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lopecareagency.ie

REGISTRATION FORM

Nurses, HCAs and Support Workers

PERSONAL DETAILS

Surname	_____	Title	_____
First Name(s)	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	_____	NI Number	_____
Current Address	_____	Mobile Phone	_____
	_____	Home Phone	_____
Post Code	_____	Email	_____
Nationality	_____	Passport No.	_____
Do you drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Driving Licence No. _____

NEXT OF KIN (TO BE NOTIFIED IN CASE OF EMERGENCY)

Name	_____	Relationship	_____
Address	_____	Mobile Phone	_____
	_____	Home Phone	_____

EDUCATION, TRAINING AND QUALIFICATIONS

Secondary and Further Education

Name of School / College / University	Qualifications and Grade Obtained	Dates From / To

Mandatory Training

Please provide training certificates dated within the last 12 months from an accredited provider.

Training Course	Date of Last Training	Update Required By
Moving and Handling (Practical)		
Safeguarding Adults — Level 1, 2, or 3		
Safeguarding Children — Level 1, 2, or 3		
Fire Safety		
Health and Safety		
Infection Prevention and Control — Level 1 or 2		
Basic Life Support		
Lone Worker		
Conflict Resolution		
Information Governance		
Equality and Diversity		
Mental Capacity Act		
ILS Certificate (Nurses only)		

YOUR WORK HISTORY

Please complete this section in full even if you have a CV. Your employment history must cover back to your secondary school education with no unexplained gaps. This is a CQC requirement. Please use a continuation sheet if necessary.

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

YOUR WORK HISTORY CONTINUED

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

YOUR WORK HISTORY CONTINUED

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

YOUR WORK HISTORY CONTINUED

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

YOUR WORK HISTORY CONTINUED

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

Dates From / To	_____	Employer	_____
Position / Title	_____	Grade	_____
Work Address	_____		
Main Responsibilities	_____		

Reason for Leaving	_____		

WORK PREFERENCES

When are you available to work?

- Full Time Part Time Nights Mornings Afternoons Evenings
- Weekends Occasional

Date Available to Commence: _____

Willing to work at short notice? Yes No

Any commitments reducing flexibility? Yes No

If yes, please state: _____

Specialised Areas

Please state the specialised areas in which you feel competent and confident to work.

1st Choice _____

2nd Choice _____

3rd Choice _____

English Language Competency

Written: Fluent Good Fair
Spoken: Fluent Good Fair

COMPETENCIES, SKILLS AND EXPERIENCE

Please tick all skills and competencies in which you have experience.

- | | | |
|--|---|---|
| <input type="checkbox"/> Bath / shower / strip wash | <input type="checkbox"/> Emptying of catheter bag | <input type="checkbox"/> Feeding a helpless patient |
| <input type="checkbox"/> Use of bath aids | <input type="checkbox"/> Care of bladder and bowels | <input type="checkbox"/> Report writing and giving |
| <input type="checkbox"/> Bed bath | <input type="checkbox"/> Recording fluid balance | <input type="checkbox"/> Ensuring medication has been taken |
| <input type="checkbox"/> Shaving | <input type="checkbox"/> Changing a colostomy bag | <input type="checkbox"/> Washing of personal laundry |
| <input type="checkbox"/> Mouth care including dentures | <input type="checkbox"/> Use of bedpans and commodes | <input type="checkbox"/> Light housework |
| <input type="checkbox"/> Care of feet | <input type="checkbox"/> Lifting and transferring of patients | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Care of hair | <input type="checkbox"/> Use of hoists | <input type="checkbox"/> Bed making |
| <input type="checkbox"/> Care of fingernails excluding toenails | <input type="checkbox"/> Use of walking aids | <input type="checkbox"/> Changing a bed with patient in it |
| <input type="checkbox"/> Dress and undressing of patients | <input type="checkbox"/> Temperature recording | <input type="checkbox"/> Observing client confidentiality |
| <input type="checkbox"/> Care of eyes | <input type="checkbox"/> Respiration recording | <input type="checkbox"/> Simple dressing procedure |
| <input type="checkbox"/> Experience with dementia | <input type="checkbox"/> Pulse recording | <input type="checkbox"/> Sitting with a terminal patient |
| <input type="checkbox"/> Ensuring pressure areas are healthy | <input type="checkbox"/> Urine testing | <input type="checkbox"/> Experience in a hospice |
| <input type="checkbox"/> Observe changes in condition and report | <input type="checkbox"/> Lifting and handling course | <input type="checkbox"/> Experience in First Aid |
| <input type="checkbox"/> Record instruction from GP / District Nurse | <input type="checkbox"/> Manual handling practical | |

PERSONAL STATEMENT

Please write your personal statement below.

This is your opportunity to sell yourself and demonstrate why you are the right professional to join our books. We are looking for experienced Nurses, Carers, and Support Workers who take pride in what they do and are committed to delivering outstanding care.

Your statement should cover the following: your professional background and the care settings you have worked in, the client groups you have experience with, the skills and competencies you have developed, what you believe outstanding care looks like and how you deliver it in practice, how you work as part of a team and independently, how you handle pressure and challenging situations, and what motivates you to work in health and social care.

Please write a minimum of 2000 words. This is your chance to stand out. Write in your own words, be specific, and give examples where you can. Continue on a separate sheet if needed.

REFERENCES

Please provide the details of two clinical references from senior professionals. One must be your most recent employer or agency. References must cover the last 3 years. Relatives are not accepted. We may contact references prior to interview.

Reference 1

Name

Position / Grade

Work Address

Phone Number

Email

How long known?

Senior to you?

Yes

No

Contact before interview?

Yes

No

Reference 2

Name

Position / Grade

Work Address

Phone Number

Email

How long known?

Senior to you?

Yes

No

Contact before interview?

Yes

No

RIGHT TO WORK IN IRELAND

All candidates must provide evidence of their right to work in Ireland before commencing any assignment. Please tick the document you are providing and bring the original to your interview. We are unable to accept photocopies.

Please tick the document you will be providing

Valid Irish or British passport

Valid passport from an EU or EEA member state showing nationality

Irish Residence Permit (IRP) showing permission to work

Current immigration permission document issued by the Irish Naturalisation and Immigration Service (INIS)

UK Home Office share code (see below)

UK Home Office Share Code

If you are providing a Home Office share code, please complete the details below. Share codes can be obtained at www.gov.uk/prove-right-to-work and are valid for 90 days.

Share Code: _____ Date of Birth: _____

Note: A share code must be accompanied by the applicant's date of birth to be verified. Both are required.

Passport Number (if applicable)

Passport Number: _____ Expiry Date: _____

Nationality: _____

Important: Original documents must be presented at interview. We cannot progress any application without verified right to work documentation.

PROFESSIONAL REGISTRATION

Please complete this section if you hold a professional registration. This includes NMC registered nurses and midwives, HCPC registered allied health professionals, and Social Care Ireland registered social workers.

Regulatory body: _____

Registration number: _____ Expiry date: _____

Is your registration currently active and in good standing? Yes No

Are there any conditions, restrictions or alerts on your registration? Yes No

If yes, please provide full details on a separate sheet. You must inform Lopen Care Agency immediately of any changes to your registration status.

Additional Professional Memberships or Qualifications

Qualification / Membership: _____

Awarding Body: _____ Year obtained: _____

Qualification / Membership: _____

Awarding Body: _____ Year obtained: _____

OCCUPATIONAL HEALTH

As a healthcare professional working with vulnerable adults and children, you are required to confirm your fitness to practise. Please answer all questions honestly. Any information provided will be treated in the strictest confidence and will only be used to assess your suitability for the roles you will be undertaking.

Do you have any physical or mental health conditions that may affect your ability to carry out the role? Yes No

If yes, please provide details below. Reasonable adjustments will be considered in line with equality legislation.

Details:

Vaccination and Infection Control Status

The following information is required for roles in clinical and care environments.

Have you been vaccinated against Hepatitis B? Yes No Unknown

Are you immune to Hepatitis B? Yes No Unknown

Have you had a TB screening test? Yes No Unknown

Have you had a BCG vaccination? Yes No Unknown

Are you up to date with your seasonal flu vaccination? Yes No Unknown

Please bring any vaccination records or occupational health clearance letters to your interview.

BANK DETAILS AND EMPLOYMENT STATUS

Bank details are required for payroll setup. Please complete this section at interview or attach a voided cheque or bank statement header.

Bank Details

Account holder name:

Bank name:

Sort code:

Account number:

IBAN (if applicable):

Employment Status

Please indicate how you wish to be engaged. Your status will determine how you are paid and what documentation is required.

Employed (PAYE)

Self-employed

Limited company

UTR number (self-employed):

Company name (limited company):

Company registration number:

VAT number:

DECLARATIONS

The Disclosure and Barring Service (DBS, formerly the Criminal Records Bureau, CRB) is the executive body responsible for the receipt and processing of DBS disclosure information. Healthcare providers including NHS Trusts, private sector hospitals, nursing homes, and residential care services require agencies to make safer recruitment decisions based on DBS disclosure information. Any disclosure obtained will be compared with the information provided in this form and any inconsistencies could invalidate your application or lead to the cancellation of your registration with us.

Rehabilitation of Offenders Act 1974 and Criminal Records

Roles involving the care of children or vulnerable adults are exempt from the Rehabilitation of Offenders Act 1974. This means that applicants are required to disclose all criminal convictions, cautions, reprimands, and final warnings, including those that would otherwise be considered spent under the Act. Failure to disclose any relevant information may result in the withdrawal of any offer of work or the termination of your registration.

DBS Status

Do you currently hold a valid DBS certificate? Yes No

If yes, date of issue: _____ Certificate number: _____

Is your DBS enhanced? Yes No

Are you registered with the DBS Update Service? Yes No

If you are registered with the DBS Update Service please bring your DBS certificate to interview. We will carry out an online status check with your consent.

If you do not currently hold a DBS certificate, one will be applied for at interview. An application fee of £55 applies. Cash or card only. Cheques are not accepted.

Criminal Record Disclosure

Have you ever been convicted of a criminal offence? Yes No

Have you ever been cautioned or issued a warning? Yes No

If you have answered Yes to either question above, please provide full details including dates below. This includes spent convictions as roles in health and social care are exempt from the Rehabilitation of Offenders Act 1974.

Details:

Working Time Directive

The European Union Working Time Directive governs the maximum working week. You will never be compelled to work more than 48 hours per week, but you may choose to do so. Please confirm your preference below.

I DO NOT wish to work more than 48 hours per week I DO wish to work more than 48 hours per week

CONSENT TO CONTACT REFERENCES

I authorise Lopen Care Agency Ireland to contact the referees named in this form for the purpose of obtaining professional references in support of my application. I understand that references will be requested prior to or following my interview and that my registration cannot be completed without satisfactory references being received.

Print Full Name: _____ Date: _____

Signature: _____

Data Protection and GDPR Consent

Lopen Care Agency Ireland is committed to protecting your personal data. The information you provide in this form will be collected and processed for the purpose of assessing your suitability for healthcare assignments and managing your registration with us. Your data will be stored securely and will not be shared with any third party without your consent, except where required by law or for the purpose of verifying your credentials with regulatory bodies, referees, or placement providers.

You have the right to access, correct, or request the deletion of your personal data at any time by contacting us at info@lopecareagency.ie. For full details of how we handle your data please refer to our Privacy Policy available at lopecareagency.ie.

I consent to my personal data being processed as described above. I agree

I consent to my details being shared with placement providers for the purpose of securing assignments. I agree

Final Declaration

I declare that all information given in this registration form is, to the best of my knowledge, complete and accurate in all respects and that I am eligible to work in Ireland. I understand that any false or misleading information may result in my removal from Lopen Care Agency Ireland's register and may be referred to the relevant regulatory or statutory authorities.

Print Full Name: _____ Date: _____

Signature: _____

FOR OFFICE USE ONLY

Date Sent	Signature	Date Received	Signature

Reference 1

Date sent: _____ Date received: _____

Reference 2

Date sent: _____ Date received: _____

Date application form received: _____

Date fully registered: _____

Date commenced work: _____

Interview

Date: _____ Interviewer: _____

Comments: