

Name of Applicant  Date

**Documentation Personal Identification/Immigration**

Passport Renewal / Visa / HO Letter / Student Letter / Marriage Certificate Required?

Comments

DBS  Yes  No Care 24/7 Healthcare  Yes  No Other:  Yes  No Date

If relevant, has applicant paid & completed DBS?  Yes  No

Comment

**Mandatory training**

Moving & Handling  Yes  No Health and Safety  Yes  No Basic life support  Yes  No  
 Infection Control  Yes  No Fire Safety  Yes  No First Aid  Yes  No  
 Food Safety & Nutrition  Yes  No Medication Administration  Yes  No  
 Safeguarding Vulnerable Adults and Children  Yes  No

If applicable, has applicant been advised of training?

Comment

**Immunisations**

Rubella  Yes  No Varicella  Yes  No Tuberculosis  Yes  No  
 Hepatitis C  Yes  No MMR  Yes  No  
 Hepatitis B  Yes  No HIV  Yes  No

Comment

**Applicant Assessment**

Professionalism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Attitude	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Comment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Application Form**

**Numeric skills demonstrated : Ages on completion documented ?**

Notes

**Applicant's Skill Profile:** Comments

**Mandatory Documents Completed :**

- Terms & Conditions
- Skills questionnaire as applicable
- IV Drug Administration (Qualified Nurses Only)
- Occupation Questionnaire

**Name of Recruitment Consultant:**