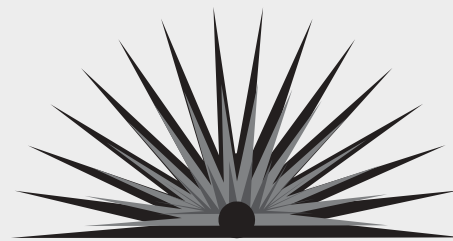


# NEW DAWN HEALTHCARE & EMPLOYMENT LTD.

Unit 18, Blackheath Business Centre  
78b Blackheath Hill London SE10 8BA  
Tel: 020 8465 9339 Fax: 020 8469 0233  
Email: newdawnnurses@aol.com  
Website: www.newdawnhealthcare.co.uk



## APPLICATION FORM

### PERSONAL DETAILS

Forenames

Surnames

Present Address

Tel. No.

Previous Address

Email Address

Tel. No. Mobile

Post Applied For

Title  Mr  Mrs  Miss  Other

Country of Birth

Date of Birth

Nationality

National Insurance No.

Work Permit Required?  Yes  No

Passport No. Exp. Date

Next of Kin

Address

Email Address

Tel. No. Mobile

### QUALIFICATIONS (Please fill in where applicable)

General

PIN No.

N.M.C. Reg. Date

Midwifery

Part 1

Psychiatry

Part 3

Paediatric

Part 14

Other

Part 15

Certificates held e.g. ITU etc

Nursing Auxiliary Years

Student Nurse Years

#### FOR OFFICIAL USE ONLY

Official No.

Staff No.

Correspondent Date

Date Checked

### PLEASE FILL IN THE DETAILS OF YOUR TRAINING

Name & Address of Hospital	Position Held	Certificate	Dates from	To

## PLEASE GIVE DETAILS OF YOUR EXPERIENCE FOR THE LAST FIVE YEARS

Name & Address of Place of Work	Speciality of Ward	Appointments Held	Dates from	To

## CATEGORY OF WORK PREFERRED (Please tick ✓ where applicable)

<input type="checkbox"/> Days	<input type="checkbox"/> Part Time	<input type="checkbox"/> NHS	<input type="checkbox"/> Medical	<input type="checkbox"/> Surgical	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Night	<input type="checkbox"/> Full Time	<input type="checkbox"/> Private	<input type="checkbox"/> Elderly	<input type="checkbox"/> ITU	<input type="checkbox"/> SCBU
			<input type="checkbox"/> Paediatrics	<input type="checkbox"/> CCU	<input type="checkbox"/> Theatre
			<input type="checkbox"/> A & E	<input type="checkbox"/> Nursing Home	

Other (please specify)

## REFEREES

Please give the name, address and telephone number of two persons who have agreed to provide a professional nursing character reference on your behalf, preferably your last two employers.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**YOU MUST PROVIDE THE REFEREES' WORKPLACE ADDRESS IN FULL**

## STATEMENT OF CRIMINAL CONVICTIONS

Under the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, applicants are required to disclose information concerning convictions including those which for other purposes are regarded as spent under the Act. You are therefore, required to declare all criminal convictions or cautions. The information you give will be treated in confidence and taken into account where the offence is relevant.

1. Please give details of Convictions or Cautions

2. Have you been convicted in any court of any offence?

Yes

No

3. Do you have any criminal proceedings pending against you?

Yes

No

## ALL OF THE ABOVE WILL BE TREATED AS STRICTLY CONFIDENTIAL

I certify that the above information is true and that I have received and read a copy of pay rates and that I have also received, read and understand and signed a copy of the conditions of membership.

## HEALTH SCREENING (Please tick ✓ appropriate box - All answers will be treated as strictly confidential)

Have you suffered from any of the following? (If yes, please give details - continue on a separate sheet if necessary)

1. Any skin condition.	<input type="radio"/> Yes <input type="radio"/> No	Details
2. Chicken Pox.	<input type="radio"/> Yes <input type="radio"/> No	Details
3. Deafness, infected or discharging ears	<input type="radio"/> Yes <input type="radio"/> No	Details
4. Asthma or other allergic conditions.	<input type="radio"/> Yes <input type="radio"/> No	Details
5. Recurrent sore throats or sinusitis.	<input type="radio"/> Yes <input type="radio"/> No	Details
6. Bronchitis, pneumonia or tuberculosis or familiar exposure to tuberculosis.	<input type="radio"/> Yes <input type="radio"/> No	Details
7. Episodes of chest pains or breathlessness.	<input type="radio"/> Yes <input type="radio"/> No	Details
8. Heart disease or high blood pressure.	<input type="radio"/> Yes <input type="radio"/> No	Details
9. Severe headaches or migraine.	<input type="radio"/> Yes <input type="radio"/> No	Details
10. Fits, blackouts or epilepsy.	<input type="radio"/> Yes <input type="radio"/> No	Details
11. Depression, nervous breakdown, mental illness, anorexia.	<input type="radio"/> Yes <input type="radio"/> No	Details
12. Backache, sciatica or other back or neck problems.	<input type="radio"/> Yes <input type="radio"/> No	Details
13. Rheumatism, rheumatic fever, arthritis, other joint problems.	<input type="radio"/> Yes <input type="radio"/> No	Details
14. Typhoid, dysentery, food poisoning or gastroenteritis.	<input type="radio"/> Yes <input type="radio"/> No	Details
15. Rupture, varicose veins or foot ailments.	<input type="radio"/> Yes <input type="radio"/> No	Details
16. Gastric or duodenal ulcer, frequent or prolonged indigestion or chronic diarrhoea.	<input type="radio"/> Yes <input type="radio"/> No	Details
17. Kidney disease or bladder infection.	<input type="radio"/> Yes <input type="radio"/> No	Details
18. Have you had any type of hepatitis or been investigated for it?	<input type="radio"/> Yes <input type="radio"/> No	Details
19. Eye disease, injury or defect of vision not corrected by lenses.	<input type="radio"/> Yes <input type="radio"/> No	Details

## HEALTH SCREENING (continued)

20. Diabetes.	<input type="radio"/> Yes <input type="radio"/> No	Details
21. Operations or accidents.	<input type="radio"/> Yes <input type="radio"/> No	Details
22. Blood disorders e.g. anaemia, haemophilia or splenectomy for any reason.	<input type="radio"/> Yes <input type="radio"/> No	Details
23. Any disorder of the immune system.	<input type="radio"/> Yes <input type="radio"/> No	Details
24. Do you suffer from or have you been investigated for any medical condition, which may be relevant to your employment.	<input type="radio"/> Yes <input type="radio"/> No	Details
25. Are you registered disabled.	<input type="radio"/> Yes <input type="radio"/> No	Details
26. How many days sick have you had in the last 2 years. Please give reason.	<input type="radio"/> Yes <input type="radio"/> No	Details
27. What injections, pills, medicines or skin applications are you taking/using at present (excluding contraceptives).	<input type="radio"/> Yes <input type="radio"/> No	Details

## RECORDS OF IMMUNISATIONS AND RESULTS

Details of Immunisations:

Primary course of Hepatitis B Vaccine on (dates)

1

2

3

Anti - HB level tested

of

Date

Date for Booster / Review

Tetanus

Date

Rubella

Date

Result

BCG (Tuberculosis)

Date

Size of scar

Tuberculosis Test

Date

Result

I CONFIRM THAT THE INFORMATION SUPPLIED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

**NB: Written evidence of immunisation, in particular Hep B status, will be required**

Signature

Print Name

Date

# APPLICANT SKILL PROFILE

## QUALIFIED NURSES ONLY

Speciality

Date

Grade

### ADMINISTRATION OF MEDICINES

	1	2	3	4
Oral administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of rectal and vaginal preparations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topical application of drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of drugs in other forms e.g. eye, ear, nose drops, inhalations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cytotoxic drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### INTRAVENOUS THERAPY

	1	2	3	4
I.V. Rate calculations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admission of drugs by continuous infusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admission of drugs by intermittent infusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admission of drugs by direct injection e.g. bolus or push	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heparinization of IV Cannula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of blood and blood products e.g. plasma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infusion pumps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syringe drivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central venous catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central venous pressure readings (CVP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venepuncture (taking blood)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arterial lines: setting up for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
taking a blood sample from	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
removal of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### TOTAL PARENTAL NUTRITION

	1	2	3	4
(TPA Hyperalimentation) Knowledge of solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### GASTROINTESTINAL

	1	2	3	4
Naso-gastric tube insertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of naso-gastric tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding via naso-gastric tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of the patient with abdominal wounds/drains e.g. gastrostomy, PEG tube, caecostomy drain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of a patient undergoing abdominal paracentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LEVEL OF COMPETENCE** - Please tick ✓ the box in accordance with your level of expertise as indicated below.

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	1	2	3	4
Care of a patient during and after a liver biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of a patient post abdominal surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of enemas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of suppositories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal lavage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### RENAL

	1	2	3	4
Insertion of catheter Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheter care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suprapubic catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nephrostomy tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bladder lavage and irrigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of a patient with renal transplant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on haemodialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
on peritoneal dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
following nephrectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### NEUROLOGICAL

	1	2	3	4
Neurological observations and assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of a patient during & following a seizure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of a patient with a head injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
following a cva	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with a spinal cord injury (e.g. quadraplegic/ paraplegic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
following spinal surgery (e.g. laminectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
an unconscious patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
during or after a lumbar puncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### ORTHOPAEDICS

	1	2	3	4
Care of a patient in plaster of Paris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with skin traction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
with skeletal traction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
following amputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Halo traction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crutchfield tongs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stryker frame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinal lifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Log rolls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# APPLICANT SKILL PROFILE

## QUALIFIED NURSES ONLY (continued)

### WOUND CARE

	1	2	3	4
Changing wound dressings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aseptic technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of sutures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drain dressings (e.g. keyhole - redivac and closed drainage system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of vacuum bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortening of a drain (e.g. Penrose, Corrugated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of drain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of pressure sores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### RESPIRATORY

	1	2	3	4
Oxygen therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suctioning oropharyngeal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
endotracheal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheostomy care changing a dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
suctioning a tracheostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
changing a tracheostomy tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing of chest tubes (under water seal drainage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing drainage tubing and bottles (under water seal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of drainage tube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of ventilated patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtaining arterial blood gases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting arterial blood gases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting with intubation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PSYCHIATRY

	1	2	3	4
ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forensic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### CARDIOVASCULAR

	1	2	3	4
Perform 12 lead electrocardiograms (ECG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemetry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of basic arrhythmias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary resuscitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defibrillation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisting with insertion of a pacemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aortic balloon pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swans-Ganz catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of patient with acute myocardial infarction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of patient with congestive cardiac failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of patient post cardiac surgery (e.g. coronary vein grafts, aortic valve replacement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of patient post cardiac catheterisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### CARDIAC ARREST

	1	2	3	4
Knowledge of drugs used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of airways and ambu bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiac compressions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### OTHERS

	1	2	3	4
Barrier nursing - infections or immunosuppressed patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of multiple trauma patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of patient with eye problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of confused patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the UKCC Code of Professional Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the UKCC guidelines for the administration of medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Skills / Comments

Date

# APPLICANT SKILL PROFILE

## H.C.A.'S AND CARE WORKERS ONLY

Speciality

Date

Grade

### PERSONAL HYGIENE

	1	2	3	4
Bath, shower, assisted wash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of bath aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouth care (inc. dentures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of feet (exc. toenails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing / undressing of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed Bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of fingernails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### TOILETING

	1	2	3	4
Use of bedpans / commodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recording fluid balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emptying a catheter bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of incontinent patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### MOBILITY

	1	2	3	4
Lifting / Transferring patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of walking aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of hoists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting / handling course (written evidence required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### OBSERVATION

	1	2	3	4
Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### NUTRITION

	1	2	3	4
Preparation of meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding a helpless patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### GENERAL

	1	2	3	4
Pressure area care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing of personal laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedmaking: changing a bed or drawsheet with patient in / on it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of terminally ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### OTHERS

	1	2	3	4
Maintaining client confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report writing / giving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observe changes in patient / client's condition and report to person in charge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### EXPERIENCE

	1	2	3	4
Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient with dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PSYCHIATRY

	1	2	3	4
ICU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forensic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Skills / Comments

Date

**BANK DETAILS** (Please use CAPITAL letters in this section)

It is important that all these details are correct, including account numbers. You will be paid via this account and if there is an error and you have not received payment because you have given us the wrong details. It will be your responsibility.

Bank / Building Society Name

Bank / Building Society Address

Bank Sort Code

Building Society Ref. or Bank Account No.

I confirm that these details are correct

Signed

Date

Please state how you heard about us

Please return this application to:-

**NEW DAWN HEALTHCARE & EMPLOYMENT LTD.**

Unit 18, Blackheath Business Centre,

78b Blackheath Hill London SE10 8BA

Applicant Name

Signature

Qualification

For Office Use

Staff Number