



Nurse / Allied Health Worker Application Form

Position Applied For:

Registration Date:

Enhanced DBS Number:

Personal Information

Title:

Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other (please state)

Forename(s):

Surname:

Maiden Name(s):

Date of Birth:

Photograph

Full Address:

Postcode:

Home Tel No:

Mobile:

Email:

Uniform Size:

Own Transport:

YES/NO

If Yes

How far are you willing to travel?

Next of Kin Details

Name:

Relationship:

Telephone Number:

Consent to share these details with us:
YES / NO

Address:

Next of Kin's Signature:



Proof of ID and Right to Work in the UK

We are required by law to check all prospective workers' entitlement to work in the UK therefore you are required to provide original documentation as proof of your ID and eligibility to work.

Are you eligible to work in the UK?	YES / NO	Do you have a valid passport?	YES / NO
Do you have a FULL UK Birth Certificate?	YES / NO	Do you require a VISA to work in the UK?	YES / NO
Are you a Student?	YES / NO	Is your Course degree level or above?	YES / NO
National Insurance Number			

Rehabilitation of Offenders Act 1974

The provisions of section 4.2 of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act (Exception) Order 1975 do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of their normal duties. Applicants are therefore not entitled to withhold any information about convictions which are spent or unspent under provisions of the Act therefore all convictions, cautions, reprimands, bind-overs and final warnings must be declared. Applicants will be required to undertake a DBS check at the level appropriate for the post. Any information disclosed will be handled in accordance with the Code of Practice published by the DBS.

<p>1. Have you ever been convicted of any criminal offence or bound over or cautioned in respect of any offence in this or any other country?</p> <p>If Yes, You will be asked to complete a Statement of Events.</p>	YES / NO
<p>2. Have you ever been, or are you currently the subject of any police investigation in this or any other country?</p> <p>If Yes, you will be asked to complete a Statement of Events.</p>	YES / NO

I understand that I am required to complete an enhanced DBS check and details of any convictions may be discussed with relevant clients.

Have you registered for the ONLINE DBS Service: **YES / NO**

If so what is your Current DBS Number?

What is the issue Date shown on your DBS?

If not with the Online Checking Service, you will be asked to complete a disclosure application form at interview.

I understand that some of my personal information will be used to complete an Agency Worker Placement Form for some Clients and that the Agency will be subject to audit. I give my consent for my details to be used appropriately for the purposes of recruitment, placement and audit.

Name:

Signature:

Date:



Education and Qualifications		
Please detail the qualifications that you have such as Nursing degree, NVQ, QCF, The Care Certificate etc - DO NOT enter mandatory training courses – see training section.		
School/University/ Institute/ Training	Qualification	Date of Achievement

Qualifications & Membership of Registered Bodies				
Please provide details of your registration plus the expiry date.				
Awarding Body /Institution	PIN NO/ Grade / Class	Date Obtained	Expiry Date	Revalidation Date

Are you subject to or have you ever been subject to any complaints, disciplinary, referrals or restrictions on practice?
YES / NO

If **Yes** please give details, continue on a separate sheet if necessary.

Please detail any lapsed memberships and the reason why they are lapsed?



Add here any courses not listed and competencies such as IV, Catheter, Hospital Obs training etc



References

We are required to obtain professional references and they must be relevant to the work to be undertaken. Please provide details of 3 work related referees that we may contact. Your referees must be line managers and one must be your most recent employer.

	Referee 1	Referee 2	Referee 3
Individual's Name:			
Position:			
Organisation:			
Organisation's Address:			
Capacity in which known:			
Tel Number:			
Professional Email Address:			

Full Employment History

We require a full employment history covering the preceding 10 years. If there are any gaps in your employment in that period you must identify what you were doing at that time for example: raising a family, in education, travelling. Whatever it is you must detail the dates and what you were doing.

In order to comply with The Agency Worker Regulations, the employment history must also include any current employment and or temporary assignments over the last 6 months with other Employment Agencies.

If you have a comprehensive CV that details your employment history for the last 10 years and any gaps in employment and work with other agencies is clearly detailed, then you may attach that to this application and you do not need to complete the work history section.

If you have recently left education and have not yet worked for 10 years, then you must detail all education and employment since leaving school.



Full Employment History – NO GAPS covering 10 years or since leaving school. Start with your most recent employment and work backwards.				
Employers Name	Dates From and To	Manager's Name	Position Held	Reason for leaving



Access to Service/Work

The following questions are asked only in order to determine reasonable adjustments that may be necessary to enable access either to our recruitment service or interviews or assignments with our Clients.

Do you have any Health issues or disability relevant which may make it difficult for you to carry out functions which are essential to the role you seek? **YES / NO**

If **Yes** please specify:

If you have a disability, what are your needs in terms of reasonable adjustments in order to access our recruitment service and to attend any interviews or training etc?

Please specify:

Equal Opportunities Statement

We have an equality duty to

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out our activities.

As such we are an equal opportunities employer and all recruitment, training opportunities and promotion is undertaken following a fair and equitable process. Core criteria is established based on experience, qualification and capability regardless of visible or invisible factors such as belief, religion, race, age, gender, sexual orientation, disability, marital status, political beliefs, membership or non-membership of trade unions, ethnic origin.

To comply with legislation and best practice with respect to Equality of Opportunities for all individuals in their day to day work and the delivery of services we have an equality and diversity policy and place an obligation upon all staff to comply with the policy.

To assist us in monitoring the effectiveness of our Equal Opportunities Commitment we would be grateful if you would complete the section below.

Equal Opportunities Monitoring

Please tick as appropriate

SEX		ETHNIC ORIGIN		RELIGION / BELIEFS	
<input type="checkbox"/>	Male	<input type="checkbox"/>	White	<input type="checkbox"/>	Atheism
<input type="checkbox"/>	Female	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Judaism
Sexual Orientation		<input type="checkbox"/>	Black UK	<input type="checkbox"/>	Buddhism
<input type="checkbox"/>		<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>		<input type="checkbox"/>	Biracial	<input type="checkbox"/>	Christianity
Person of the opposite sex		<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>		<input type="checkbox"/>	Indian	<input type="checkbox"/>	Hinduism
Person of same sex		<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	African	<input type="checkbox"/>	Islam
Same & Opposite sex		<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>	Declined
<input type="checkbox"/>		<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Jainism
Declined		<input type="checkbox"/>	Chinese	<input type="checkbox"/>	
		<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Declined



Payroll Data

The following information is required to ensure that any wages that become due to you are paid correctly. You will be paid directly into your bank or building society account usually on the Friday immediately following the week you have worked providing you have followed the timesheet procedure. Please enter your account details below in block capitals for all letters.

Bank or Building Society Name:

Sort Code:

Account Number:

Account Name:

Reference / Roll Number:

If you have a P45 which is from the current tax year and preferably less than 3 months old please let us have it as soon as you commence assignment with us.

Working Time Regulations 1998 – 48 Hour Opt Out AGREEMENT ON THE WORKING TIME REGULATIONS 1998 REGARDING MAXIMUM WEEKLY WORKING TIME.

The Working Time Regulations 1998 provide that a worker shall not work in excess of 48 hours averaged over a 17- week period unless that worker has agreed in writing that this limit should not apply.

You may change your decision with one week's written notice.

Please tick the box of the statement that applies to you and sign the boxes below the chosen statement.

☐ I wish to opt out of the Regulations and may wish to work an average of more than 48 hours per week in any 17 – week period.

☐ I **do not** wish to opt out of the Regulations and do not wish to work an average of more than 48 hours per week in any 17 – week period.

Name:

Name:

Signature:

Signature:

Date:

Date:

We require the following documents in support of your application. All documents must be originals.

If you are invited to interview you must bring these documents with you:

- Passport, Visa or Full UK Birth Certificate
- Photo ID – driving license, passport
- National Insurance Number (on an inland revenue document / national insurance card)
- Documents to support any changes of Name such as Marriage certificates, adoption, Deed Poll etc
- 2 passport size photographs
- All Training Certificates
- Qualification Certificates
- Statement of Entry – if qualified
- 2 Proofs of Address preferably utility bills, bank statements dated within the last 3 months – mobile phone bills and internet statements are not accepted
- Serology evidence
- Professional Indemnity – if qualified



Declaration

- I confirm that the information I have given is true and correct to the best of my knowledge. I understand that if my circumstances or personal details change then I am required to report those changes.
- I authorise OnCliniCall Limited to apply for work references from previous employers
- I authorise OnCliniCall Limited to pay any wages into the bank or building society account detailed within this application form.
- I confirm that I give OnCliniCall Limited permission to forward my CV or Agency Worker Placement Form to any prospective employer that they deem suitable without further notification and consent to references being passed to potential employers.
- I hereby give my express permission for OnCliniCall Limited to make applications for any relevant positions, or positions similar to those I am looking for.
- I understand that providing false information is an offence which could result in my application being rejected (if false information comes to light after my appointment) and may amount to a criminal offence.
- I consent to OnCliniCall Limited processing the information given on this form including any 'sensitive' information as may be necessary during the recruitment and selection process.
- I consent to OnCliniCall Limited releasing information to relevant professional 3rd parties and governing bodies for audit, professional referrals, safeguarding, validation and for work seeking purposes.
- I am aware that it is my responsibility as a Registered Nurse / ODP to ensure that I have current and ongoing Professional Indemnity Insurance. I understand that I must provide evidence of this at registration and annually thereafter. Failure to have Professional Indemnity Insurance in place will affect my ability to receive assignments. I confirm that if I am no longer covered by Professional Indemnity Insurance for any reason I must advise OnCliniCall Limited immediately.
- I declare that I will not make myself available for work if I am sick or am on sick leave from any other establishment.
- I give permission for OnCliniCall Limited to submit copies of my timesheets together with invoices for the purpose of verification of times, rest breaks, signatures and to authorise payment.
- I am aware I must notify OnCliniCall Limited immediately if any question arises at all about my Fitness to Practice, or if I become the subject of any; caution, complaint, grievance, disciplinary, referral, safeguarding, criminal or other investigation.

Name:

Signature:

Date:

For Office Use Only

Interview Details

Interviewer Name:

Band:

Location:

Date:

Time:

Confirmed: