

Regalia Care

Application Form



Application Form For the post of

RGN *RMN* *HCA* *Senior HCA* *Domestic Staff*

Personal Details

| | | | |
|-------------------------|---|---------------------------------|-------------------|
| Title | | Address | |
| First Name | | Town | |
| Middle Name(s) | | City | |
| Last Name | | County | |
| Known As | | Postcode | |
| Maiden Name | | Date moved to this address: | Month: Year: |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Email: | |
| Date of Birth | | Tel: Home | |
| Nationality | | Tel: Mobile | |
| Marital Status | | How did you Hear about us? | |
| NMC pin number (if any) | | Are you eligible to work in UK? | |

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Work Status

| | | | |
|------------------------|------------------------------|----|--------------------------|
| Self Employed/LTD/PAYE | | | |
| National Insurance No | | | |
| Passport No | | | |
| Passport Expiry Date | | | |
| Driving License | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Own Transport | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |

Employment History

Please confirm your employment history details for the last 10 years. Please list using most recent first.

| | | | |
|---------------------|--|--------------------|--|
| Employer: | | | |
| Address: | | | |
| Phone number: | | | |
| Date started: | | Date left: | |
| Job title: | | Full or part time: | |
| Grade: | | Dept/Ward: | |
| Reason for leaving: | | | |

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| | | | |
|---------------------|--|--------------------|--|
| Employer: | | | |
| Address: | | | |
| Phone number: | | | |
| Date started: | | Date left: | |
| Job title: | | Full or part time: | |
| Grade: | | Dept/Ward: | |
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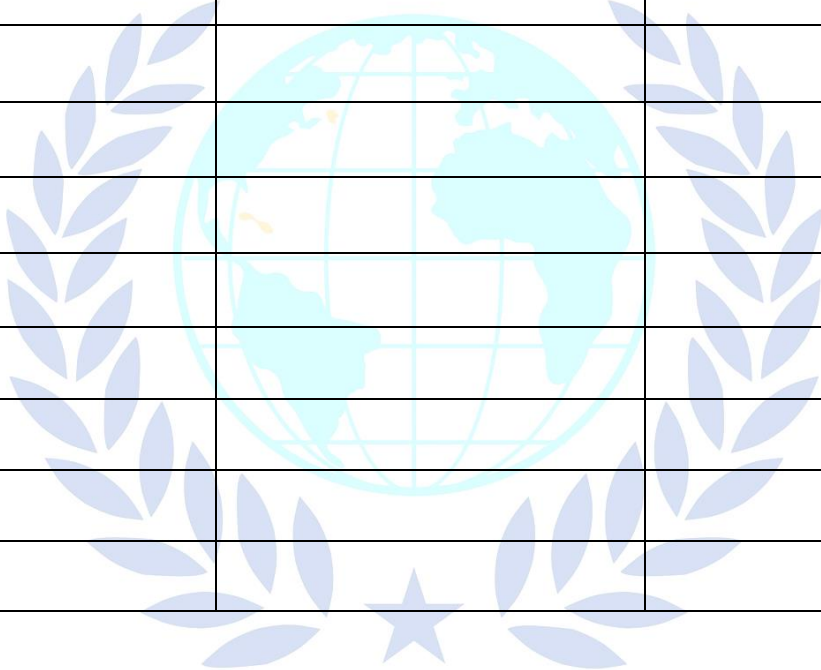
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Qualifications

| Subject/Qualification | Place of study | Grade/Result | Year obtained |
|-----------------------|----------------|--------------|---------------|
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Medical History

Have you ever suffered from any of the following?

| | | |
|--|------------------------------|-----------------------------|
| Heart/Circulatory Illness/Hypertension | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Asthma/Hay fever | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Bronchitis/Pneumonia/Pleurisy | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Epilepsy | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Headaches/Migraine | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tuberculosis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Psychiatric Illness/Anxiety/Depression | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Dermatitis/Psoriasis/Eczema | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Back problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Recurrent infections | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Hepatitis/Jaundice | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you taking any prescription drugs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered YES to any of the above questions, please give details below:

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Have you ever been vaccinated, immunized, or tested for/against any of the Following?

| | | |
|---|------------------------------|-----------------------------|
| Varicella | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tuberculosis including BCG | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Heaf, Mantoux or Tine | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Rubella (German Measles) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Poliomyelitis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Hepatitis B | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Hepatitis | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HIV | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tetanus | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Typhoid | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If any other apply, please list on the right: | | |
| | | |
| | | |
| | | |

Details of your GP:

| | | |
|-------------|-----------|--|
| Name Of GP: | | |
| Address: | | |
| | | |
| | Postcode: | |
| Telephone: | | |

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References

Regalia Care Ltd requires at least 2 professional references.

It is essential that you have had professional dealings with both of your references within the last 2 years.

| | | | |
|-------------------|--|----------------|--|
| Name of Referee: | | | |
| Position: | | Place of Work: | |
| Work Address: | | | |
| Country: | | Postcode: | |
| Telephone Number: | | Mobile Phone: | |
| Email: | | | |

| | | | |
|-------------------|--|----------------|--|
| Name of Referee: | | | |
| Position: | | Place of Work: | |
| Work Address: | | | |
| Country: | | Postcode: | |
| Telephone Number: | | Mobile Phone: | |
| Email: | | | |

| | | | |
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| Work Address: | | | |
| Country: | | Postcode: | |
| Telephone Number: | | Mobile Phone: | |
| Email: | | | |

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Next of kin Details

Full Name:

Relationship to Temporary Worker:

Home Telephone:

Mobile Number:

Address:



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Disclosures

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitations of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential and will be considered only in relation to an application for positions in which the order applies and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessary be a bar to obtaining a position.

Have you ever been convicted of a criminal offence?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Do you have any spent or unspent criminal convictions or cautions?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

With an enhanced disclosure, under section 4.2 of the rehabilitation of offender's act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago.

Any conviction, caution, reprimand will require a written statement of each event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Have you ever been involved in court proceedings?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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Please give any additional information which you think may be relevant in support of your application below:



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Declaration

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature:

Date:

I consent Regalia Care Ltd to checking the details I have provided against the various data sources to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the DBS, regulatory bodies such as NMC.

Signature:

Date:

Regalia Care Ltd retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

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Additional Information / Checklist

THIS SECTION REQUIRES NO CURRENT ACTION.

Once we receive your completed application form, we will request you to provide the documents listed below:

| |
|---|
| Full Application Package (Signed) |
| Employment contract Agency worker (Signed) |
| Bank Account Details |
| HMRC Starter Check List (P45/46) |
| Valid Passport (Identity) |
| Valid Visa/Work Permit/Certificate of British Nationality (Right to Work) |
| Driving Licence (Identity) |
| DBS Certificate (Update Service) |
| Training Certificates |
| NI Number |
| Proof Of Address 1 Within last three months |
| Proof Of Address 2 Within last three months |
| Reference 1 (Most Recent) |
| Reference 2 |
| NMC PIN No. (RGN/RMN) |
| Professional Indemnity Insurance/RCN Reg for Nurses |
| Passport Size Photo |
| Right to Work Check |
| Covid Vaccination Certificate |
| Terms and Conditions |
| Privacy Policy |

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If you are applying online, we will contact you for further documentations to proceed with your application.

If you plan to send the application via post or deliver the application directly to us, please use the address below:

139 Darland Avenue
Gillingham, Kent
ME7 3AH
United Kingdom

If you need any help or support with your application, please contact us using the details below:

Phone: 01634937177
Email: info@regaliacare.com
Website: www.regaliacare.com

We will do our best to make the registration procedure as quick as possible.

We appreciate you choosing us.

Best wishes with your application,



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