



+44 208 124 5017



S26 To S27, Moulton Park Industrial Estate, Redhouse
Road, Northampton, England, NN3 6AQ



info@newmanhealthcareltd.co.uk



Mon - Fri: 8:30 - 18:00

Job Application Form

Please complete all sections and return the form with supporting documents. All fields in this PDF are editable and sized for mobile phone completion.

Position Applied For

Which position are you applying for?

☐

Registered nurse (RGN)

☐

Healthcare Assistant

☐

Registered nurse (RMN)

☐

Others

☐

Support Worker

For nurses only, what is your NMC PIN number?

About You

Title

Surname

Surname at birth, if different

First name

Middle name

Personal Details

Original nationality

Nationality today

Date of birth

Place of birth



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Current address

Post Code

Mobile telephone number

Other number, if applicable

Email address

National insurance number

Do you hold a full and valid driving licence for the UK?

☐ Yes

☐ No

Do you normally have access to a car to get to/from work?

☐ Yes

☐ No

How did you hear about Newman Healthcare LTD.?

Payment Details

How would you like to be paid?

☐ PAYE

☐ Direct through UTR or company

Staff paid through PAYE and earning over the qualifying amount per fortnight are automatically enrolled into the workplace pension.

If applicable, what is your unique tax reference (UTR) or company name?

Eligibility to Work in the UK



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Do you require a work permit to work in the UK?

☐ Yes

☐ No

If yes, which type of permit do you have?

Hours permitted per week

Permit copy provided?

Employment History

Briefly detail your employment history within the past 5 years, starting with the most recent. Include employment gaps.

1. Company

Role

Email address

Contact details

Date from

Date to

Reason for leaving

2. Company

Role



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Email address

Contact details

Date from

Date to

Reason for leaving

3. Company

Role

Email address

Contact details

Date from

Date to

Reason for leaving

Previous Convictions

Do you have any convictions in this country or abroad?

☐ YES ☐ NO

If yes, give details below. If none, write NONE.



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Professional References

Please give two professional references and one character reference from someone other than a family member.

Reference 1 - name

Reference 1 - position

Reference 1 - organization

Reference 1 - email address

Reference 1 - telephone

Reference 1 - address

Reference 2 - professional reference name

Reference 2 - position

Reference 2 - organization

Reference 2 - email address



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Reference 2 - telephone

Reference 2 - address

Reference 3 - character reference name

Emergency Contacts

Emergency contact 1 - name

Emergency contact 1 - telephone

Emergency contact 1 - address

Post Code

DBS Status

Newman Healthcare LTD must determine your current DBS status through the DBS Update Service or by requesting a new certificate.

Have you subscribed for the DBS Update Service?

☐

Yes

☐

No

DBS certificate number



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Working Preferences and Working Time Regulations

When would you prefer to work? Tick all that apply.

- ☐ Day Shifts
- ☐ Night Shifts
- ☐ Weekdays
- ☐ Weekends

Briefly give details of any other employment you currently have, full or part time.

Have you worked night shifts before?

- ☐ Yes
- ☐ No

Have you ever suffered health problems working night shifts?

- ☐ Yes
- ☐ No

If yes, give details

Can you sleep in the day after night shifts without health problems?

- ☐ Yes
- ☐ No

Health and Safety

Do you have a disability of any kind that may affect your work?

- ☐ Yes
- ☐ No

If yes, give details



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UK Immigration and Right to Work

Please complete all questions. Where a question does not apply, enter N/A.

Do you currently require immigration permission to work in the UK?

Yes / No

What is your current UK immigration/right-to-work status?

Is your right to work time-limited? If yes, when does it expire?

Yes / No; expiry date (DD/MM/YYYY)

Are you currently sponsored under a Skilled Worker or Health and Care Worker visa?

Yes / No

If sponsored, who is your current sponsor?

What is your sponsored occupation/job title and SOC code, if known?

What are your contracted hours with your sponsor?

Hours per week

Are there restrictions on the additional employment you may undertake?

Yes / No; if yes, please give details

Please provide a Home Office right-to-work share code where the online service applies.



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Do you have special needs or medical conditions others may need to know in an emergency?

☐ Yes

☐ No

If yes, give details

Do you have allergies or religious beliefs that prevent working with specific foods?

☐ Yes

☐ No

If yes, give details

Do you authorize your records to be shared securely online with client organizations when required?

☐ Yes

☐ No

Working time regulations

☐ I DO NOT wish to work more than 48 hours per week

☐ I DO wish to work more than 48 hours per week

Documents Required

Please provide copies of relevant documents. Do not send originals by post; originals marked with an asterisk can be brought to interview.

Proof of ID

☐ Passport main page*

☐ 1 proof of address if DBS Update Service

☐ 2 proofs of address if no DBS Update Service

Right to work

☐ Passport main page*

☐ Biometric Residence Permit*

☐ Visa or residence permit*

☐ Home Office letter/supporting document*

DBS

☐ Copy of DBS certificate used by Update Service

☐ New DBS certificate request needed



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Training and qualifications

- ☐ Mandatory training proof
- ☐ Relevant medical or care qualification proof

Data Protection and Declaration

Records and document copies are kept securely in line with GDPR. If applicable, you give permission for Newman Healthcare LTD to verify immigration status with the appropriate authority.

I confirm that I have read and understood the above and confirm my answers are accurate and correct.

Declaration acknowledgements

- ☐ I will update Newman Healthcare LTD if these details change.
- ☐ I understand any job offer is a zero-hours contract with no guarantee of work or hours.
- ☐ I give permission for Newman Healthcare LTD to contact the referees provided.
- ☐ I agree to DBS checks now and at intervals thereafter where required.
- ☐ I understand Newman Healthcare LTD may contact the Home Office/UK immigration to verify eligibility to work.
- ☐ I understand false information may result in disciplinary action or dismissal.

Signed

Date