



PLEASE READ

Please note all fields with (*) are mandatory so you will not be able to progress without completion.
Once completed, please email or post the form back to us.
NOTE: Form not compatible with iMac and MacBook.

Personal Details (*)

Title:	Surname:
First name:	Middle name(s):
Date of birth:	<input type="radio"/> Male <input type="radio"/> Female
House name or no:	Date of residence:
Street:	Tel home:
Town:	Tel work:
County:	Tel mobile:
Postcode:	Country:
Email:	
What job/s are you applying for?	

Emergency Contact (*)

Name:	Tel home:
Relationship to you:	Tel mobile:
Email:	

Professional Registration (*)

Are you registered with any professional bodies? (Please tick)

NMBI (Nursing & Midwifery Board of Ireland. Formally An Bord Altranais) **IMC** (Irish Medical Council) **CORU** (Health & Social Professionals council)

If other, please name the professional body:

Registration number:	Expiry/Renewal date:
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Professional Indemnity Insurance / Union Membership

Insurance Provider:	Union pin:
Insurance policy number:	Expiry date:

Source

Where did you hear about us? (Please specify where relevant).

<input type="radio"/> Your World Healthcare website	<input type="radio"/> Search engine:
<input type="radio"/> Job board:	<input type="radio"/> Journal/Magazine:
<input type="radio"/> Exhibition:	<input type="radio"/> Other (please specify):
<input type="radio"/> Referral (please specify name):	

Nationality and Eligibility to Work ^(*)

Do you hold an Irish /EU passport?	<input type="radio"/> Yes <input type="radio"/> No
Nationality:	
Passport no:	Expiry date:
If you do not hold an Irish/EU passport, do you hold any of the following?	
<input type="radio"/> GNIB (Garda National Immigration Bureau)	<input type="radio"/> Stamp 0
<input type="radio"/> Stamp 1	<input type="radio"/> Stamp 1A
<input type="radio"/> Stamp 2	<input type="radio"/> Stamp 2A
<input type="radio"/> Stamp 3	<input type="radio"/> Stamp 4
<input type="radio"/> Other (please specify):	Expiry date:

Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in the NHS you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.

Professional Qualifications

List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide scanned copies/photocopies of all certificates.

Qualification:	Place where obtained:	Date to/from:	Certificate attached?

Professional Appraisal

List your most recent professional appraisal

Location of appraisal:	Date of appraisals:	Key outcomes:

International English Language Testing System (IELTS)

Have you completed your IELTS? If yes please complete the below

Qualification:	Place where obtained:	Date completed:	Certificate attached?

Training

You are required to complete the following practical training on annual basis.
(please tick the relevant courses you have completed and that you will be sending us a valid original certificate)

Qualification:	Place where obtained:	Date completed:	Certificate attached?
Basic Life Support			
Advanced Life Support			
Manual Handling			
Non-Violent Crisis Intervention			
Infection Control			
Elder Abuse Training			
Fire Safety			

Professional References

Please give the names and contact details of 3 professional referees from your current and most recent employment, which must cover the last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that Your World Recruitment Group are unable to offer you work until satisfactory references have been obtained, and that Your World Recruitment Group are required to obtain references for you on an annual basis. Please continue on a separate sheet if necessary.

Reference 1

Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	<input type="radio"/> Yes <input type="radio"/> No

Reference 2

Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	<input type="radio"/> Yes <input type="radio"/> No

Reference 3

Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	<input type="radio"/> Yes <input type="radio"/> No

Payment Details

PPSN (Personal Public Service number):	Account Name:
Account Number:	Sort Code:
IBAN	BIC

Declaration of Criminal Record / Garda Vetting ^(*)

You are required to declare prosecutions or convictions. Please tick appropriately.

1. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?	<input type="radio"/> Yes <input type="radio"/> No
2. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held.	<input type="radio"/> Yes <input type="radio"/> No
3. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation?	<input type="radio"/> Yes <input type="radio"/> No
If Yes, please provide details:	

Garda Vetting

Have you ever had a Garda Vetting application check?

Yes No

Disclosure no:

Date:

Company that conducted the check:

Declarations (*)

Organisation of Working Time Act

The Organisation of Working Time Act 1997 states that the maximum average working week for many employees cannot exceed 48 hours. The provisions of the Organisation of Working Time Act 1997 does not apply to employees who control their own working hours.

I agree to monitor my own working hours.

I agree I disagree to limit my working week to no more than 48 hours

I can confirm that I received, read and understood each section of the Candidate Handbook

I can confirm that I have read this document fully and that all the information provided to Your World Recruitment Group is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform Your World Recruitment Group should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

1. I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform Your World Recruitment Group.
2. I acknowledge that I have been given a copy of the terms and conditions of service issued by Your World Recruitment Group, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them.
3. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Form.
4. I acknowledge and confirm that Your World Recruitment Group is authorised to apply for and obtain a Garda Vetting check and references from any previous employers and educational establishments.
5. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that Your World Recruitment Group may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to Your World Recruitment Group.
6. I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Organisation of Working Time Act 1997 shall not apply to working with Your World Recruitment Group unless specified above.
7. I acknowledge that my personal details will be stored and handled correctly by Your World Recruitment Group in accordance with the Data Protection Act of 1998 and 2003, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - Garda Vetting, Occupational Health, References).
8. I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Your World Recruitment Group.
9. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for Your World Recruitment Group, I must inform Your World Recruitment Group immediately.
10. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform Your World Recruitment Group if I am under investigation or suspended by my professional regulatory body or employer at any point while working for Your World Recruitment Group.
11. I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Directive) I will provide accurate information.
12. I confirm that whilst working for Your World Recruitment Group I am willing to work through any of the brands/subsidiary companies that form part of Your World Recruitment Group of companies. These include (but are not Limited to) Your World Healthcare, Your World Nursing, Your World Recruitment and Temps4Healthcare. I understand that I will be informed at the time of placement which company / brand that I will be working for and will be provided with the relevant documentation to represent that company.

Signature:

Print name:

Date: