

**BISON MANAGEMENT UK**  
**2 Penta Court, Station Road, Borehamwood, Hertfordshire WD6 1SL, U.K.**  
**www.recruitnurse.com**  
**Tel: 0870 041 4655 Fax: 0870 429 2701**

February 2007

Dear Applicant,

Thank you for your recent enquiry. With the right qualifications and experience, we may be able to help you..

To complete our requirements, please find enclosed Bison UK Registration Form, Medical Questionnaire and 2 Character Reference forms, which must be completed in full and returned to us with a **copy** of the following documents:

Birth Certificate		Medical Questionnaire (form attached)	
Board Exam Certificate		Up to date Medical Report to include Chest Xray, Hepatitis B, HIV, Inoculation Report including Heaf & BCG (dated within 3 months of job offer)	
Character Reference 1 (form attached)		National Insurance Number	
Character Reference 2 (form attached)		Nursing License Number from country of origin	
Curriculum Vitae		NMC Decision Letter (for adaptation nurses only)	
(We also prefer a copy of your CV by email to 'info@recruitnurse.com')		NMC PIN number (for nurses only)	
Diploma		Passport (copy only – for overseas applicants) Original Passport (for in-country applicants)	
Detailed Employment Reference 1 addressed to 'Charles Kelly, Managing Director' (must be on Employer's Company Headed Paper, dated & include detailed job description)		4 Passport Size Photos (with name & signature on the back of each photo)	
Detailed Employment Reference 2 addressed to 'Charles Kelly, Managing Director' (must be on Employer's Company Headed Paper, dated & include detailed job description)		CRB or Police or NBI Clearance	
IELTS (International English Language Test Certificate) – for all applicants		Registration Form (form attached)	
Marriage Certificate (if married)		Transcripts	
NARIC Assessment (for all applicants except RN1, RN3 & Senior Enrolled Nurses) – visit 'www.naric.org.uk' for further information		Others: Driving Licence for UK and overseas (if available) Current Work Permit (if available) NVQ Certificates (if available)	

Would you kindly ensure that requirements are fully met as we do not accept incomplete applications. Once you have completed our requirements, please make an appointment for initial consultation/interview. Please ensure that you read, understand and sign page 7 of this pack which states our terms.

Should we offer you a job, our legal team will process all your legal work including assistance on work permit and visa application. We are pleased to confirm that Bison UK do not charge any placement fees to applicants.

Due to the volume of calls we receive, we can only take telephone enquiries from applicants. For confidentiality reasons, we are not able to discuss details of applicants to relatives or friends. For in-country applicants, please allow us a week to assess your application. For overseas applicants, please allow us a month to assess your application. You may follow up by email us on: "[candidates@recruitnurse.com](mailto:candidates@recruitnurse.com)"

We look forward to meeting you and/or receiving your complete file.

Yours sincerely,

*For Bison UK*

Bison Management UK

Enc. Registration Form, Medical Questionnaire, 2 Character Reference Forms

**Thank you and good luck!**

**BISON MANAGEMENT UK**  
**Employment Agency**

Bison Management UK  
 2 Penta Court, Station Road,  
 Borehamwood, Herts WD6 1SL United Kingdom  
 Telephone: 0870 041 4655 Fax: 08704 292701  
 Email: [candidates@recruitnurse.com](mailto:candidates@recruitnurse.com)  
 Website: "www.recruitnurse.com"

Please attach 4 recent passport photographs here & write your name at the back of each photo

**Registration Form**  
**RETURN THIS FORM TO OUR UK ADDRESS ONLY**  
 (Please PRINT in BLACK INK or TYPE using CAPITAL LETTERS)

**Your Personal Details**

**Position Applied For:** \_\_\_\_\_

01. Surname/family name	<input style="width: 100%;" type="text"/>		
02. Surname/family name at birth (if different)	<input style="width: 100%;" type="text"/>		
03. First names	<input style="width: 100%;" type="text"/>		
04. Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
05. Date of birth	day	month	year
06. Nationality	<input style="width: 100%;" type="text"/>		
07. Passport number (if known)	<input style="width: 100%;" type="text"/>		
08. Government issuing the passport	<input style="width: 100%;" type="text"/>		
09a. Are you currently in the UK?	<input type="checkbox"/> Yes; please give address in 9c below	<input type="checkbox"/> No; go to question 9b	
09b. Are you currently in the Republic of Ireland?	<input type="checkbox"/> Yes; please give address in 9c below	<input type="checkbox"/> No; go to question 10	
09c. Address in UK or Ireland	<input style="width: 100%; height: 50px;" type="text"/>		
10. If you are not in the UK and you will be seeking entry clearance from a British Diplomatic post overseas, which post will you apply to?	<input style="width: 100%; height: 40px;" type="text"/>		
11a. Have you previously held a UK work permit?	<input type="checkbox"/> No; go to question 11c below	<input type="checkbox"/> Yes; please give details in 11b below	
11b. Worker or work permit reference number (if known)	<input style="width: 100%; height: 20px;" type="text"/>		
11c. What is your current immigration status in the UK	Visitor <input type="checkbox"/>	Dependant <input type="checkbox"/>	Work Permit Holder <input type="checkbox"/> Other Status? <input type="checkbox"/>
11d. When does your leave expire?	day	month	year
12. Have you received a prison sentence in the UK or elsewhere?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; please give details on separate sheet.	

## Qualifications and experience

13. Please give details of your higher education, vocational or professional qualifications and memberships (most recent first).

<b>Qualifications &amp; Dates</b> Awarded. E.g 'BSC 1995'	<b>Subject</b> E.g. 'Nursing', 'Physical Therapy'	<b>Awarding Institution</b> Name of Institution and City, Area & Country

Professional memberships:

14. If there is a legal requirement for you to be registered with a professional or other official organisation in the United Kingdom, please give the registration details below. (Senior Carer Candidates need not complete this section)

Name of organisation

Status, grade or title

NMC Registration number

15. Please give relevant details of your employment covering at least the last ten years (current or most recent first, continue on a separate sheet if necessary).

<b>From</b>	<b>To</b>	<b>Name &amp; address of Employer</b>	<b>Type of business</b>	<b>Job title</b>
Month and Year	Month and Year	Name, City, Area & Country	E.g. Hospital/Clinic	E.g. 'Nurse'

- 16 Please give a short history of your relevant work experience detailing how much experience you have had supervising others. For Senior Carers jobs in the UK, you are required to have at least 3 years relevant experience. Your references must be up to date (dated 3 months from when the job offer is made) and confirm the fact that you have had supervisory experience and must also outline your duties in detail as well as the dates of employment you have entered above. Please address all references to 'Cynthia Barker, Recruitment Manager' (Continue on a separate sheet if necessary).

<b>OTHER PERSONAL INFORMATION</b>		
Title	Mr/ Mrs / Miss / Ms	
Marital Status	Married / Single / Divorced	
If married, Name of Spouse		
Number of Children / Dependents		
Home Address		
Home Telephone Number		
Current Address		
Current Address Telephone Number		
Mobile Telephone Number		
Email Address		
Current Work Telephone Number		
Date Current Work Contract Expires and/or Notice Period Required		
Height & Weight	H	W Uniform Size:
Languages Spoken		
Do you have or have you ever suffered from a serious illness?		
Do you drive ? (if so, enclose a copy of your current Driving License)		
Next of Kin (to be notified in case of emergency)		
Next of Kin Address		

<b>CHARACTER REFERENCES</b>		
Name at least three (3) persons, other than your relatives, who can give us information regarding your character, personal habits and professional/career background.		
Name	Address / Telephone Number(s)	Occupation / Company

**I FULLY UNDERSTAND AND AGREE:**

1. That I will not be offered employment until BISON Management UK has determined that I am truthful with my application and qualified for employment by a potential employer or employers; and that any offer of employment and any resulting employment will be conditional upon:

- 1.1. My submission to BISON UK of up to date CRB or police clearance (valid within the last 6 months) and prescribed up to date medical examination (valid within the last 6 months) to include Tetanus, Polio, Hepatitis-B, Heaf, BCG, Rubella, Diphtheria, Tuberculosis, Chest X-ray, Hepatitis-B and HIV tests, the result of which is satisfactory; I agree to find a local clinic and cover costs of police report and medical tests and report.
- 1.2. My obtaining the appropriate visa for the UK and if in the UK, the appropriate 'leave'; I agree to pay the British Embassy fees, Home Office 'leave to remain' fees, visa handling fees and any appeals including courier costs. I authorize Bison UK to refer my case to solicitors and immigration consultants.
- 1.3. My obtaining exit clearance from country of origin including OEC and POEA requirements (i.e. For Philippine applicants); I agree to process my own exit requirements and cover relevant fees.
- 1.4. My obtaining NMC (UKCC) Decision Letter and/or registration; I agree to pay for NMC application and registration fees.
- 1.5. My obtaining IELTS (International English Language Test Certificate); I agree to pay for English test fees.
- 1.6. My submission of satisfactory up to date references and confirmation of my qualification.
- 1.7. My agreement to signing for a fixed term contract with my employer for a period of two years on permanent placement in line with work permit. I understand that my work permit and visa are issued subject to me working for my specific employer only and cannot be used for any other jobs, whether full time or part time. I understand that if I terminate the employment contract, The Home Office and British Embassy will be informed immediately.
- 1.8. My agreement that my salary will be paid to me by my employer monthly in arrears and that I will bring £300 pocket money when I travel to the UK or when I start work. I understand that my employer is not able to provide cash advance and I do not have access to public funds.
- 1.9. All information provided in this registration form and supplied by me being true, correct, complete and accurate.

2 That Bison UK will not charge me placement fee.

3 That BISON UK may at its complete discretion elect not to submit my application for employment to any potential employer. I understand that my employer may be located outside of Greater London area and received herewith a copy of the map of the United Kingdom as on page 7 of this form.

4 That the decision of any potential employer as to the suitability of my application for employment is made solely by that person or company and is not within the control of BISON Management UK.

5. That in the course of my duties I may have access to confidential information about your clients and / or clients' residents and / or patients. On no account must information relating to identifiable clients be divulged to anyone other than your branch manager or his/her assistant. I shall not disclose any information to my family, friends or neighbours.

6. That I agree herewith not to introduce any applicants directly, whether family members or friends, to clients of Bison Management UK including my Employer.

7. That I agree to pay for my airfare and transfers including any coach and train fares to get to my employer.

8. That I agree to pay two month's security deposit and one month advance rent to my landlord and pay rent monthly either by cheque, standing order, or, salary deduction, if my employer acquires accommodation on my behalf. I agree further that it is my responsibility to pay rent on time for the duration of the contract. I understand that accommodation provided is purely for staff and that, should I decide to bring my dependants over to the UK, I shall look and provide for my own family accommodation.

9. That I am willing to work as a Senior Carer in the UK. I understand that the work includes basic nursing care such as washing, bathing, feeding and generally tending to the well-being of clients.

I have read and I understand the above and I agree to abide by the contents therein. Failure to observe these rules will be regarded as serious misconduct, which could result in my removal from the agency register.

\_\_\_\_\_ (Signature of Applicant)

\_\_\_\_\_ (Date Signed)

For our information, how did you find out about Bison Management UK?

<b>REFERRALS</b>
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Do you have any friends, relatives or colleagues in the UK? Please note below their names, addresses, telephone numbers and your relationship to them.
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Name	Address / Telephone Number(s)	Relationship	Occupation

TO ASSIST US IN SELECTING SUITABLE CANDIDATES TO JOIN OUR EXISTING TEAM, WE HAVE PUT TOGETHER A FEW SHORT QUESTIONS. PLEASE COMPLETE THEM IN YOUR OWN HANDWRITING.

1. Why do you want to work in the UK?
  
2. What do you hope to achieve here in the UK?
  
3. What qualities do you possess that you think will be helpful in working with the elderly?
  
4. How would you describe best yourself and your working relationships like with colleagues at various levels?
  
5. In your opinion what would you consider as being your strength and weakness?
  
6. If your application is successful, a work permit will be applied for which will allow you to work for one specific employer only. How do you intend to spend your spare time?
  
7. Any other information you consider relevant to your application?

# BISON MANAGEMENT UK MEDICAL QUESTIONNAIRE

Please complete this form and return it together with the completed application form. All the information on this form will be strictly confidential and will not be divulged to any third party without written consent. Advice given to third parties about the health and fitness of individuals is given in general terms only.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(Please answer all the following questions by ticking the appropriate response. If your answer to any question is “**YES**”, please give further details)

## SECTION A

	Yes	No	Details
1. Eczema, dermatitis or other skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Eye conditions or injuries or defects of vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Asthma, hay fever or any allergic conditions including sensitivity to antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Recurrent sore throat or sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Tuberculosis, bronchitis or pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Episodes of severe chest pain or breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Heart disease or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Fits, blackouts or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Gastric or duodenal ulcers or frequent or prolonged indigestion	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Hepatitis or jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Prolonged back pain or disc trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Difficulties in bending or lifting	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Kidney or bladder infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____

**MEDICAL QUESTIONNAIRE  
CONTINUED. . .**

- 17. Varicose veins   \_\_\_\_\_
- 18. Depression, mental illness or nervous breakdowns   \_\_\_\_\_
- 19. Operations   \_\_\_\_\_
- 20. Any accidents (at work or elsewhere) requiring admission to hospital   \_\_\_\_\_
- 21. Any other conditions requiring hospital treatment or investigation as an in-patient or out-patient   \_\_\_\_\_
- 22. Absences from work due to ill health during the past year   \_\_\_\_\_

**SECTION B**

- 1. Are you presently taking or receiving any form of medication?   \_\_\_\_\_
- 2. Do you smoke?   \_\_\_\_\_
- 3. Do you drink alcohol?   \_\_\_\_\_
- 4. Are you registered disabled or in receipt of a disability pension?   \_\_\_\_\_
- 5. Do you normally wear glasses or contact lenses?   \_\_\_\_\_
- 6. Do you have any back problems?   \_\_\_\_\_
- 7. Do you have any back injuries/   \_\_\_\_\_

If you have any back problems or injuries, please provide details and any medication \_\_\_\_\_

- 8. Have you been immunised against Hepatitis B? (This is available through your own GP and is recommended for your own protection)   \_\_\_\_\_
- 7. My GP / Family Doctor's Name and Address: \_\_\_\_\_

**DECLARATION**

I know of no health reason which will affect my ability to undertake the duties of this post for which I am applying. All the answers on the form are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: MISS VERNA BULATAO, BISON MANAGEMENT UK  
(REFERENCE)**

**Confidential Employee Record**

Name of job applicant: \_\_\_\_\_

Position Applied for : \_\_\_\_\_

Please answer each of the questions below:

1. Responsible yes/no

2. Reliable yes/no

3. Honest yes/no

4. Of stable temperament yes/no

5. Kind/Caring yes/no

6. Fit for the job yes/no

7. How would you rate the applicant for:

Behaviour \_\_\_\_\_  
Dependability \_\_\_\_\_

Timekeeping \_\_\_\_\_  
Speed of Work \_\_\_\_\_

Attendance \_\_\_\_\_

Standard of Work \_\_\_\_\_

Sickness \_\_\_\_\_

Dress & Appearance \_\_\_\_\_

Initiative \_\_\_\_\_

Flexibility in Approach to Duties \_\_\_\_\_

Relation with Work Colleagues \_\_\_\_\_

Willingness to work overtime \_\_\_\_\_

Cooperation with management \_\_\_\_\_

8. How long have you known the applicant? .....

9. In what capacity? ..... Reason for Leaving .....

10. Are you aware of any criminal conviction? .....

11. Are you aware of any disciplinary proceedings? .....

12. Would you re-employ the applicant? .....

13. If “no”, why not? .....

14. Are there any other relevant comments? .....

.....

Thank you for your assistance.

Name..... Position:.....

Signature..... Date .....

Address.....

PLEASE RETURN COMPLETED FORM TO:

Ms V Bulatao , BISON UK, 2 Penta Court, Station Road, Borehamwood, Hertfordshire WD6 1SL, U. K.

**TO: MS VERNA BULATAO, BISON MANAGEMENT UK  
(REFERENCE)**

**Confidential Employee Record**

Name of job applicant : \_\_\_\_\_

Position Applied for : \_\_\_\_\_

Please answer each of the questions below:

1. Responsible yes/no

2. Reliable yes/no

3. Honest yes/no

4. Of stable temperament yes/no

5. Kind/Caring yes/no

6. Fit for the job yes/no

7. How would you rate the applicant for?

Behaviour \_\_\_\_\_  
Dependability \_\_\_\_\_

Timekeeping \_\_\_\_\_  
Speed of Work \_\_\_\_\_

Attendance \_\_\_\_\_

Standard of Work \_\_\_\_\_

Sickness \_\_\_\_\_

Dress & Appearance \_\_\_\_\_

Initiative \_\_\_\_\_

Flexibility in Approach to Duties \_\_\_\_\_

Relation with Work Colleagues \_\_\_\_\_

Willingness to work overtime \_\_\_\_\_

Cooperation with management \_\_\_\_\_

8. How long have you known the applicant? .....

9. In what capacity? ..... Reason for Leaving .....

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11. Are you aware of any disciplinary proceedings? .....

12. Would you re-employ the applicant? .....

13. If “no”, why not? .....

14. Are there any other relevant comments? .....

.....

Thank you for your assistance.

Name.....

Position:.....

Signature.....

Date .....

Address.....

PLEASE RETURN COMPLETED FORM TO:

Ms V Bulatao, BISON UK, 2 Penta Court, Station Road, Borehamwood, Hertfordshire WD6 1SL, U. K.