



Branch name
Interviewer

APPLICATION FORM - NURSE / SOCIAL WORKER / CARE GRADES

WORK SOUGHT

Temporary Permanent

PERSONAL DETAILS

Title	First Name
Surname	Middle Name
Known as	Maiden Name
Marital Status	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth / /	Age
House Name / Number	Postal Address
Physical Address	Postcode
City / Town	
Province	Postcode
Home Phone	Work Phone
Cellphone	Pager Number
Email address	Preferred Contact Method
Please state which position you are applying for	

MISCELLANEOUS DETAILS

EMPLOYMENT ELIGIBILITY

Nationality _____

I.D. Number _____

Do you have the right to work in South Africa Yes No

Are you permanently resident in the RSA _____

Have you been convicted of an offence in any country? _____

Is a charge of an offence pending against you in any country? _____

Have you or do you have a charge of professional misconduct pending against you in any country? _____

COMPLIANCE

Do you hold a current Driving Licence Yes No Do you have your own transport Yes No

Are you willing to live in Yes No

Prepared to Accept Early Morning and Late Night Calls Yes No

ARE YOU EMPLOYED IN PUBLIC SERVICE?

Yes No If Yes, please provide current RWOPS. _____

If you are employed in the Public Service in future you must obtain permission to work. _____

PROFESSIONAL INDEMNITY

Do you belong to a Union Yes No Name of Union _____

Would you like needlestick cover - R200.00 Yes No

Membership Number _____ Union Expiry Date / /

MARKETING INFORMATION

How did you hear of Ambition? _____

Have you ever worked for Ambition previously? _____

NEXT OF KIN

Name	Relationship
Address	
Post Code	
Telephone Number	Cell Number

Ambition retains the right to hold this application and any other data required to process this application (whether in the RSA, UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act.
A copy of this can be requested in writing and is charged at a fee of R100 per request.

Ambition may contact you to advise information of interest or to share your information with Ambition related companies.

If you do not wish to be contacted by post - please tick If you do not wish to be contacted by email - please tick

PROFESSIONAL REFERENCES

Ambition requires references from your last or most recent employer.

Name of referee	Company Name
Position	Start date / / End date / / To date <input type="checkbox"/>
Province	Country
Telephone Number	Fax
Email	Cellphone

Name of referee	Company Name
Position	Start date / / End date / / To date <input type="checkbox"/>
Province	Postcode
Telephone Number	Fax
Email	Cellphone

EMPLOYMENT HISTORY

Please give details of employment history during the past 5 years, **most recent first**. (All gaps must be accounted for - please continue on blank paper if necessary).

From	/	/	To	/	/	Employer
Address						
Phone number			Main contact			
Title of post			Grade			
Full or part-time			Salary			
Main responsibilities			Dept/ward			
Reason for leaving						

From	/	/	To	/	/	Employer
Address						
Phone number			Main contact			
Title of post			Grade			
Full or part-time			Salary			
Main responsibilities			Dept/ward			
Reason for leaving						

From	/	/	To	/	/	Employer
Address						
Phone number			Main contact			
Title of post			Grade			
Full or part-time			Salary			
Main responsibilities			Dept/ward			
Reason for leaving						

From	/	/	To	/	/	Employer
Address						
Phone number			Main contact			
Title of post			Grade			
Full or part-time			Salary			
Main responsibilities			Dept/ward			
Reason for leaving						

From	/	/	To	/	/	Employer
Address						
Phone number			Main contact			
Title of post			Grade			
Full or part-time			Salary			
Main responsibilities			Dept/ward			
Reason for leaving						

From	/	/	To	/	/	Employer
Address						
Phone number			Main contact			
Title of post			Grade			
Full or part-time			Salary			
Main responsibilities			Dept/ward			
Reason for leaving						

Have you ever been dismissed from any employment

Yes

No

KEYWORDING FOR SANC REGISTERED NURSES ONLY

PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE. PLEASE REMEMBER THAT YOU WILL BE HELD PROFESSIONALLY ACCOUNTABLE

SANC Number _____

Expiry Date _____

Did you train in the RSA Overseas

Please provide details of training & qualifications obtained _____

Are You: *(Please tick and attach proof of SANC Registration)* _____

Registered Nurse Staff Nurse Assistant Nurse

KEYWORDS (PLEASE TICK) (TRAINED NURSES ONLY)

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Anaesthetic Trained				
Anaesthetic Experienced				
Ante Natal				
CCU				
Cardiothoracic				
Care of the Elderly				
Casualty				
Chemotherapy				
Clinical Facilitator				
Community Nursing				
Community Clinics				
Cosmetic Surgery				
CSSD				
Day Surgery				
Dental				
District Nursing				
ENT				
Family Planning				
Geriatrics				
Gynaecology				
Haematology				
Health Visitors				
HDU				
Hospices				
Hospitals				
ICU Trained				
ICU Experienced				
ICU Psychiatric				
In Charge Duties				
Labour Ward				
Medical				
Midwifery				
Neonatal				

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Neurology				
NICU				
Nursery				
Occupational Health				
Oncology				
Ophthalmology				
Orthopaedics				
Out Patients				
Paediatric				
Phlebotomy				
PICU				
Postnatal				
Practice Nurse				
Prisons				
Private Homes				
Psychiatry				
Radiology				
Recovery				
Rehabilitation Centre				
Renal				
Residential Homes				
SCBU				
School Nurse				
Scrub				
STD Clinic				
Stoma Care				
Surgical				
Termination Clinic				
Theatre Trained				
Theatre Experienced				
Training				
Urology				

KEYWORDING FOR CARE GIVERS ONLY

KEYWORDS (PLEASE TICK)

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Old Age Homes				
Private Homes - (Homecare)				
Hospitals				
Schools				
Learning Disability				
Mental Health				
Children (Paeds)				

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Snr Carer				
Catheter Care				
Fluid Charts				
Urinalysis				
Observation Bp				
Student Nurse				

KEYWORDING FOR SOCIAL WORKERS ONLY

Have you SACSSP Registration? YES NO Did you train in the RSA Overseas

When did you apply for registration? _____ SACSSP Number _____

Please provide details of training and qualifications obtained

PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE. PLEASE REMEMBER THAT YOU WILL BE HELD PROFESSIONALLY ACCOUNTABLE

KEYWORDS

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Child Protection Worker				
Children				
Adolescents				
Adult				
Residential				
Drug/Alcohol abuse				
Educational Social Worker				
Elderly				
Family Centre Worker				
Fostering/Adoption Worker				
Generic/Duty Field Worker				
HIV				

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Homeless				
Hospital Worker				
IT Juvenile Justice Worker				
Learning Disability				
Mental Health				
Physically Disabled				
Probation Services				
Sensory Impairment				
Senior Manager				
Unqualified Social Worker				
Counsellor				
Social Work Trainer				

GRADE OF WORKER

Qualified Social Worker

Social Auxiliary Worker

BANK/BUILDING SOCIETY DETAILS

Name of account holder

Bank name and address

Account type

Branch code

Account No

Account holders name

I authorise Ambition 24 Hours to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify Ambition in writing of any changes to these details.

Signed

Date

DECLARATION

I declare that the information given in this application form is true and complete to the best of my knowledge and belief. I have read and understood the Contract for Services booklet given to me. I understand that my appointment is subject to the receipt of satisfactory employment checks. I authorise Ambition to make any other enquiries they may feel necessary to support my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to at all times.

Date

Please sign between the lines ONLY.

Your signature is required for producing an ID badge.

INDUCTION COMPLETED

My personal view of candidate

1 2 3 4 5

Overall comments on candidate

Ambition 24 hours