

# TLC Nursing Services Application Form

## **Personal Details**

Qualifications: Carer

Indemnity No.(e.g. INO/SIPTU?Union No.) \_\_\_\_\_

P.R.S.I. No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you completed a Manual Handling and Lifting Course      Yes  No

Have you been vaccinated against Hepatitis                      Yes  No

Have you completed a Refresher Course                            Yes  No

Have you completed a C.P.R. Course                                 Yes  No

Do you hold a full clean licence    Yes  No

Do you have a car available     Yes  No

Surname: \_\_\_\_\_ Christian Name(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

\_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Mobile No. \_\_\_\_\_

\_\_\_\_\_ emailaddress: \_\_\_\_\_

Any relevant medical history: \_\_\_\_\_

\_\_\_\_\_

Are you presently on any medication:                                      Yes  No

If "Yes" describe: \_\_\_\_\_

## **Training / Education**

Nurse Training School	School / College	From	To	Qualifications Obtained

## **Higher Education**

School / College	From	To	Qualifications Obtained

**Employment History**

Present Post / Title	Employers Name & Address	Duties

**Details of Previous Employment**

Position Held	Employers Name & Address	Duties

**Referee 1**

**Referee 2**

**Referee 3**

Name 1	Name 2	Name 3
Job Title	Job Title	Job Title
Address	Address	Address
Tel.No.	Tel.No.	Tel.No.
email	email	email

**Next of Kin & Contact Number**

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**Terms and Conditions**

I am aware that TLC is not responsible or legally liable should an accident occur or arise during the course of or as a result of my professional duties. I take personal responsibility in ensuring that my professional indemnity insurance is up-to date at all times.

I understand the terms and conditions /contract and agree to abide by them.

I declare that the particulars submitted are true and that any falsehoods will immediately terminate my association with TLC Nursing services.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_