



BLUE OCEAN SERVICES LIMITED

APPLICATION FORM



Blue Ocean Services Ltd registered and licensed to provide services by Care Quality Commission.

GUIDANCE NOTES FOR APPLICANTS

THE APPLICATION FORM

Section 1: Personal Information

- The application form plays an important part in the selection process; decisions to shortlist candidates for interview are based solely upon the information you supply on your form and the form provides a basis for the interview itself.
- Curriculum Vitae (CVs) alone will not be accepted. However, CVs will be accepted in addition to a fully completed application form.
- BOS normal retirement age is 65 years. If you are already 65 or will reach 65 within six months of this application you are specifically excluded from protection against age discrimination under UK employment law.
- **You may complete the form on a word-processor but please use the appropriate headings and format**

Section 2: Additional information

- Please tell us what position you are applying for and how you heard about us.
- Please tell us if you have right to work in the UK.

Section 3: Education and Qualifications

- You are only required to complete this section if qualifications and training are a requirement of the Person Specification.
- List membership of professional institutes, in-house courses and professional qualifications if applicable. Essential qualifications will be checked on appointment to a post.

Section 4: Employment History

- Do not simply list the duties of your jobs, please give a brief explanation of the main duties of your previous jobs.
- It is essential that you account for any gaps in employment.

Section 5: Supporting Statement

[of Skills, Ability, Knowledge and Experience]

- **This section is vital**
- It is essential that you read the Person Specification before completing this section; this provides a profile of the ideal person to fill the job. It enables both you and the organisation to assess your suitability for the job.

- Think about what evidence you can provide to demonstrate you have the necessary skills, ability, knowledge and experience required as set out in the Person Specification.
- You may have acquired these in a variety of ways e.g. through work, running a home, voluntary work, hobbies etc.
- Address each of the criteria in the Person Specification separately and briefly outline how you meet each one, providing specific examples.

Section 6: Practical Experience

- Practical Experience (FOR THOSE APPLYING FOR CARE / NURSING WORK ONLY)
- To assist us in finding suitable work for you, please tick all the care tasks in which you are experienced:

Section 7: References

Should you be selected for the role we will want to take up referees as outlined below. However if possible we would like to do this earlier in the process.

Employment references – please provide 2 referees details to cover the last five years of employment.

Academic references – if you are a school leaver or graduate entrant and do not have any previous employment history; please supply the details of a school/college tutor.

Personal references – if you have no previous employment please give details of someone who can provide a character reference.

We reserve the right to take up references from any previous employer.

PLEASE RETURN YOUR APPLICATION FORM TO:

Blue Ocean Services Limited

339 Stanstead Road

Catford

London

SE6 4UE

Email- admin@blueoceanservicesuk.com

APPLICATION FOR EMPLOYMENT

1. PERSONAL INFORMATION

DATE: _____

TITLE: _____

NAME: _____
Surname First Middle/Initials

ADDRESS: _____

CONTACT

INFORMATION: _____
Home Mobile Email

NEXT OF KIN: _____
Name Relationship to the Applicant Telephone

How did you learn about our company? _____

2. POSITION SOUGHT: _____

JOB REFERENCE: _____

Where did you learn of this post?

Newspaper Specialist Publication Personal Enquiry Web site

Do you need a work permit to be employed in the UK? Yes No

If the answer is 'No' when does your present permit expire? _____

[If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.]

2.1

Do you speak other languages apart from English Yes No

If the answer is 'Yes', what is the language and please indicate the level of proficiency?

_____ Basic Good Fluent

Do you have UK CC PIN NUMBER? Yes No

If 'Yes' what is the expiring date? _____

Are you registered with NMC (Nursing & Midwifery Council)? Yes No

Do you have your own mode of transportation? Yes No

3. EDUCATION & QUALIFICATIONS [Starting with the most recent first]

Name of course	School/College/University/Institute	Qualifications/skills/training courses [including dates attained]

[Please continue on a separate sheet if necessary]

4. EMPLOYMENT HISTORY

Please list, beginning from most recent (include gaps in employment)

Name, address & business of employer	Position held & brief summary of duties	Reason for leaving	From – To (Month/Year)

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NURSES FROM NON-EEC COUNTRIES MUST PROVIDE EVIDENCE OF PERMISSION TO WORK IN THE UK.

[Please continue on a separate sheet if necessary]

5. SUPPORTING STATEMENT

[Relevant skills, abilities, knowledge, experience and your reasons for applying for this job]

[Please continue on a separate sheet if necessary]

6. Practical Experience (FOR THOSE APPYING FOR CARE / NURSING WORK ONLY)

To assist us in finding suitable work for you, please tick all the care tasks in which you are experienced:

Personal Hygiene		Practical tasks		Toileting	†
Bath / Shower / Strip wash	†	Bed making/changing a bed	†	Applying a cover	†
Bed bath	†	Collecting benefits	†	Attaching a night bag	†
Care of eyes	†	Cooking	†	Bed pans/commodes	†
Care of feet (exc. toe nails)	†	Light housework	†	Changing a catheter bag	†
Care of fingernails	†	Recording of blood pressure	†	Continence care	†
Care of hair	†	Recording of temperature	†	Emptying a catheter bag	†
Dressing/undressing	†	Recording of respiration	†	Stoma care	†
Mouth care (inc. dentures)	†	Shopping	†		†
Shaving	†	Washing personal laundry	†		†
Use of bath aids	†		†		†
	†		†		†
Administrative abilities	†	Mobility	†	Previous experience in	†
Confidentiality	†	Moving & handling clients	†	Hospital	†
Observing/Recording	†	Moving & handling course	†	Nursing/residential home	†
Changes in clients' condition	†	Use of hoists (man. /elec.)	†	Private house	†
Recording instructions from GP/District nurse	†	Use of walking aids	†		†
	†		†		†
Care Duties	†	Nutrition	†	Previous experience in	†
Assisting with medication	†	Feeding	†		†
Pressure area care	†	Food handling	†		†
Simple dressing procedures	†	Preparing meals	†		†
Terminal care	†		†		†

Please explain briefly how you gained this experience:	
Please give relevant details of any training or courses you have attended (e.g. First Aid, NVQ etc):	

6.2 Carers Experience checklist (FOR THOSE APPLYING FOR CARE / NURSING WORK ONLY)

Please indicate your level of proficiency according to the scale below

- I. No experience
- II. Previously performed but not proficient
- III. Competent to perform independently

Which areas of nursing do you have experience?

Area	NHS/Private/Local Authority	Months / Years	Level of Proficiency		
			I	II	III
Nursing Home - Frail elderly			†	†	†
- EMI			†	†	†
- Other			†	†	†
Residential Home - Frail elderly			†	†	†
- EMI			†	†	†
- Other			†	†	†
Home Care			†	†	†
- Clients own home			†	†	†
Hospital (specific area of work)			†	†	†
Community (specific area of work)			†	†	†

Mental Health (specific area of work)			†	†	†
Learning Disabilities (specific area of work)			†	†	†
Occupational Health / Industry (specific area of work)			†	†	†
Level of Practice	Date Achieved				
NVQ 1					
NVQ 2					
NVQ 3					
Please state if currently undertaking an NVQ course and at what level:					
Training Received	Date		Certificate Supplied		
Manual Handling					
Infection Control					
Fire Safety					
First Aid					
Essential Food Hygiene					
Observation Skills					
Lone Worker					
Management of aggressive/violent behavior					
Other, please specify:					

7. REFERENCES

<p>Title: _____</p> <p>Full Name: _____</p> <p>Job Title: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Title: _____</p> <p>Full Name: _____</p> <p>Job Title: _____</p> <p>Organisation: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>
<p>Office Only</p> <p>DS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DR <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Office Only</p> <p>DS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DR <input type="text"/> <input type="text"/> <input type="text"/></p>

8. OTHER INFORMATION

Please notify us of any date you are unavailable for interview: _____

If offer the position when could you start? _____
(What is your notice period?)

9. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this may be sufficient grounds for terminating my employment.

Signature: _____ **Date:** _____

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment *and* will be processed solely in connection with recruitment and provided to relevant authorized government agencies when required.