHITE BRITISH  IRISH

ANY OTHER WHITE BACKGROUND PLEASE STATE .....

MIXED WHITE AND BLACK CARIBBEAN  WHITE AND BLACK AFRICAN

WHITE AND ASIAN

ANY OTHER MIXED BACKGROUND PLEASE STATE .....

ASIAN OR ASIAN BRITISH INDIAN  PAKISTANI

BANGLADESHI

ANY OTHER ASIAN BACKGROUND PLEASE STATE .....

BLACK OR BLACK BRITISH CARIBBEAN  AFRICAN

ANY OTHER BLACK BACKGROUND PLEASE STATE .....

CHINESE OR OTHER ETHNIC CHINESE

ANY OTHER BACKGROUND PLEASE STATE .....

**DISABILITY**

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, AS DEFINED UNDER THE DISABILITY DISCRIMINATION ACT?

YES/NO IF YES DESCRIBE .....

**ADDITIONAL PERSONAL REQUIRED INFORMATION:**

- 1. Are you related to any person who is currently a member or employee within the Caring Industry.....
- 2. Do you have any Health Problems at all that you have not disclosed with your application.....
- 3. If you have failed to disclose any of the above required information or have failed to disclose a criminal conviction, including 'spent ones' or have provided Orchid NN with false information. The result will be instant dismissal or possible prosecution.

**THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE.**

SIGNATURE ..... DATE .....

**ORCHID NATIONAL NURSING SUPPLY LTD**

EQUAL OPPORTUNITIES EMPLOYER - PROMOTING ENVIRONMENTAL AWARENESS - SUPPLYING TO BOTH NHS AND PRIVATE SECTORS

Salary: £ K  
£ p/h**Application for Employment**

Temp/Perm/Contract

FOR THE POST OF .....

**In Confidence**Has the candidate provided a CV in electronic format By e-mail  If yes, who was it sent to .....On Disk  If yes, where is it stored .....**PERSONAL DETAILS:**

MR/MRS/MISS/MS SURNAME: ..... FORENAME: .....

ADDRESS: .....

DAY TELEPHONE: ..... EVENING TELEPHONE: .....

MOBILE: ..... EMAIL: .....

DATE OF BIRTH: ..... AGE: ..... NATIONALITY: .....

DO YOU NEED A WORK PERMIT? ..... NEXT IND INTERVIEW DATE IF APPLICABLE .....

DO YOU HAVE A CAR &amp; DRIVING LICENSE? CAR/LICENSE/BOTH DO YOU HAVE TO USE PUBLIC TRANSPORT? YES/NO

CLEAN DRIVING LICENSE? YES/NO WHERE ARE YOU WILLING TO TRAVEL TO WORK? .....

DO YOU SMOKE? ..... HOBBIES &amp; INTERESTS: .....

YOUR GP'S NAME &amp; ADDRESS ..... YOUR QUALIFICATIONS &amp; GRADES ACHIEVED .....

DO YOU HAVE A CRIMINAL RECORD? (DISCLOSURES ARE SUBJECT TO THE REHABILITATION OF OFFENDERS ACT 1974) YES/NO

CRB CHECKED? Yes  No **GENERAL INFORMATION:**

ARE YOU AVAILABLE NOW? YES/NO

IF NOT DO YOU HAVE TO GIVE NOTICE? YES/NO IF SO HOW LONG? .....

DO YOU HAVE ANY HOLIDAYS BOOKED? YES/NO IF SO WHEN? .....

NI NUMBER ..... DO YOU HAVE A HEALTH &amp; SAFETY CERTIFICATE? YES/NO

**SKILLS & EXPERIENCE:**

(PUT BOX TICK THE APPROPRIATE BOXES)

HAVE YOU HAD EXPERIENCE OF:	YES	NO	HAVE YOU HAD EXPERIENCE OF:	YES	NO
A&E NURSE			MACMILLAM CLINICAL NURSE SPECIALIST		
AUXILIARY NURSE			MENTAL HEALTH NURSE		
CARE ASSISTANT			MIDWIFE		
CHILDREN'S NURSE			OCCUPATIONAL HEALTH NURSE		
COMMUNITY STAFF NURSE			ONCOLOGY NURSE		
D & E GRADE NURSE			OPERATIONS MANAGER		
DATA ENGINEER			OPHTHALMOLOGY NURSE		
DATA MAPPER			ORTHOPAEDIC & NEURO NURSE		
ENT & UROLOGY NURSE			SENIOR STAFF NURSE		
GENERAL MEDICAL NURSE			SISTER / CHARGE NURSE		
GENERAL NURSE			STAFF NURSE		
LEARNING DISABILITIES NURSE			THEATRE MANAGER		

**PROFESSIONAL QUALIFICATIONS:**

AWARDING BODY: ..... REGISTRATION NUMBER: .....

DATE ACHIEVED: ..... DATE OF LAST RE-REGISTERED .....

RENEWAL DATE: ..... EXPIRY DATE .....

NURSING / MIDWIFERY REGISTRATION NUMBER: .....



**EDUCATION & QUALIFICATIONS**

SCHOOLS	FROM	TO	EXAMINATIONS AND RESULTS
COLLEGE AND UNIVERSITY			COURSES AND RESULTS
FURTHER EDUCATION AND FORMAL TRAINING			COURSES AND RESULTS
PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS			

**REFERENCES:**

PLEASE NAME TWO REFERENCES THAT WE WILL BE ABLE TO TAKE REFERENCES FROM:

CONTACT: .....	CONTACT: .....
JOB TITLE: .....	JOB TITLE: .....
COMPANY: .....	COMPANY: .....
ADDRESS: .....	ADDRESS: .....

POSTCODE: .....	POSTCODE: .....
TELEPHONE NUMBER: .....	TELEPHONE NUMBER: .....
FAX NUMBER: .....	FAX NUMBER: .....

I GIVE AUTHORISATION FOR BSS RECRUITMENT TO OBTAIN REFERENCES FROM THE ABOVE STATED CONTACTS DETAILS RELATING TO MY EMPLOYMENT OR THIS APPLICATION. MAY WE APPROACH EITHER REFEREE BEFORE INTERVIEW Y/N

SIGNATURE ..... DATE .....