

OFFICIAL USE ONLY	
KH No.	

APPLICATION FORM

This form is PRIVATE AND CONFIDENTIAL and property of **Khule Healthcare Ltd.**, it should be used only for the purposes of related activities with Khule Healthcare Ltd. Please complete the form in **BLOCK LETTERS** in **BLACK INK**. Where necessary, continue your response on an additional sheet of paper and attach it to this form.

This form must be completed IN FULL, where there are no details to fill in, please write "N/A", do not leave blank.

A PERSONAL DETAILS

LAST NAME	TITLE	<small>(Mr/Mrs/Miss/Dr/Prof/...)</small>
FIRST NAME	INITIALS	
MIDDLE NAME		

JOB TITLE

Post applied for

DATE OF BIRTH	<input type="text" value="dd-mm-ccyy"/>	NATIONALITY	<input type="text"/>
NI NUMBER	<input type="text"/>		<input type="text"/>

(State Country of Nationality)

PASSPORT/BIOMETRIC No.	<input type="text"/>
DATE OF ISSUE	<input type="text" value="dd-mm-ccyy"/> DATE OF EXPIRY <input type="text" value="dd-mm-ccyy"/>
PLACE OF ISSUE	<input type="text"/>
WORK PERMIT No.	<input type="text"/>

RESIDENTIAL / PHYSICAL ADDRESS

STREET No.	<input type="text" value=""/>	STREET	<input type="text"/>
UNIT No.	<input type="text" value=""/>		
CITY	<input type="text"/>		
POSTAL CODE	<input type="text" value=""/>		
COUNTRY	<input type="text"/>		

EMAIL ADD.	<input type="text"/>		
TEL (HOME).	<input type="text" value=""/>	<input type="text" value=""/>	
MOBILE No.	<input type="text" value=""/>	<input type="text" value=""/>	ALT No. <input type="text" value=""/> <input type="text" value=""/>

BRIEF BIOGRAPHY (OF YOURSELF)

PHOTO
(Passport Size)
35 x 45mm

Write a brief paragraph about yourself in third person.
Here is an example:
Esther is an enthusiastic caregiver who goes all out. She graduated in Nursing with Cambridge University in 2002, she further on received a Diploma in Community Dev. Esther is a reliable naturally caring person who adores her job.

NICK NAME

Once in a while, some of our clients will really love the work performed by some of our Healthcare professionals that they end up requiring such staff member to become fully employed by them, in which case you might no longer serve under Khule Healthcare Ltd. by directly to the client.

Should such an opportunity arise, would you consider FULL TIME EMPLOYMENT? Please tick ONE.

YES NO

NEXT OF KIN 1

(Mr/Mrs/Miss/Dr/Prof/...)

LAST NAME **TITLE**

FIRST NAME

RELATIONSHIP

STREET No. **STREET**

POSTAL CODE

COUNTRY

TEL (HOME).

MOBILE No.

NEXT OF KIN 2

(Mr/Mrs/Miss/Dr/Prof/...)

LAST NAME **TITLE**

FIRST NAME

RELATIONSHIP

STREET No. **STREET**

POSTAL CODE

COUNTRY

TEL (HOME).

MOBILE No.

B BANKING DETAILS

BANK NAME

ACCOUNT No.

SORT CODE

ACCOUNT NAME

SELF EMPLOYED / LIMITED COMPANY P.A.Y.E

C PROFESSIONAL DETAILS

NURSING & MIDWIFERY COUNCIL

NMC PIN

DATE REGISTERED

DATE OF EXPIRY

DISCLOSURE & BARRING SERVICE

DBS No.

DATE ISSUED

HEALTHCARE KEY TRAINING

COURSE TITLE:

MANDATORY TRAINING

HEALTH AND SAFETY

FOOD HYGIENE

PERSONAL CARE AND CARING FOR ELDERLY

MOVING & HANDLING

SAFEGUARDING VULNERABLE ADULTS

INFORMATION GOVERNANCE

FIRE TRAINING

BASIC LIFE SUPPORT

PREVENTION & MGT. OF VIOLENCE & AGGRESSION

EXPIRY DATE:

OTHER:

MOST RECENT

(Mr/Mrs/Miss/Dr/Prof/...)

LAST NAME TITLE

FIRST NAME

JOB TITLE

COMPANY NAME

STREET No. STREET

UNIT No.

CITY

POSTAL CODE

COUNTRY

May we contact this person? YES NO

PREVIOUS

(Mr/Mrs/Miss/Dr/Prof/...)

LAST NAME TITLE

FIRST NAME

JOB TITLE

COMPANY NAME

STREET No. STREET

UNIT No.

CITY

POSTAL CODE

COUNTRY

May we contact this person? YES NO

Do you have any unspent / spent criminal convictions? If "YES", complete table below;

YES NO

OFFENCE	DETAILS	SENTENCE	DATE OF SENTNCE

D HEALTH CHECKLIST

Fainting attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits or Blackouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Giddiness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurring Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye trouble / defective vision not corrected by glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hayfever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Varicose Vein Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Muscle / Joint Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recurring Stomach Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Typhoid Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paratyphoid Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the last two years, have you been off work because of an illness or injury?

Yes No

If Yes, how many days did you lose?

Are you at present having any treatment or medicine prescribed by a Doctor?

Yes No

Have you now made a full recovery from your illness or injury?

Yes No

If "No", a Doctor's Certificate is required stating that you are fit for duty

E DECLARATION & AGREEMENT

- CONFIDENTIALITY AGREEMENT -

During the course of your employment, you will be privy to information of a private and confidential nature ("Confidential Information"), including but not limited to information relating to the activities, business, organisation, ideas, processes and strategies of the Company or its personnel, records files, salary, bonus details, disciplinary and grievance meetings, clients or prospective clients, suppliers, consultants or sub-contractors.

Except as authorised by the Company in the ordinary course of your employment, or expressly authorised in writing by the Company, you shall not disclose such Confidential Information to any person, either in whole or in part, in detail or by way of illustration, either during your employment or afterwards. You shall not make copies of or take excerpts from any of the Company's electronic or manual files, papers, styles, data or documents except as required in the ordinary course of your employment. You shall comply with all rules and policies of the Company regarding physical and logical security of all systems of the Company on which Confidential Information is stored.

The obligations in respect of confidentiality will not apply to Confidential Information which is:

- i) now or becomes public knowledge except by breach of your obligations in respect of confidentiality, or
- ii) lawfully in the possession of the party who receives it prior to receiving it from you and which was not previously acquired either by you or that party under an obligation of confidence; or
- iii) lawfully disclosed to the party that received it by a third party without any restriction as to its use and disclosure and without breach of any obligation of confidentiality; or
- iv) required by law to be disclosed to such an extent that it is required for judicial, arbitration or determinative procedure, or by order of a court of competent jurisdiction or to any government department. In such circumstances as this sub-paragraph applies you should give 3 working days notice to the Company and must consult with the Company with a view to avoiding disclosure if reasonably practicable unless restrained from doing so by a court.

- SHIFT CANCELLATION AND TIMESHEET POLICY -

From time to time it may become necessary that you cannot attend your shifts and shifts need to be cancelled. When this happens, please notify us **by calling us 6 hours before your shift**, it is important that you call us instead of texting as we do not monitor text. **DO NOT SEND A TEXT MESSAGE.**

Please note that your timesheets will need to be sent to us by **Sunday Midnight** and in PDF FORMAT otherwise your payment will be delayed.

I declare that all information entered in all the sections in this form is true and complete to the best of my knowledge. Should the situation change whilst either:

- a) I am engaged on a temporary Assignment by **KHULE Healthcare Limited**
- b) In between Assignments for KHULE Healthcare Limited

I will notify KHULE Healthcare Limited.

Furthermore, I agree that I may work for more than an average of 48 hours a week. If I change my mind, I will give my employer 2 weeks' notice in writing to end this agreement.

LAST NAME	<input type="text"/>
FIRST NAME	<input type="text"/>

SIGNED IN AGREEMENT

Please put full signature inside this block

DATE SIGNED	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE SEND OR DELIVER FORM:
Email: admin@khulehealthcare.co.uk
(Please include all attachments)

POSTAL:
Tavistock Place, 8 Leigh Court,
Bedford, MK40 2XU. Bedfordshire, England.

FOR MORE INFORMATION: Tel: 01234 347857 Emergency: 07484 896522