



Dear Prospective Member

Thank you for requesting an application form to join Falcon Recruitment and Training Ltd trading as Falcon Care. Please find enclosed an application pack for completion.

This application pack must be printed and returned by post or submitted online via our website www.falconrecruitmentandtraining.co.uk .

Our aim is to supply competent staff to the mental health, learning disabilities and secure environment sectors. We are fully committed to staff training and development, on-going supervision and believe that both Falcon Recruitment and Training members and our clients can benefit from this commitment.

When completing your application form, please **note** your three references should only be previous or current managers. We will not accept friends, relatives and or work colleagues as your referees. Also, please make sure you have completed every relevant section of the application form.

INTERVIEWS

Before we can interview you, we will need to have received three satisfactory references from previous or current managers, satisfactory DBS and ISA check results (unfortunately we cannot accept DBS forms from other organisations). It will be in your interest to chase your references and to ensure that you have carefully completed your DBS form to avoid delays. Interviews will not take place without receipt of the latter documents.

When invited for your interview, you will need to produce your original passport, national insurance card /P60/P45, two proofs of your current address, most recent payslip (original copy), (original certificates for basic life support, infection control, moving and handling, fire safety and PMA – if you have indicated being trained in these areas), Please also include immunisations Hepatitis B, Chicken pox, mumps, measles, rubella and evidence of your BCG scar. Please also include in the application copies of all requested documents.

The following documents are required before completion of your application.

DOCUMENT CHECKLIST:

Document:	Check	If no to any, please give reason why:	Document Upload
Copy of Passport	Yes No		
Copy of the Front Cover of Passport	Yes No		
Copy of Visa / Permit Status (spouse copy where applicable to individuals status)	Yes No		
Copy Birth Certificate	Yes No		
Copy of Marriage Certificate (If applicable)	Yes No		
Copy of National Insurance Card	Yes No		
Copy of Driver's license (If applicable)	Yes No		
Copy of Relevant training certificates	Yes No		
Copy of evidence of vaccination status	Yes No		
Copy of two proofs of address	Yes No		
Copy of recent CV	Yes No		
Professional Indemnity Insurance (If wishing to work self employed)	Yes No		



In addition, Registered Nurses also need to send evidence of:

Document	Check	If no to any, please give reason why:	Document Upload
Pin Number and NMC statement of entry	Yes No		
Evidence of professional indemnity cover	Yes No		
RCN Membership Card (front & back)	Yes No		
Evidence of additional qualification	Yes No		
Portfolio	Yes No		

Please send copies only. We will need to see your originals at the interview.

If you do not send the relevant documentation we will not be in a position to process your application.

Checking documentation for authenticity

Please note that Falcon Recruitment must complete relevant document verification checks, we use a number of compliance checking for authenticity of the documentation provided by you with our 3M scanner.

As it is now compulsory for all staff to apply for a DBS disclosure, you will have to complete a DBS application form as part of your application. **PLEASE NOTE THAT THE FEE FOR THE DISCLOSURE IS SET BY THE BUREAU AT £62.50.** To work within the NHS Falcon Recruitment and Training also needs to get each applicant Occupational Health Cleared which costs £12.50. Both the above costs are met by the applicant.

When complete please send back with the above named documents to:

Falcon Recruitment and Training,
Reeves Corner,
Great Plumstead,
Norwich,
Norfolk,
NR13 5BY

We look forward to receiving your completed application form.

Thank you for choosing Falcon Recruitment and Training.

Yours Sincerely

Falcon Recruitment



Please attach your 2X
Passport sized
Photographs here.

PERSONAL DETAILS

TITLE (Mr, Ms, Miss, Mrs, Dr)	
POST APPLIED FOR	
FIRST NAME / S	
SURNAME	
DATE OF BIRTH	
GENDER	
NMC PIN NUMBER & EXPIRY DATE	
PART (S) REGISTERED NMC PIN only	
NATIONALITY	
PASSPORT No.	
DATE OF FIRST ENTRY IN THE UK	
NATIONAL INSURANCE No.	
DO YOU OWN AND DRIVE A CAR?	
FULL UK DRIVING LICENCE No.	
FULL CURRENT ADDRESS	
POST CODE	
HOME TELEPHONE No.	
MOBILE No.	
WORK TELEPHONE No.	
EMAIL ADDRESS	
NEXT OF KIN	
RELATIONSHIP TO YOU	
CONTACT ADDRESS	
POST CODE	
HOME TELEPHONE No.	
MOBILE No.	
WORK TELEPHONE No.	



NAME OF SCHOOL	FROM	TO	QUALIFICATION

FURTHER EDUCATION

UNIVERSITY / COLLEGE	FROM	TO	QUALIFICATIONS / RESULTS

PROFESSIONAL EDUCATON

AWARDING BODY	FROM	TO	QUALIFICATION / AWARD



CURRENT / MOST RECENT EMPLOYER

NAME OF ORGANISATION	
CONTACT NAME (the line manager only)	
FULL ADDRESS	
POST CODE	
TELEPHONE NUMBER	
FAX NUMBER	
YOUR POSITION IN THIS ORGANISATION	
START DATE	
FINISH DATE	
REASONS FOR LEAVING	

PREVIOUS EMPLOYMENT IN THE LAST 10 YEARS (All gaps of 3 months or more must be accounted for – please continue on blank paper if necessary).

NAME OF ORGANISATION:		ADDRESS OF ORGANISATION:	
		POSTCODE:	
TELEPHONE NO.		POSITION HELD:	
START DATE:		END DATE:	
GRADE & LEAVING SALARY		REASON FOR LEAVING:	
NAME OF ORGANISATION:		ADDRESS OF ORGANISATION:	
		POSTCODE:	
TELEPHONE NO.		POSITION HELD:	
START DATE:		END DATE:	
GRADE & LEAVING SALARY		REASON FOR LEAVING:	



PREVIOUS EMPLOYMENT IN THE LAST 10 YEARS (All gaps of 3 months or more must be accounted for – please continue on blank paper if necessary).

NAME OF ORGANISATION:		ADDRESS OF ORGANISATION:	
		POSTCODE:	
TELEPHONE NO.		POSITION HELD:	
START DATE:		END DATE:	
GRADE & LEAVING SALARY		REASON FOR LEAVING:	
NAME OF ORGANISATION:		ADDRESS OF ORGANISATION:	
		POSTCODE:	
TELEPHONE NO.		POSITION HELD:	
START DATE:		END DATE:	
GRADE & LEAVING SALARY		REASON FOR LEAVING:	

PLEASE CONTINUE ON A BLANK PIECE OF PAPER IF REQUIRED

Have you ever been dismissed from employment?	YES	NO
If you have answered yes to the above, please give details in the box below.		



HEALTHCARE DECLARATION

Doctor's Name		Immunisation or Vaccination	Yes	No	Date Completed
Surgery		Hepatitis B			
Full Address		Tuberculosis (BCG)			
		Tetanus			
		Typhoid			
		MMR (Measles, Mumps, Rubella)			
Post Code		Poliomyelitis (Polio)			
Tel No.		Varicella (Chickenpox)			

Do you smoke? If yes how many / week		
What is your weekly consumption of alcohol?		
Have you ever had or suffered from any of the Following? *Please provide honest and accurate information*		
	YES	NO
		IF YES PLEASE GIVE DETAILS
Chest pain, heart condition or blood pressure problems?		
Tuberculosis, asthma, bronchitis or chest complaints?		
Epilepsy, fits, fainting or dizziness?		
Ulcers, stomach problems, bowel problems or hernia?		
Rheumatism or arthritis?		
Typhoid, paratyphoid or dysentery?		
Diabetes, typhoid or other gland troubles?		
Bladder or kidney trouble?		
Allergies?		
Skin trouble or dermatitis?		
Varicose veins?		
Any infections or communicable disease?		
Hay fever or sinus trouble?		
Medical condition(s) that may affect your performance?		
Medical condition(s) that may affect your attendance?		
Any illness, accidents, operations in the past two years?		
Any physical disabilities, and / or defect of sight or hearing?		
Any back injury or trouble?		
Do you intend to work night shifts on a regular basis?		
Have you ever had a stay in hospital over 2 weeks?		
Do you have any problems with vision and / or headaches?		
Depression, mental illness or nervous breakdown?		
Are you currently taking medication on a strict timetable?		
Any hearing loss or ear problems?		



WORK REFERENCE

*(Your first referee should only be your **present or most recent employers**, and in all cases, the contact name should be your line manager. Your second and third referee should be your previous employer before the most / current employer. We will not accept any friends, relatives and colleagues as referees. Again, your second referee should only be your line manager)*

FIRST REFEREE		SECOND REFEREE	
First Name		First Name	
Surname		Surname	
Position		Position	
Name of Organisation		Name of Organisation	
Full Address		Full Address	
Post Code		Post Code	
Tel No:		Tel No:	
Fax No:		Fax No:	
Email:		Email:	
THIRD REFEREE			
First Name			
Surname			
Position			
Name of Organisation			
Full Address			
Post Code			
Tel No:			
Fax No:			
Email:			



REHABILITATION OF OFFENDERS ACT

Due to the nature of the work applied for, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 Exemption Order 1975. Applications are therefore not entitled to withhold information about convictions which for other purposes are "Spent" under the provisions of this Act, and in the event of employment, any failure to disclose such convictions could result in a disciplinary action. In accordance with the Commission For Social Care Inspectorate, it is mandatory for all applicants to have completed an enhanced level DBS and ISA check with satisfactory results before any placements. Any Information provided will be completely confidential and will be considered only in relation to the position applied for.

Have you ever been convicted of a criminal offence or been made subject to any order, civil or criminal, made by a Court of Law, involving offences against a person, child or the handling of money?

YES		NO	
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If your answer is yes, please give details below: (Please give additional information on a separate page)

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

Full Name

Signature

Date:

WORKING TIMES REGULATION

I MAY WISH TO WORK MORE THAN 48 HOURS PER WEEK

YES	
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I DO NOT WISH TO WORK MORE THAT 48 HOURS PER WEEK

NO	
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DECLARATION

I can confirm that the information that I have provided in support of this application is completely true and I understand that knowingly to make a false statement for this purpose is a serious misconduct and could result in my application being void. I also understand that by accepting assignments from Falcon Recruitment and Training Ltd trading as Falcon Care, I am accepting the terms of engagement and the company's policies and procedures. The appointment if offered will be subject to two satisfactory references, Occupational health clearance and a satisfactory DBS result at enhanced level and a clear ISA check.

Full Name

Signature

Date



N.B. FOR OFFICE USE ONLY

DOCUMENTATION CHECKLIST

Please sign and date as each part of documentation is received. Only original copies should be seen and copies taken. All training certificates should be within 12 months and if not available, make referral for training before placements.

Documents	Date Received / Confirmed		Authorised Signature
Original Passport <i>*Original document*</i>	No: Issue Date:		
Front Cover of Passport			
Work Permit Status or Student Status <i>*Use immigration manual*</i>			
Proof of Address			
National Insurance Card	No:		
Second Proof of Address/ Second Photo ID			
Two Passport Size Photographs			
Immunisation to include Hep B			
Occupational Health Certificate			
DBS at Enhanced level & ISA Check	Date Sent		
	Reference No		
	Date Returned		
Equal Opportunity Form Signed			
Confirmation of NMC PIN No: <i>(Registered nursing staff only)</i>			
Induction Pack Provided to Staff Member			
P45 / P46 / Most Recent Pay Slip			
Bank Details			
Staff Handbook Signed			
Terms & Conditions Signed			
I.D. Badge Provided			
Proof of Professional Indemnity Cover			
Police check from country of origin if you have been in the UK less than 6 months			

REFERENCES *(For office use only)*

FIRST REFERENCE		SECOND REFERENCE	
Date Sent Off		Date Sent Off	
Date Received		Date Received	
THIRD REFERENCE		ISA	
Date Sent Off		Date Received	
Date Received		Reference No	



Equal opportunities monitoring self-classification form

This information is being gathered to achieve improvements in Falcon Recruitment and Training's equal opportunities policies. We hope you will help us by completing the form. The data will be used only for monitoring purposes and will not be taken into account in assessing information on your application form. The data will be treated as confidence

Job Title:	Location:
Title: Mr/Mrs/Miss/Ms/Dr	Surname:
Forename(s)	
D.O.B	Marital Status:

What is your ethnic group? Choose one section from A to F, and then tick the box to indicate your cultural background.

<p>A. White</p> <p>British/Scottish/Irish/Welch</p> <p>European</p> <p>Other white background, Please state.....</p>	<p>B. Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>British</p>
<p>C. Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>White & Black British <input type="checkbox"/></p> <p>Other Mixed background, please state</p>	<p>D. Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>British <input type="checkbox"/></p> <p>Other Asian backgrounds, please state</p>
<p>E. Chinese or Other ethnic group</p> <p>Chinese <input type="checkbox"/></p> <p>Other ethnic group, please state</p>	<p>F. Unknown, I do not know my ethnic group <input type="checkbox"/></p> <p>Withheld, I do not wish to indicate my ethnic group <input type="checkbox"/></p>
<p><small>Disability N.B. The information in this section will be disclosed to the recruiting manager if you are short-listed for an interview. Under the Disability Discrimination Act 1995, a person has a disability if he or she has a physical or mental health impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.</small></p> <p>Do you need a work permit to work in the UK? Y/N</p>	
<p>Nationality / Passport Held:</p>	

Do you consider that you have a disability?

Does the nature of your disability lead you to require any special equipment/facilities etc. in your work place? Y/N-If yes please explain

Signed:	Date:
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