

**What do we Offer?**

Care and compassion agency have a holistic approach, to care in a compassionate way, as we offer our candidates more choice, better benefits, flexible working hours, excellent rates of pay, training, weekly payments and bonus schemes. We simply require you to smile and represent us with a caring nature.

In order for your application for a healthcare assistant or staff nurse to be proceeded we also require the following documentation to be submitted with your completed application pack.

You will need to bring with you:

* Enhanced Disclosure from the Criminal Records Bureau (the agency will provide you with a CRB to complete. You will be advised of CRB application fee).
* Passport and work permit, or birth certificate if British.
* Two passport-sized photos.
* Contact names and business addresses of two referees at management level for whom you have worked during the last two years. One of these should be from your previous employer.
* Full bank details and proof of your National Insurance Number.
* Proof of current training
* Two documents for proof of address

For staff nurses applications you must provide the following extra information:

* Confirmation document from NMC
* Immunisation details and test results of Hepatitis B, Varicella, TB and Rubella immunisation

Unless this information is provided, candidate’s application forms will not be processed.

|  |
| --- |
| PHOTO |



 **Application Form**

**Please complete the application forms and return them to our office.**

**18-24 Stoke Road, Slough, Berkshire, SL2 5AG, England**

**You may register any time between 9am and 6:30pm, Monday to Friday.**

(*Complete all sections with black pen*)

**Full Name:**

**Position applying for:**

**Data protection statement**

All personal information collected is for the purpose of recruitment, it is the agency’s strict policy to protect and keep secure all personal information collected. Forms of unsuccessful applicants will be destroyed after 5 months, whereas successful applicant’s information will be processed for the purposes of recruitment and satisfactory administration of the employer.

**Equality of opportunity statement**

The agency has an equal opportunity policy making sure that employee or potential employees are treated equally regardless of their gender, age, nationality, ethnic origin, colour religion, sexual orientation, marital status and disability.

 **CONTACT DETAILS**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOWN/ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTCODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELIGION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATIONAL INSURANCE NUMBER**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO HOLD A VALID DRIVERS LICENCE**: YES OR NO (please circle one)

 **GENERAL HEALTH**

|  |  |
| --- | --- |
| ARE YOU IN GOOD HEALTH?YES NOIF NO, PLEASE GIVE BRIEF DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | HAVE YOU EVER BEEN IN SERIOUS ILLNESS OR INJURY? YES NOIF YES, PLEASE GIVE DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

  **EDUCATION HISTORY/ TRAINING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF THE SCHOOOL/ COLLEGE/ UNIVERSITY** | **NAME OF TRAININGS** | **DATE OF ATTENDANCE**  | **THE STUDIED COURSE/ QUALIFICATION GAINED, e.g gcse’s A levels, NVQ degree etc)**  | **GRADE/LEVEL**  |
| **TRAINING PROVIDER** | **DATE** | **FROM**  | **TO**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF EMPLOYERS, FULL ADDRESS INCLUDING POSTCODE** | **DATES OF EMPLOYMENT** | **POSITION HELD AND BRIEF SUMMARY OF DUTIES AND RESPONSABILITIES** | **REASONS FOR LEAVING/ LAST SALARY**  |
| **FROM**  | **TO**  |
| **MONTH/YEAR**  | **MONTH/YEAR**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ADDITIONAL INFORMATION AND SKILLS (optional)**

GIVE DETAILS OF ANY ADDITIONAL INFORMATION, WHICH YOU WOULD LIKE TO INCLUDE IN SUPPORT OF YOUR APPLICATION. SUCH INFORMATION MAY INCLUDE ACHIEVEMENTS AND SKILLS, WHICH YOU BELIEVE WILL BE USEFUL IN THE APPLICATION.

|  |
| --- |
|  |

* DO YOU HAVE TO GIVE NOTICE TO ANY PRESENT EMPLOYER

YES or NO (*please circle one*)

* IF YES HOW MUCH NOTICE?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFEREES**

PLEASE GIVE DETAILS OF THE NAMES/ ADDRESS OF TWO RELATED REFEREES. ONE OF THE REFEREES SHOULD BE YOUR CURRENT EMPLOYER, IF YOU ARE PRESENTLY UNEMPLOYED OR SELF-EMPLOYED, YOUR LAST EMPLOYER.

|  |  |
| --- | --- |
| NAME, FULL ADDRESS AND POSTCODE | NAME, FULL ADDRESS AND POSTCODE |
|  |  |
| EMAIL ADDRESS:TELEPHONE NUMBER: | EMAIL ADDRESS:TELEPHONE NUMBER: |
| RELETAIONSHIP TO YOU |  | RELETAIONSHIP TO YOU |  |
| MAY WE CONTACT THE ABOVE PERSON NOW  | YES |  | NO |  | MAY WE CONTACT THE ABOVE PERSON NOW | YES |  | NO |  |

**CRIMINAL RECORD DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DO YOU HAVE ANY PENDING CRIMINAL CONVICTIONS? | YES |  | NO |  |
| IF YES, PLEASE GIVE DETAILS |

**ASYLUM AND IMMIGRATION ACT 1996**

UNDER THE ASYLUM AND IMMIGRATION ACT 1996, IT IS A CRIMINAL OFFENCE FOR THIS AGENCY TO EMPLOY A PERSON AGED 16 OR OVER WHO IS SUBJECT TO IMMIGRATION CONTROL:

* THAT PERSON HAS A CURRENT AND VALID PERMISSION TO BE IN THE UK, AND THAT PERMISSION DOES NOT PREVENT HIM OR HER FROM TAKING THE JOB IN QUESTION
* THE PERSON COMES INTO A CATEGORY BY THE HOME SECRETARY WHERE SUCH EMPLOYMENT IS ALLOWED

ANY EMPLOYMENT OFFERED WILL BE SUBJECT TO THE SUCCESSFUL APPLICANT PRODUCING APPROPRIATE EVIDENCE THAT THE ASYLUM AND IMMIGRATION ACT IS NOT BEING CONTRAVENED.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ARE YOU ELIGIBLE TO WORK IN THE UK? | YES |  | NO |  |



**PERSONAL DECLERATION**

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION AND THAT SUBMITTED IN ANY ACCOMPANYING DOCUMENTS IS CORRECT, AND I GIVE PERMISSIO FOR ANY ENQUIRIES THAT NEED TO BE CONFIRMED, SUCH AS QUALIFICATIONS, EXPERIENCES, AND DATES OF EMPLOYMENT.

* I GIVE PERMISSION FOR THE PROCESSING OF THE PERSONAL DATA CONTAINED IN THIS FORM FOR EMPLOYMENT PURPOSES
* I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN DISMISSAL.

|  |  |
| --- | --- |
| SIGNED:  | DATE: |

 

 **CONFIDENTIALITY AGREEMENT**

**Care and Compassion Agency is committed to ensuring strict confidentiality of all employers. Please read and sign this agreement, which will be held in your employee file.**

All patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any employee when out of practice. . Examples of inappropriate disclosures include:

* Employees discussing or revealing personal health information or other confidential information to friends or family members.
* Employees discussing or revealing personal health information or other confidential information to other employees without a legitimate need to know.

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my employment with Care and Compassion Agency is to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfil my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed.

I am familiar with the guidelines in place at Care and Compassion Agency pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Care and Compassion Agency is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of Care and Compassion Agency is grounds for disciplinary action, up to and including immediate dismissal.

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and fully understood the Care and Compassion Agency.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Bank Details**

In order for the Care and Compassion Agency Ltd to pay you, Please provide a bank account detail you wish your payment to be submitted.

|  |  |
| --- | --- |
| Name  |  |
| Name and Bank Address  |  |
| Sort Code |  |
| Account Number  |  |
| Date  |  |
| Signature  |  |



**Next of Kin and Emergency Contact Information**

|  |  |
| --- | --- |
| **NEXT OF KIN:** | **RELATIONSHIP to you:** |
| **NAME:** |
| **ADDRESS:** |
|  |
|  |
| **TELEPHONE NUMBERS (**home/ work/mobile): |

|  |  |
| --- | --- |
| **EMERGENCY CNTACT DETAILS :** | **RELATIONSHIP to you :** |
| **NAME:** |
| **ADDRESS:** |
|  |
|  |
| **TELEPHONE NUMBER.:** |

# Notes

**In accordance with Data Protection Act principles, please note the following in relation to this form and the data held within it:**

* The emergency contact data will be used only for emergency purposes e.g in the event of an accident in the workplace.
* You should notify the individual(s) you have named above that you have provided us with this information and we will hold this information on file whilst you are employed in the Department.

|  |
| --- |
| I, , agree to the conditions stated above. Date: |



**Working Time Regulations 1998 Waiver of 48 Hour Limit**

The Working Time Regulations 1998 specify that, for reasons of health and safety, workers should limit their average weekly working time to 48 hours. However, employees may agree to work more than the 48-hour average weekly limit by completing the form below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to work more than the 48-hour average weekly limit.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The disclosure and barring servise (DBS)**

The Disclosure and Barring Service (DBS) helps us employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

They are responsible for: processing requests for criminal records checks deciding whether it is appropriate for a person to be placed on or removed from a barred list placing or removing people from the DBS children’s barred list and adults’ barred list for England, Wales and Northern Ireland

# **Applicants**

# How to register:

# You can [register online](https://secure.crbonline.gov.uk/crsc/apply?execution=e1s1) as soon as you have your application form reference number. You can ask for the number when you apply for your DBS check.

# Or you can wait and [register](https://secure.crbonline.gov.uk/crsc/apply?execution=e1s1) with your certificate number when you receive your DBS certificate. If so, you must do so within 19 days of the certificate being issued.

# You can [view your details online](https://secure.crbonline.gov.uk/crsc/subscriber) once you’ve registered.

# To check the progress of your DBS certificate use the [DBS tracking service.](https://secure.crbonline.gov.uk/enquiry/enquirySearch.do)

# Registration lasts for 1 year and costs £13 per year (payable by debit or credit card only). There’s no charge if you’re a volunteer.

# You’ll get an ID number with your registration that you need to log on to the service.

# **What you get**

# When you join, you’ll get an online account that lets you:

# take your certificate from one job to the next

# give employers permission to check your certificate online, and see who has checked it

# add or remove a certificate

# Read the [detailed guidance for applicants](https://www.gov.uk/government/publications/dbs-update-service-applicant-guide)

# **Employers and other organisations**

# Employers and other organisations can [check someone’s DBS certificate status online](https://secure.crbonline.gov.uk/crsc/check) and get a result straight away.

# There’s no registration process or fee for employers to check a certificate online, but employers must:

# be [legally entitled](https://www.gov.uk/disclosure-barring-service-check/arranging-checks-as-an-employer) to carry out a check

# have the worker’s permission

# Read the [detailed guidance for employers](https://www.gov.uk/government/publications/dbs-update-service-employer-guide).

**Help**

DBS customer services

customerservices@dbs.gsi.gov.uk

Telephone: 0870 90 90 811

Minicom: 0870 90 90 344

Welsh line: 0870 90 90 223

Monday to Friday, 9am to 5pm

[Find out about call charges](https://www.gov.uk/call-charges)

Transgender applications

sensitive@dbs.gsi.gov.uk

Sensitive applications team

Customer services

PO Box 165

Liverpool

L69 3JD

**Data protection and fair processing**

The Disclosure and Barring Service will refer the details provided on this application form to government and law enforcement bodies in accordance with any relevant legislation. The details provided to these bodies will be used for identifying possible matches to records held by them.

Where such a match is established, data may be released to the DBS for inclusion on any certificate issued. The details provided on this form may be used to update the records held by the bodies specified above. The details provided on this form may be used to verify your identity for authentication purposes. The DBS may use any information provided by the DBS on a certificate or otherwise held by the DBS to inform any of its barring decisions made under its powers within the safeguarding Vulnerable Groups Act 2006.

RECRUITMENT PROCESS

Care and Compassion Agency Ltd we pride ourselves on our thorough and robust recruitment processes which ensure that you are fully prepared and inducted into your chosen career. By taking the time to learn about your strengths and career aspirations we provide a quality recruitment service

1. **Online application**

Once you have carefully read about the roles and responsibilities you should call the recruitment team directly or complete an online application form. This will be assessed by a member of Care and Compassion recruitment team and if the initial criteria are met you will be invited to complete a telephone interview. We aim to respond to all online applications within 1 working day.

2. **Telephone interview**

Following on from your application a member of our recruitment team will contact you. They will ask you whether you have any previous experience, any qualifications, your current place of work and the types of work you are looking for. We will take careful note of your communication skills and most importantly your compassion and suitability for the role.

3. **Online** **assessment**

We will also ask you to complete an online attitude fit assessment which shows your attitudes toward work and work-related issues by measuring for counter-productive behaviours.

4. **Face to Face Interview**

Having met the initial requirements we will then invite you to attend an interview at your local office with our dedicated Nurse interviewer. This will be an opportunity for us to find out more about you and for you to find out more about Care and Compassion Agency, the work we do, and where you can contribute to the care and support we provide to people. All relevant ID registration documents needed, will be made available online, which you need to bring at the interview, these are also listed below:

* Previous up to date, Enhanced Disclosure from the Criminal Records
* Passport and work permit, or birth certificate if British.
* Two passport-sized photos.
* Contact names and business addresses of two referees at management level for whom you have worked during the last two years. One of these should be from your previous employer.
* Full bank details and proof of your National Insurance Number.
* Proof of current training
* Two documents for proof of address

For staff nurses applications you must provide the following extra information:

* Confirmation document from NMC
* Immunisation details and test results of Hepatitis B, Varicella, TB and Rubella immunisation

During the appointment you can expect the following:

* You will be required to complete our thorough application form if not already done online.
* You will be asked to complete an Enhanced Criminal Records Bureau Disclosure (You will be advised of CRB application fee).
* You will have a one to one interview with one of recruitment consultants

Your recruitment consultant will also check all the paper work that you will have been asked to provide.

5. **Processing Your Application**

If you are successful at interview then we will make a provisional job offer and discuss pay, terms and conditions and a potential start date with you. Your CRB form will be sent off, your references contacted and a request made for any further information that we may require from you.

Upon receipt of all required information you will be booked on to (if required) the relevant induction course. This will ensure that you have the knowledge needed to provide the high standard of care we pride ourselves in.

6. **Ready to Work**

Upon completion of your mandatory training and confirmation that all required documentation is present and correct, you will be classed as compliant and will be contacted by a recruitment consultant to be booked into your first shift.

7. **With You Every Step of The Way**

Throughout our recruitment process, which conforms to Care Quality Commission and the NHS Framework Agreement procedures, our trained and experienced recruitment consultants will be on hand to offer guidance and advice.

**TRAINING AND INDUCTION**

As an accredited “Investor in People”, we are committed to providing free extensive training to all our staff. By investing in our workforce we ensure that you have the relevant skills to carry out your specific job roles to the highest of standards.

Upon joining our team you will be required to undergo free mandatory training before commencing work. This training is delivered by our own trainers, all of whom are vocationally and occupationally competent in their specialist area. The course you will attend depends on your experience and your chosen career.

**Care and Compassion Induction Course**

If you are new to the care profession and have little or no experience you will be enrolled on our Induction Course. This four day course (three days classroom based and one day mentorship) covers all the practical and theoretical aspects of delivering care. As part of this course you will complete the Common Induction Standards in line with the Skills for Care Council. You will also be inducted into our Policies and Procedures, Code of Conduct and Terms and Conditions of Employment.

Once you have completed the three day theory section of our Care and Compassion Induction Course you will accompany a Senior Carer for a day mentoring shift. You will be able to put your theory into practice, providing care to individuals in their own homes.

**New Starter Induction Course**

For new recruits that have previous experience in the care field you will be required to complete our New Starter Induction Course. This two day course outlines the following:

* Policies and Procedures
* Code of Conduct
* Company Overview and Induction
* Moving and Handling *(theory and practical)*
* Basic Food Hygiene
* Abuse Awareness – Protection of Vulnerable Adults and Safeguarding Children
* Basic Life Support *(theory and practical)*
* Basic First Aid
* Equality and Diversity
* Health and Safety

**Continued Professional Development**

As your career develops we can offer training and support in the development of the relevant skills to be able to carry out new job roles. Once you have completed our mandatory training and gained the relevant experience you can enroll onto any of our free courses which include:

* Introduction to a Clinical Environment
* Administering Medication
* Complex Care Course *(including Tracheotomy Care, Suction and PEG Feeding)*
* Managing Violence and Aggression *(de-escalation techniques)*

You can also complete your NVQ level 2 or 3 in Health and Social Care. Working with our external NVQ provider you will be enrolled, free of charge, onto this modular course that further develops your practical skills allowing you to progress into more complex areas of work.



|  |  |  |  |
| --- | --- | --- | --- |
| **Candidates Name** | **Olivia** | **Surname** | **Peyechu** |
| **Contact Number** | **07411808942** |  |
| **PIN (if applicable)** | **15A1278E** |
| **Enhanced CRB** | **Yes** |
| **Job Role** | **Registered Nurse** |
| **Staff Eligibility to work in the UK. Passport/ proof of Address** | **Yes** |

|  |  |
| --- | --- |
| **Checks** | **Confirmed** |
| **Driving License/ Insurance** | **Yes** |
| **All required paperwork checked:** | **Yes** |
| **Mandatory Training** | **Yes** |
| **Reference Received**  | **Yes** |

|  |  |  |
| --- | --- | --- |
| **TRAINING** | **YES/NO** | **DATE COMPLETED** |
| **Manual Handling** | **YES** |  |
| **P.M.V.A** | **YES** |  |
| **Food and Hygiene**  | **YES** |  |
| **Health and Safety** | **YES** |  |
| **Risk Assessment** | **YES** |  |
| **Fire Safety Induction** | **YES** |  |
| **COSHH** | **YES** |  |
| **First Aid** | **YES** |  |
| **Infection Control** | **YES** |  |
| **Medication Training** | **YES** |  |
| **Epilepsy Awareness** | **NO** |  |
| **Safeguarding of Vulnerable Children/Adults** | **YES** |  |
| **Medazalan Training** |  |  |
| **Challenging Behaviour Training** | **YES** |  |
| **De-escalation training** | **YES** |  |
| **P.R.I.C.E** | **YES** |  |
| **NVQ 2/ QCF** |  |  |
| **NVQ 3/QCF** |  |  |