

Title

Forename(s)

Address Line 1

Address Line 2

Address Line 3

Address Line 4

Postcode

Mobile Tel

Email Address

Preferred Method of Contact

Surname

Application Form

Section 1 – Personal Details

| Gender |
|--|
| Date of Birth |
| Do you hold a driving licence? |
| National Insurance number |
| Work Requirements |
| Are you an EU Citizen? |
| Do you hold a British or EU Passport? |
| If no, do you have a valid Work Permit/Visa |
| Please tell us the expiry date of this visa |
| |
| Section 2 – Professional Registrations |
| Please supply registration details for the following roles: Doctors, Nurses/Midwives, Allied Health Professional Body (E.g. HCPC, NMC) |
| Registration Number |
| Expiry Date |
| Application Number |



Section 3 – Work History

Please provide your full work history for the previous 3 years. Please also account for any gaps in your employment history.

Please give the names and contact details of two professional referees from your current and previous employment/assignment, to cover at least 3 years of employment/training or assignment. Referees must have worked in a senior position to yourself. Agency Workers applying to operate in the NHS must provide referees whom can comment on your clinical

abilities which is relevant to the role you will be assigned to. At least one clinical reference must be dated within the last 12 months of application.

| the NHS must provide referees w |
|--|
| abilities which is relevant to the r dated within the last 12 months of |
| Current Employer Name |
| Address |
| Post Code |
| Job Title |
| Start Date |
| Finish Date |
| Referee Name |
| Capacity in which known |
| Telephone |
| E-Mail Address |
| Current Employer Name |
| Address |
| Post Code |
| Job Title |
| Start Date |
| Finish Date |
| Referee Name |
| Capacity in which known |
| Telephone |
| E-Mail Address |
| |



Current Employer Name

Address

Post Code

Job Title

Start Date

Finish Date

Referee Name

Capacity in which known

Telephone

E-Mail Address

Section 4 - Professional Indemnity Insurance

SET Healthcare recommends that you have your own Professional Indemnity Insurance in place if you wish to operate as a Limited Company Agency Worker.

Do you already have this?

If yes, please detail whom this is with and level of cover

Thank you for registering with The Company. Once we have received your completed registration pack and you have successfully attended interview, The Company will begin to gather your documents and take you through the registration process from start to finish. This process usually takes a maximum of four weeks. Please note, agency workers will be requested to apply for an enhanced Disclosure produced online by the Disclosure and Barring Service at a cost of £50.00, unless an Update Service Code is available. This payment once received is completely non-refundable.



Section 5 - Declarations

Criminal Records

The agency work you have registered for is exempt from the Rehabilitation of Offenders Act 1974 therefore any spent or unspent convictions, cautions, reprimands and final warnings on your criminal record must be disclosed. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring service website. A spent or unspent conviction will not necessarily prohibit agency workers from full registration with The Company, only relevant convictions and other information will be considered. Please answer the following:

- 1. Have you ever been convicted by the courts or cautioned, reprimanded or given a warning by the Police? (Including countries outside the UK)
- 2. Are you currently the subject of any police enquiries or investigation, following allegations made against you? (Including countries outside the UK)

If you have answered yes to any of the above, please give details below:

- 3. Have you ever been subject to disciplinary action or are you currently under investigation or suspension by a current or previous employer/contractor due to alleged misconduct or poor performance?
- 4. Have you ever been disqualified from practice of a profession or require practicing subject to specified limitations following fitness to practice proceedings by a regulatory body e.g. NMC/HCPC. (Including countries outside the UK)

I declare that the information given herein is, to the best of my knowledge, true, complete and accurate in all respects and not presented in any way to mislead. I understand that knowingly giving false information will disqualify me from work with The Company. I agree that if I have given misleading information now or in the future, that The Company may cease to offer me work without notice.

I understand that if I am charged or cautioned after signing this declaration, I must inform The Company immediately.

I will inform The Company if I am under investigation or have been suspended by my regulatory body or another employer at any point immediately.

I understand that The Company reserves the right to refuse an application on the grounds of unsatisfactory referencing, training attendance, unsatisfactory conduct whilst undertaking training, undisclosed criminal convictions, unacceptable identity documentation, false work or incorrect address history information.



I acknowledge that if there are any changes to my personal particulars, I must inform The Company immediately in writing prior to the change coming into effect. This includes any changes to name, address, bank details or gender.

I understand that if I am a student or on a sponsorship visa, I can only work a maximum of 20 hours per week. I understand that I have the responsibility to monitor this. In addition, if my position changes I will inform The Company.

I acknowledge that my personal details will be stored and handled correctly by The Company in accordance with the Data Protection Act 1998.

I acknowledge and confirm that The Company is authorised to apply for and obtain references from any previous employers and educational establishments and agree that these organisations may release my information.

I give my permission to share any required information from my personnel file with any third-party professional that may need to view my details. These details may be required to be made available for audit/review by relevant third-party bodies due to compliance and legislative control measures. This is relevant for all information including all documents such as DBS, references and occupational health.

I give my permission for The Company to run a Right to Work check with the Home Office if required.

I am aware that under no circumstances will I apply or accept an invitation of employment or engagement within any company, client, establishment, service user or organisation in which The Company has introduced me to. I am aware that if I want to work within an organisation that The

Company has introduced me to I will follow company procedure which starts with informing my line manager.

I understand that my data may be used by The Company for marketing and advertisement purposes such as mailshots. I understand that the data will not be sold or made available to any third-party and that the data will not be used for any purpose that contravenes the Data Protection Act as in force at the time.

I agree to the stated terms and conditions of application and fully understand and agree with all stated terms as listed above.

| Name |
|------|
| Date |