HUTANO HEALTHCARE
SERVICES LTD

Registered Nurse Agency Application Form

Personal Information

1. **Full Name:**

   _____

2. **Address:**

   _____

   _____

   County: _____

   Postcode: _____

3. **Phone Number (Home):** _____

   Phone Number (Mobile): _____

   Email Address: _____

4. **Date of Birth (DD/MM/YYYY):** _____

5. **Nationality:** _____

   PPS Number: _____

6. **Do you have the right to work in Ireland?** (Yes/No) ___

   Do you hold a valid work permit or EU passport? (Yes/No) ___

   Visa Type (if applicable): _____

Emergency Contact Information

1. **Name of Emergency Contact:** _____
2. **Relationship to You:** _____
3. **Phone Number:** _____
4. **Alternative Phone Number:** _____

Professional Qualifications & Registration

1. **Qualification/Certification:** _____
   Issuing Body: _____
   Date Obtained: _____
   Expiry Date (if applicable): _____

2. **Qualification/Certification:** _____
   Issuing Body: _____
   Date Obtained: _____
   Expiry Date (if applicable): _____

3. **Qualification/Certification:** _____
   Issuing Body: _____
   Date Obtained: _____
   Expiry Date (if applicable): _____

4. **NMBI Registration Number:** _____
   Date of Registration: _____
   Current Registration Status: (Active/Inactive) _____

5. **CPR Certification:** (Yes/No) _____

   Date of Completion: _____

   Expiry Date (if applicable): _____

6. **Manual Handling Training:** (Yes/No) _____

   Date of Completion: _____

   Expiry Date (if applicable): _____

7. **Other Relevant Courses or Certifications:**

   _____

   _____

Employment History

Please provide details of your previous nursing experience.

1. **Employer Name:** _____

   Job Title/Position: _____

   Dates of Employment: From _____ To _____

   Main Responsibilities:

   _____

   _____

   _____

   _____

   _____

   Reason for Leaving: _____

   Supervisor's Name: _____

   Supervisor's Contact Number/Email: _____

2. **Employer Name:** _____

   Job Title/Position: _____

Dates of Employment: From _____ To _____

Main Responsibilities:

_____

_____

_____

_____

_____

Reason for Leaving: _____

Supervisor's Name: _____

Supervisor's Contact Number/Email: _____

References

Please provide at least two professional references.

1. **Reference Name:** _____

   Relationship to You: _____

   Position/Title: _____

   Organisation: _____

   Phone Number: _____

   Email Address: _____

   How long have you known the referee? _____

2. **Reference Name:** _____

   Relationship to You: _____

   Position/Title: _____

   Organisation: _____

   Phone Number: _____

   Email Address: _____

   How long have you known the referee? _____

Skills & Competencies

Please describe your skills and expertise that make you a strong candidate for the role:

- **Clinical Skills:**

- **Experience in Specific Nursing Fields (e.g., ICU, Palliative Care, Elderly Care):**

- **Communication & Interpersonal Skills:**

- **Ability to Work Independently & as Part of a Team:**

- **Other Skills (e.g., leadership, language proficiency, specialised training):**

Availability

Please provide details regarding your availability:

1. **Preferred Type of Employment:** (Full-Time / Part-Time) _____
2. **Available to work:** (Days / Nights / Weekends / Holidays)

   _____
3. **Are you willing to travel to multiple locations for assignments?** (Yes/No) ___
4. **Do you have a valid driver's license?** (Yes/No) ___
5. **Do you have access to a car?** (Yes/No) ___

Health Declaration

1. **Do you have any health conditions that may affect your ability to perform the duties of a Registered Nurse?**(Yes/No) ___

   If yes, please provide details:

   _____

   _____

   _____
2. **Are you currently taking any medication that may impact your ability to work?** (Yes/No) ___

   If yes, please provide details:

   _____

   _____

   _____

   _____

Criminal Record Check (Garda Vetting)

1. **Have you been subject to Garda Vetting?** (Yes/No) ___

   If yes, please provide the date of vetting and the reference number (if available):

2. **Do you have any criminal convictions?** (Yes/No) ___

   If yes, please provide details:

Consent & Declaration

1. **Consent to Garda Vetting:**

   I consent to the processing of my personal details for Garda Vetting purposes. (Yes/No) ___

2. **Consent to Contact References:**

   I consent to the agency contacting my references listed above for verification purposes. (Yes/No) ___

3. **Accuracy of Information:**

   I declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from the recruitment process or termination of employment.

   Signature: _____

   Date: _____