



**Nursing and Domiciliary Care Agency Ltd**  
**419 Whitehorse Road, Thornton Heath, Surrey CR7 8SD**  
**Tel: 0208 683 3500 Fax: 0208 683 3900**  
**www.topcarers.com & info@topcarers.com**

The agency is pleased to know that you want to become a member. Below are the documents required for registration, please bring them with you to the office so that your application form is processed promptly.

1.	Application form clearly completed
2.	Two recent passport size photographs
3.	Resume or CV (Curriculum Vitae)
4.	Two completed reference forms and one must be from your last or present employer. To be valid both must have either the organisations company stamp or be accompanied with a complementary slip or letter headed paper.
5.	Proof of Personal Identity: Passport, Visa, original birth certificate, Home Office letter, Biometric Residence Permit, Permanent residence card etc.
6.	National Insurance Number: card or letter
7.	Proof of eligibility to work in the UK
8.	Two Proofs of Address: Full driving licence, utility bills i.e. water, gas or electricity, bank or building society statement, credit card statement, Council Tax statement, benefit statement. These proofs should not be older than 3 months.
9.	Original certificates showing mandatory training, professional qualifications and membership of professional bodies.
10	NMC Letter showing PIN number and expiry date
11.	Evidence of the following immunisations and/or the blood test results: <ul style="list-style-type: none"> <li>• Hepatitis B</li> <li>• Hepatitis C</li> <li>• HIV</li> <li>• Measles</li> <li>• Mumps</li> <li>• Rubella</li> <li>• Varicella</li> <li>• Tuberculosis – BCG</li> </ul>
12.	Bank or Building Society details
13.	P45/46 – if applicable
14.	Original CRB (Criminal Records Bureau) Certificate

**Please Note:**

The Agency would like to remind you that with reference to NHS PASA regulations, all workers must supply evidence that they have had training in all the below listed areas recorded in their files, otherwise the Agency cannot book them for work.

**Mandatory Training for Registered Nurses**

1. Health and Safety
2. Manual Handling (Yearly)
3. Fire Safety (Yearly)
4. C.P.R., Basic Life Support for Adult or the Neonates (6 Monthly)
5. Infection Prevention & Control including MRSA & Clostridium Difficile (Yearly)
6. COSHH - Control of Substances Hazardous to Health (Yearly)
7. RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences (Yearly)
8. Food Safety and Hygiene (Yearly)
9. The Caldicott Protocols
10. Lone Workers training
11. Handling of Violence and Aggression
12. Complaints Handling
13. Child Protection
14. Epilepsy

**Mandatory Training for Midwives**

1. Health and Safety
2. Manual Handling (Yearly)
3. Fire Safety (Yearly)
4. C.P.R., Basic Life Support for adult or the neonates (6 monthly)
5. RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences (Yearly)
6. The Caldicott Protocols
7. Lone Workers training
8. Handling of Violence and Aggression
9. Complaints Handling
10. Child Protection
11. Fire Health and Safety (Yearly)
12. Infection Prevention & Control including MRSA & Clostridium Difficile (Yearly)
13. COSHH - Control of Substances Hazardous to Health (Yearly)
14. Food Safety and Hygiene (Yearly)
15. Fetal Monitoring (CTG)
16. Epilepsy

## Mandatory Training for Registered Mental Health Nurses

1. Health and Safety
2. Manual Handling (Yearly)
3. C.P.R., Basic Life Support for adult or Children (Yearly)
4. Fire Health and Safety (Yearly)
5. The Caldicott Protocols
6. Infection Prevention and Control including MRSA & Clostridium Difficile (Yearly)
7. Child Protection
8. Lone Workers training
9. RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences (Yearly)
10. Complaints Handling
11. COSHH - Control of Substances Hazardous to Health (Yearly)
12. Food Safety and Hygiene (Yearly)
13. Breakaway Techniques/Constraint and Restraint (Yearly)
14. Epilepsy

Your application will be followed by personal interview on an agreed date and time.

## Trade Union Membership

R.C.N (Trained Nurse Only)	Tel: 08457726100
Unison (Trained & None Trained)	Tel: 02075352135
M.F.S (Trained & Non-Trained)	Tel: 02089473131
G.M.B (Trained & Non-Trained)	Tel: 02082028272



## **SECTION B: Qualifications and Training**

<b>Professional Qualifications Gained and Training Courses Attended</b>	<b>University/Institution</b>	<b>Date Of Qualification/ Training</b>

## **SECTION C: Work History**

Present and previous employment, including voluntary work for the last ten years in reverse date order. Please clearly detail any gaps in employment.

<b>From (month and year):</b>	<b>To (month and year):</b>	<b>Employer's name, address &amp; nature of business:</b>
<b>Job Title:</b>		
<b>Grade:</b>		
<b>Salary:</b>		
<b>Reason for leaving:</b>		<b>Duties/Responsibilities:</b>

<b>From (month and year):</b>	<b>To (month and year):</b>	<b>Employer's name, address &amp; nature of business:</b>
<b>Job Title:</b>		
<b>Grade:</b>		
<b>Salary:</b>		
<b>Reason for leaving:</b>		<b>Duties/Responsibilities:</b>

<b>From (month and year):</b>	<b>To (month and year):</b>	<b>Employer's name, address &amp; nature of business:</b>
<b>Job Title:</b>		
<b>Grade:</b>		
<b>Salary:</b>		
<b>Reason for leaving:</b>		<b>Duties/Responsibilities:</b>

<b>From (month and year):</b>	<b>To (month and year):</b>	<b>Employer's name, address &amp; nature of business:</b>
<b>Job Title:</b>		
<b>Grade:</b>		
<b>Salary:</b>		
<b>Reason for leaving:</b>		<b>Duties/Responsibilities:</b>

<b>From (month and year):</b>	<b>To (month and year):</b>	<b>Employer's name, address &amp; nature of business:</b>
<b>Job Title:</b>		
<b>Grade:</b>		
<b>Salary:</b>		
<b>Reason for leaving:</b>		<b>Duties/Responsibilities:</b>

<b>From (month and year):</b>	<b>To (month and year):</b>	<b>Employer's name, address &amp; nature of business:</b>
<b>Job Title:</b>		
<b>Grade:</b>		
<b>Salary:</b>		
<b>Reason for leaving:</b>		<b>Duties/Responsibilities:</b>

Please continue on separate sheet if necessary

## **SECTION D: Professional References**

Name, address and telephone numbers of 2 professional references, one of whom is your present employer or line manager. The second referee must have known you in this capacity within the last three years, and be from a different clinical area. Please ensure that Top Carers do not currently employ them.

<b>Name:</b>	<b>Name:</b>
<b>Position:</b>	<b>Position:</b>
<b>Name Of Organisation:</b>	<b>Name Of Organisation:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone No.:</b>	<b>Telephone No.:</b>
<b>Extension:</b>	<b>Extension:</b>
<b>Email Address:</b>	<b>Email Address:</b>

## **SECTION E: Immunisation History**

Have you ever been vaccinated, immunized or tested for/against any of the following:

<b>Hepatitis B</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	<b>Hepatitis Booster</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Hepatitis C</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
<b>HIV</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
<b>Measles</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	<b>Date of last injection:</b>
<b>Mumps</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	<b>Booster</b> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>
<b>Rubella</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
<b>Varicella</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
<b>Tuberculosis</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	

I understand that in the event of my being unable to confirm whether I have had Chicken Pox, I willingly consent to undertake a blood test to verify my immunology status. Also that in the event of my being immune, I will consider the option of vaccination.

**Signed:** .....

**Print Name:** .....

**SECTION F: Mandatory Training**

Please give the dates of your most recent attendance:

Course	Date	Course	Date
Health and Safety		Handling of Violence and Aggression	
Manual Handling		Complaints Handling	
Fire Safety		COSHH	
Infection Prevention and Control		RIDDOR	
Food Safety and Hygiene		Child Protection	
CPR/Basic Life Support		Epilepsy	
Lone Working		The Caldicott Protocols	

**SECTION G: Rehabilitation of Offenders Act 1974**

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 2.4 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1975). Applicants are therefore not entitled withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act and in the event of employment any failure to disclosure such convictions could result in the dismissal or disciplinary action taken by the employer. Any information given will be considered only in relation to this application.

Have you ever been convicted of a criminal offence?      Yes     No   
 (including spent convictions)

If yes, please state nature of the convictions(s) and dates(s) convicted: .....  
 .....  
 .....

As part of your registration with Top Carers you will be required to undergo CRB Disclosure at Enhanced level in line with CSI Regulations. Please sign your acceptance below.

I agree to undergo CRB Enhanced Disclosure as part of my registration with Top Carers.

**Signed:** .....      **Date:** .....



**DECLARATION – Please read and sign**

I declare that the information given above is, to the best of my knowledge, true. I understand that knowingly giving false information will disqualify me from registration with the agency.

I undertake to inform the agency, immediately, if I am engaged/offered employment by a customer. I understand that the information given by me above and during the interview process may form the basis of a computerized personal records system to which access is governed by the Data Protection Act, 1984.

**Signed:** ..... **Date:** .....

<p>Where did you hear about Top Carers?.....</p> <p>Have you ever used the services of other agencies? If yes, please state which ones? :</p> <p>.....</p>
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## **RGN/RMN/MIDWIFE - JOB PROFILE**

**Job Title: Registered Nurse on Part 1 and 2 of the NMC Register, Responsible to the Agency General Managers and NMC**

### **Summary of duties and responsibilities:**

1. To act in a manner consistent with the NMC Code of Professional Conduct 1992.
2. To maintain eligibility to work by ensuring re-registration as required every year.
3. To maintain personal and professional development at all times, ensuring that opportunities to access continuing professional education is sought and undertaken.
4. To ensure that all statutory training is kept updated especially in relation to Manual Handling, CPR, Infection Control, Fire Safety and Health and Safety.
5. To always work in an acceptable manner appropriate to the given environment.
6. To work in accordance with the aims and philosophy of the Agency in its provision of care services.
7. To always work in an acceptable manner appropriate to the given environment.
8. To develop personal professional goals, by seeking help and advice when required.
9. To always promote the ideologies of the Agency by example, and by encouraging others to behave similarly.
10. To abide by the rules of the Agency in relation to timesheet submissions and any payroll issues.
11. To only accept those assignments that match skill base.
12. To maintain good levels of communication with the Agency.
13. To maintain levels of confidentiality expected by the Agency and Client respectively at all times.
14. To ensure that correct procedures are followed in the event of an incident of an accident involving clients or staff.
15. To assist persons in reaching their maximum potential when caring for them, directly or under the supervision of others.
16. To accept the Terms and Conditions as set by the Agency and to abide by them.
17. To wear correct Agency uniform at all times, displaying the Company ID badge.
18. To inform the Agency of the theft or loss of them.
19. To honour assignments accepted and if unable to fulfill allowing adequate notice for the recovery of assignment.
20. To have good interpersonal skills.
21. To make available time to the Agency for carrying out work.
22. To be available to attend performance reviews as required by the Agency.
23. To attend any disciplinary hearing as required.
24. To attend when requested by the Agency, any relevant training courses.
25. To maintain high standards of care.
26. To have a duty of care in respect of suspicions of abuse or neglect, by reporting your concerns immediately to the Manager.

**This list is not exhaustive or infinite but gives a general idea of the duties expected within the role. The definitions laid down can be altered at such times as is deemed to be appropriate.**

**Signature:** .....

**Print Name:** .....

**Date:** .....

## RGN/RMN/MIDWIFE - COMPETENCY AND SKILLS

Name: .....

Please tick the box according to the level of experience as indicated below:

- 1 I can perform this procedure competently
- 2 I am familiar with this procedure but would need supervision
- 3 I have insight into the procedure but no experience
- 4 No knowledge of the procedure
- 5 Not applicable to the post applied for

	1	2	3	4	5
<b>MEDICATION ADMINISTRATION:</b>					
Topical					
Oral					
N/G					
Rectal Drugs					
Injections					
Intravenous Therapy					
Heparin Lock					
Cardiac Medications					
Mix I.V Meds					
Administering I.V Meds					
Administration of Blood and Blood Products					
Infusion Pumps/Peg					
CVP Lines					
I V Rate Calculations					
Prescribe Medication/Drugs					
<b>WOUND DRESSING:</b>					
Dry (Changing)					
Suture (Insert & Removal)					
Wound Care					
<b>PARENTAL FEEDING:</b>					
Knowledge of Types of Parental Feeding					
Knowledge of Solutions					
Assistance with insertion					
<b>GASTROINTESTINAL:</b>					
Colostomy Care					
Care of Patients with Abdominal Wound/Drain					

<b>RENAL:</b>					
Male Catherisation					
Female Catherisation					
Suprapubic Tube					
Nephrostomy Tube					
Care of Patient in Acute Renal Failure					
Care of Patient with Renal Transplant					
Care of Patient on Hemodialysis					
Care of Patients with Nephrectomy					
Care of Patient with Fistula					
Catheter Care					
<b>NEUROLOGICAL:</b>					
Neurological Assessment/ Vital Signs					
Seizure Precautions					
Monitoring Intracranial Pressure					
D.T/s					
Care of Patients with fresh Head Injury (Open/Close)					
Care of Patients with Spinal Cord Injury					
Care of Patients with Craniotomy					
Circo-Electric Bed					
Glasgow Coma Scale					
<b>ORTHOPAEDIC:</b>					
Walking with Crutches					
Traction					
Halo Traction					
Stryker Frame					
Crunchfield Tongs					
Cast Care					
Body Cast					
Soft Cast/Black Slabs					
Back Extension					
Care of Patient with Amputation					
Norton Score					
Moving & Handling					
<b>RESPIRATORY:</b>					
Chest Physiotherapy					
Oropharyngeal Suctioning					
Endotracheal Suctioning					
Chest Drains					
Tracheotomy Care					
Ambuing Technique					
Oxygen Equipment – Nasal Cannula					
Oxygen Equipment – Face Mask					
Oxygen Equipment – Vent					
Oxygen Ventilator Weaning					
Obtaining Arterial Blood Gases					
Interpreting Arterial Blood Gases					

<b>CARDIOVASCULAR:</b>					
Perform 12 Lead ECG					
Take Rhythm Strips					
Interpretation of Basic Dysrhythmias					
Telemetry					
Care of Acute M.I					
Swan Ganz Insertion					
Cardiac Output					
Arterial Line					
Care of Multiple Trauma Patient					
Cardiac Arrest-Prepared Meds					
Cardiac Arrest Administered Meds					
Cardiac Arrest-Initiated Resuscitation					
Cardiac Arrest-Active Participant					
Cardiac Arrest-Defibrillation					
<b>BEDS-Clinitron</b>					
Low Air Loss					
<b>TERMINAL CARE:</b>					
Chemotherapy					
Radiotherapy					
<b>THEATRE:</b>					
Assisting with Inductions					
Anesthetics					
Scrub Specialty					
Recovery					
Endoscopic Procedures					
<b>MIDWIFERY:</b>					
Scrub					
Suture					
Neonatal Unit					
Special Care Baby Unit					
Vents					
Tube Feed					
<b>PSYCHIATRY:</b>					
Acute Psychiatric Problems					
Forensic Psychiatric Problems					
Addictive Behavioural Problems					
Alcohol and Drug Detoxification					
Eating Disorders					
Community Psychiatry					
Rehabilitation					

<b>MENTAL/LEARNING DISABILITIES:</b>					
Challenging Behaviour					
Physical Disabilities					
Teaching					
Day Care					
Social Care					

Any Other Skills:

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**Signature :**..... **Print Name:**.....

**Date:** .....



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**REFERENCE FORM**

Dear: .....

Date: .....

Re: ..... Date of Birth: .....

**Application to join Top Carers**

Clinical placement applied for: .....

The above named applicant has applied for registration with our agency and has offered your name as a professional referee on their behalf.

We would be grateful if you could confirm that the applicant is suited to the clinical placement by way of completing the short questionnaire overleaf. We are an agency who offer assignments to our workers based on their clinical ability only within the specialty applied for. Your reference will form a major part of the criteria in this assessment process.

Under the Care Standards Act 2000, we are required to make available, on request, either by a service user or by The Commission for Social Care Inspection (CSCI), information given by you as a referee. By completing and returning this request form we will assume that you have given express permission to share the contents of the reference in line with Data Protection rules.

We do hope that you can consider an early reply to allow the applicant to be placed in work. You can post, email or fax the completed form back to us using the contact information at the top of this page.

Yours Sincerely,

Cynthia Ufondu  
Office Manager

Applicants Name: .....

Capacity in which you know him/her: .....

Date of employment - From: ..... To: .....

Is permission granted to disclose the contents of this reference with the candidate? .....

Having known the above-named person, what would you say about him/her?

<b>Please tick the appropriate box</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Clinical ability				
Reliability				
Attitude to work, colleagues and patients				
Personal Integrity, honesty and trustworthiness				
Time keeping				
Ability to work under pressure				
Commitment and initiative				
Conduct				
Grooming and appearance				

Is the applicant suitable for the post? Yes  No

Do you have any reason why we should not employ this person? Yes  No

If yes, please state your reasons: .....

Would you re-employ this person? Yes  No

Reason(s) for leaving: .....

**Please complete this section to validate this reference**

<b>Signed:</b>	<b>Full Name:</b>
<b>Date:</b>	<b>Position:</b>
<b>Contact Phone:</b>	<b>Email:</b>

**Organisation Stamp, Compliments Slip or Letter Headed Paper:**  
 If you do not have a **business stamp**, please provide a **compliments slip** or **letter headed paper**.  
 References without the above or that have not been sent from a **professional email address** cannot be accepted





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Reliability				
Attitude to work, colleagues and patients				
Personal Integrity, honesty and trustworthiness				
Time keeping				
Ability to work under pressure				
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<b>Contact Phone:</b>	<b>Email:</b>

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