

Application Form

Thank you for looking to register with the PRO Nursing team.

If you have any questions regarding this application form please contact us on 01483 362000 or email nursing@pronursing.co.uk

Section 1:						
Personal Details						
Title:	<input type="checkbox"/> Mr		<input type="checkbox"/> Mrs		<input type="checkbox"/> Miss	
	<input type="checkbox"/> Ms		<input type="checkbox"/> Other:			
First name:			Middle name:			
Surname:			Home Number:			
Current address:			Mobile Number:			
			Email Address:			
			Date of Birth:			
Post Code:			National Insurance:			
Section 2:						
Qualification and experience:						
Current Banding:						
<input type="checkbox"/> Band 2	<input type="checkbox"/> Band 3	<input type="checkbox"/> Band 4	<input type="checkbox"/> Band 5	<input type="checkbox"/> Band 6	<input type="checkbox"/> Band 7	<input type="checkbox"/> Band 8
Professional Registration:						
<input type="checkbox"/> RGN	<input type="checkbox"/> RMN	<input type="checkbox"/> RCN	<input type="checkbox"/> RM	<input type="checkbox"/> RNLD	<input type="checkbox"/> HCA	<input type="checkbox"/> Other:
Please tick which settings you have worked within the past 2 years:						
<input type="checkbox"/> NHS Hospital	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Community		<input type="checkbox"/> Prison		
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Other:					
Place of Study:						
Course:						
Grade/Result:						
Year completed:						
NMC Pin:			Expiry:			
Union Name:						
Union Number:			Expiry:			

Section 3:			
Identity checks:			
Passport number:		Expiry:	
Country of issue:		Nationality:	
To ensure we work in conjunction with the Home Office requirements, we will need to verify your Right to Work Status. Please tick one the of statements below:			
<input type="checkbox"/> I do not require a work permit and am eligible to work in the UK			
<input type="checkbox"/> I have a current work permit to work in the UK and this is in my current passport			
<input type="checkbox"/> I need to obtain a work permit for the UK			
<input type="checkbox"/> Other: (please specify)			
To ensure PRO Nursing Healthcare can conduct checks on any identification and right to work documents please tick this box to confirm you give consent for these checks to take place <input type="checkbox"/>			
Criminal records Check:			
The environments you are going to be working in require you to a have a Disclosure and Barring Service (DBS) enhanced check. Please answer the following questions:			
Is your DBS on the update service?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, do you give permission to PRO Nursing Healthcare to check your certificate on an ongoing basis as per regulations.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you give permission for PRO Nursing Healthcare to keep your DBS on file?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have any convictions, cautions, reprimands on your DBS enhanced certificate?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide a statement of what is on the DBS enhanced certificate			
Investigations and Fitness to practise			
Please answer the following statements below:			
Have you been suspended or terminated from any of your Health care related roles?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under investigation or proceedings from the NMC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes to these questions, please provide a statement.:			

Next of kin:			
Full Name:			
Contact Number:		Relation to next of kin:	
Address:			
	Post Code:		
Section 4:			
Employment history and References:			
Where have you worked over the last 5 years:			
1. Organisation name:			
Position held:		Employment dates:	
2. Organisation name:			
Position held:		Employment dates:	
3. Organisation name:			
Position held:		Employment dates:	
4. Organisation name:			
Position held:		Employment dates:	
5. Organisation name:			
Position held:		Employment dates:	
References:			
To ensure we find you a suitable placement we require two professional clinical referees covering the last 3 years of your employment:			
Please tick this box to confirm you give consent for PRO Nursing Healthcare to contact the referees as part of the recruitment process <input type="checkbox"/>			
Organisation name 1:		Organisation name 2:	
Referee details:		Referee details:	
Referee position:		Referee position:	
Email address:		Email address:	
Phone number:		Phone number:	
Address:		Address:	
Postcode:		Postcode:	

Section 5:

Occupational Health

We will assist you in obtaining a fitness to work certificate from healthier business, so we need you to confirm if you have had the following immunisations:

BCG Scar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For EPP:		
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis B Antigen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis C	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Varicella	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Section 6:

Working Time Regulations 1998

Under the European Union they have created a guideline limiting the number of hours you work in a week to 48 hours. You are under no obligation to work more than this however you can opt out.

Please confirm one of the following statements:

- I **DO** wish to work more than 48 hours per week
- I do **NOT** wish to work more than 48 hours per week

Section 7:

Declarations:

By working for PRO Nursing Healthcare, I confirm the following statements:

NMC Register:

- I confirm I will inform PRO Nursing Healthcare of any changes to my PIN, including investigations or conditions.
- I agree to PRO Nursing Healthcare to carry out monthly checks on my NMC Pin
- I will carry out the duties of the NMC Code of Practice
- I confirm that all information completed is accurate and I am aware failure in doing so will result in my application not being taken any further.
- I acknowledge my documents submitted in this application process will require updating as and when. If documentation becomes invalid, I am aware I may not be able to be given any work until such time they become valid.
- When I attend a new organisation or ward, I will ensure I receive an induction and follow their policies.
- I consent for my documentation to be submitted for audit if required.
- I have read and understood the Terms of Engagement for Temporary workers contract.
- I have read and understood PRO Nursing Healthcare AWR Policy.
- I give consent for PRO Nursing Healthcare to carry out training checks
- I give consent for PRO Nursing Healthcare to carry out occupational health checks
- I give consent for PRO Nursing Healthcare to carry out qualification checks

I confirm I will follow and adhere to all policies within PRO Nursing Healthcare			
Name:		Date:	
Signature			
Section 8:			
Terms and Conditions:			
By signing the below, I confirm that all information submitted within the application process are correct and I agree to all PRO Nursing Healthcare terms and conditions.			
<input type="checkbox"/> Tick here if you do not wish to receive marketing material from PRO Nursing Healthcare			
Name:		Date:	
Signature			