



**Vostek Ltd**  
7A Lower Grosvenor Place, London, SW1W 0EN.  
Tel: 0207 233 9935 Fax: 0203 940 9764  
Email: [info@vostek.co.uk](mailto:info@vostek.co.uk)

Photo

## APPLICATION FORM

Position applied for: \_\_\_\_\_ (eg Nurse / HCA)

### 1. PERSONAL DETAILS (please use capital letters)

Title:	National Insurance No:
Name:	Driving licence held:
Date of Birth:	Endorsement details (if any):
Address:	
Postcode:	Next of kin details:
Home Telephone No:	Name:
Daytime Contact No:	Relation:
Email:	Contact No:

### 2. CURRENT EMPLOYMENT

Start Date	Employer Name and address	Job Title and responsibilities	Reason for leaving

### 3. CURRENT MEMBERSHIP OF PROFESSIONAL BODIES & PROFESSIONAL REGISTRATION DETAILS (eg. NMC PIN)

Registration No:	Expiry Date:

### 4. OTHER EMPLOYMENT (for last 10 years, explaining gaps, where relevant). For experience exceeding 10 years kindly use separate sheet

Start Date	End Date	Employer Name and Address	Job Title and responsibilities	Reasons for leaving



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**5. EDUCATION, TRAINING AND DEVELOPMENT**

Date	School/college/University	Subjects	Result

**6. REFERENCES – One must be your current or most recent employer:**

Name: Address:  Email: Telephone No: Relationship to Applicant:	Name: Address:  Email: Telephone No: Relationship to Applicant:
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**7. CRIMINAL CONVICTIONS**

The Rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions that are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal

Do you have any previous convictions? **Y / N**

If yes, please detail offence(s) including date(s) and sentences(s)

Do you have an enhanced Disclosure & Barring Service check on the update service? **Y / N**

If Yes, I give permission for you to carry out an online status check: Signed: \_\_\_\_\_

**Please provide Vostek Ltd the original enhanced Disclosure & Barring Service check that was used on the update service.**

**8. APPRAISAL:**

Name of appraiser:	Appraiser PIN:
Date of last appraisal:	Date of next appraisal:

**9. INSURANCE (Professional Indemnity):**

Provider Name:	Issue date:	Valid until:
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**10. BANK / BUILDING SOCIETY DETAILS**

Building Society Roll No:	Bank Name:
Sort Code:	Account No:
Account holders name:	
<p>I authorize Vostek Ltd to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify Vostek Ltd, in writing of any changes to these details.</p> <p><b>Signed:</b> _____ <b>Date:</b> _____</p>	
<p>I have read and understood the Vostek Ltd's OPT OUT OF 48 HOUR WORKING WEEK AGREEMENT as described in the policy and procedures of Vostek Ltd and I hereby consent that the working week limit shall not apply to my assignment. I understand that under WITHDRAWAL OF CONSENT, I can end this agreement by giving the Employment Business 14 days notice in writing.</p> <p><b>Print Name:</b> _____ <b>Signed:</b> _____ <b>Date:</b> _____</p>	
<p>If you require to be paid through a UK Limited or Composite company, then the following details are required. N.B Certificates of registration will be required</p>	
Company Name	
Company Reg No.	
Company VAT No. (if VAT payments required)	

**11. KEY WORDINGS FOR TRAINED NURSES ONLY**

Please tick areas of experience. Please remember you will be held professionally accountable

Specialism	Less than 6 months	More than 6 months	1 - 2 years	2 + years	Specialism	Less than 6 months	More than 6 months	1 - 2 years	2 + years
A & E					Medical Assessment Unit/PAU				
Anaesthetic Trained					Mental Health				
Ante Natal					Midwifery				
Cardiac					Neonatal				
Cardiothoracic					Neurology				
Care of the Elderly					Nursing Homes				
Chemotherapy					Occupational Health				
Community Nursing					DDP/ODA				
Cosmetic Surgery					Oncology				
CSSD					Ophthalmology				
Day Care Centre					Orthopaedics				
Day Surgery					Out Patients				
Dental					Paediatric				
District Nursing					PICU				
Family Planning					Practise Nurse				
GU Med					Prisons				
Gynaecology					Radiology				
Haematology					Recovery				
Health Visitors					Renal				
High Dependency Unit					Residential Homes				
Home Care					SCBU				
Hospices					School Nurse				
Hospitals					Scrub				
In Charge Duties					Stoma Care				
Intensive Care Unit					Surgical				
ITU Psychiatric					Termination Clinic				
Learning Disability					Theatre				
Medical					Urology				



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**12. KEY WORDINGS FOR CARE ASSISTANTS ONLY:**

Please tick any certificates that you hold

Health & Safety at Work		First Aid		Food Hygiene		Catering	
Moving & Handling		Aggression Awareness		House Keeping		NVQ 1, 2, 3, 4	
Break Away		C & R		CPR			

Please tick areas where you have experience.

	Less than 6 months	More than 6 months	1 - 2 years	2 + years		Less than 6 months	More than 6 months	1 - 2 years	2 + years
Specialism					Specialism				
Nursing Homes					Home Care				
Residential Homes					Senior Care				
Private Homes					Catheter Care				
Hospitals					Fluid Charts				
Schools					Urinalysis				
Hotels					NVQ				
Learning Disability					Observations BP				
Mental Health					Observations				
Paediatrics					NNEB				

**13. DECLARATION**

I certify that the information contained on this application form is accurate and true. I give my consent to Vostek Ltd, for the processing, transfer and disclosure of all information submitted by me during the recruitment process and throughout any subsequent periods of employment for pre employment checks, reference checks, equal opportunities monitoring, payroll operations and training. (Data Protection Act 1988)

I give permission to Vostek Ltd to conduct monthly Update Service checks and NMC pin checks (if applicable) and store the evidence.

I give permission to conduct a Disclosure & Barring Service and for my original Disclosure & Barring Service certificate to be kept on my file.

I give permission allowing access to my file as part of audit by any external agency, to be viewed in accordance with requirements of Data Protection Act.

I am aware that I can withdraw consent at any time by informing Vostek Ltd, in keeping with the new Data Protection Regulation.

I am aware that I must notify Vostek Ltd about any changes regarding my Fitness to Practise and/or to Professional Registration immediately.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>Courses and Training</b>		
<b>Subject</b>	<b>Date</b>	<b>Certificate attached</b>
Health and safety at work		
COSHH - Control of Substances Hazardous to health		
Fire safety awareness		
Infection Control		
Food Hygiene		
Manual handling		
Basic Life support – CPR		
Lone worker		
Epilepsy		
Equality, Diversity & Inclusion		
RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations		
Handling Medication		
Handling Violence & Aggression and Complaint Handling		
Information Governance		
Mental Capacity Act 2005		
SOVA and SOCA Level 2 (Safeguarding Vulnerable adult and children)		
SOVA and SOCA Level 3 (Safeguarding Vulnerable adult and children)		
Food Handling (if duty involves handling of food)		