



Maxim Care Services Candidate Checklist

Nurses and Healthcare Assistants	
Completed Application form.	<input type="checkbox"/>
2 Proof of Current Address: dated within the last 3 months (<i>utility bills, council tax bill, credit card statement</i>)	<input type="checkbox"/>
2 Passport Photograph with white background.	<input type="checkbox"/>
Curriculum Vitae: Full employment history with all gaps covered. This must include your recent placements. If you have been working for an agency, please list the names of the locations where you have worked.	<input type="checkbox"/>
Right to Work in the UK: This would be your passport and, if applicable, visa or other documentation proving you are allowed to work in the UK.	<input type="checkbox"/>
Photographic ID	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>
Biometric Permit	<input type="checkbox"/>
NMC statement of entry (<i>if you don't have this document you can request it from the NMC on 02073339333</i>)	<input type="checkbox"/>
Qualification: You will need to provide all relevant basic and higher qualification certificates.	<input type="checkbox"/>
DBS Application: Please provide your CRB or DBS check if you have completed one in the last 12 months. Please provide us with the certificate number and DBS certificate.	<input type="checkbox"/>
Update Service: Yes, I am registered with DBS update service.	<input type="checkbox"/>

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17 Barley Drive, Burton Latimer, Kettering, NN155YU
 Email: recruitment@maximcare.uk | Website: www.maximcare.uk

2 x clinical references: These must be clinically based. One must be from your most recent post and the other for work you have undertaken within the last 12 months	<input type="checkbox"/>
Professional Indemnity Insurance (<i>Mandatory for all candidates registered with the NMC</i>)	<input type="checkbox"/>
Proof of your National Insurance number (<i>must be in your NI card, P45, P60</i>)	<input type="checkbox"/>
Contract of Services form.	<input type="checkbox"/>
Induction checklist signed and dated.	<input type="checkbox"/>
Bank Details.	<input type="checkbox"/>
Self-Assessment form (<i>Qualified Nurses</i>).	<input type="checkbox"/>
Occupational Health Form.	<input type="checkbox"/>

Proof of immunity

Hepatitis B Antigen: Please Provide documentary evidence of the date and result of an IVS antigen test (HBsAG). This must be dated within the last 12 months.	<input type="checkbox"/>
Hepatitis B: Please provide a signed and dated statement showing the dates of your primary course, along with an identified Validated Surface (IVS) antibody titre blood test results (HBsAB) from your GP or Occupational health Provider confirming your titre level is 100 or over.	<input type="checkbox"/>
Measles: Please provide a signed and dated certificate from your GP or Occupational health provider confirming the dates of your two vaccinations or serology result.	<input type="checkbox"/>
Rubella: Please provide a signed and dated certificate from your GP or Occupational health provider confirming the dates of your two vaccinations or serology result.	<input type="checkbox"/>
TB/BCG Scar: Please provide a signed and dated certificate from your GP or Occupational health provider confirming the dates of your vaccination and presence or absence of a BCG scar.	<input type="checkbox"/>
Varicella: If you have had Varicella / Chickenpox please see the Varicella self -declaration form attached.	<input type="checkbox"/>

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The following mandatory skills for health aligned training certificates dated within the last 6 months:

- ✓ Safeguarding Adults Level 1,2 or 3
- ✓ Safeguarding Children Level 1,2 or 3
- ✓ Fire Safety
- ✓ Infection Control Level 1 or 2
- ✓ Conflict Resolution
- ✓ Information Governance
- ✓ Manual Handling level 1 or 2
- ✓ Cardiac Resuscitation
- ✓ Complaints Handling Equality and Diversity
- ✓ Medicine administration training

Please complete the pack and check list and send back at your earliest convenience (*ideally within 10 days*)

If after 4 weeks if no paperwork is received from yourself, your details will be automatically archived, and this will in turn terminate your registration with Maxim Care Services.

When sending back your application, please **do not put any originals** in the post, photocopies of your documents (*passport, certificates, etc*) are fine.

If you have any questions regarding the pack, please do not hesitate to Maxim Care Services Recruitment Team.

Yours Sincerely

Maxim Care Services Recruitment Team



Maxim Care Services
“Providing Maximum Care”

Address: 17 Barley Drive, Kettering, NN155YU
Phone: 01536 601 007 / 07879586215
Email: recruitment@maximcare.uk
Company Registration Number: 11001330

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