

Registered Nurse Application Form

Please complete application clearly in block capital letters

Specialism: _____ Your Location: _____

Section 1: Personal Details

Title: _____

First Name(s): _____ Surname: _____

Maiden/ Former Names: _____

Date of Birth: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Postcode: _____

Mobile: _____ Home: _____

Email Address: _____

NMC Pin: _____

National Insurance Number: _____

Nationality: _____

Next of Kin Name: _____

Relation: _____

Next of Kin Contact Number (Day): _____

Next of Kin Contact Number (Night): _____

Next of Kin Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ Postcode: _____

It is your responsibility to keep us updated with any changes to your next of kin details

Are you a car driver? Yes No

Maximum distance you are happy to travel: ___ Hour(s) ___ Mins

Describe yourself in 5 words which define you:

Section 2: Professional Qualifications and Experience

Total number of years nursing experience in a professional capacity within the UK: _____

Title of your nursing qualification: _____

Other Qualifications Please Specify: _____

Please tick the below work settings which you are suitably skilled in with 1+ year(s) experience and are competent to currently work in

Elderly Care/ Nursing Homes: _____ Year(s)

Learning Disabilities: _____ Year(s)

Dementia Care: _____ Year(s)

Home Care: _____ Year(s)

GP Clinics / Hospitals: _____ Year(s)

Complex Care: _____ Year(s)

Any others not mentioned above please mention below including number of years experience:

I confirm that I have prior adequate training and I am competent in practices as selected above where ticked and I understand that I have a professional obligation to keep my knowledge updated in order to practice.

Section 3: Work History

Please state clearly details of the last 5 years work history.

You must state reasons for any breaks in-between employments. Please start with your most recently held position. Continue on a separate sheet if necessary. If you have an up to date CV, please tick refer to CV below.

Refer to CV

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Section 4: Preferred Shifts

Please indicate your work preferences by checking the relevant boxes:

Long Days Nights Early Shifts Late Shifts

Section 5: Professional Indemnity & Medical Malpractice Self Declaration

It is the professional responsibility of each candidate to ensure that you have cover which is appropriate to your agency worker role and scope of practice and its risks.

If you have professional indemnity cover in place it must be relevant to the risks involved in your practice as an agency worker, so that it is reasonably sufficient in the event that a claim is successfully made against you.

You are not required to provide a copy of your documents for your indemnity/ medical malpractice arrangement when you self-declare.

We may undertake compliance checks, identification of failure to have the cover in place once you have ticked a self-declaration may result in action being taken.

I declare that I have appropriate professional indemnity in place to cover the entirety of my professional scope of practice. I understand that by ticking this declaration and failing to have the appropriate cover in place at all times would result in me being personally liable for any claims.

Section 6: Limited Company / P.A.Y.E / Umbrella

I wish to be paid through my limited company YES

I wish to be P.A.Y.E / Umbrella Company YES

I am registered with HMRC for self-assessment (copy of UTR number required) YES

Limited Company Name: _____

Company Number: _____

Unique Tax Payers Reference (UTR): _____

Section 7: Professional References

Please provide the name and contact details of **two or more** references that we may contact which must be a professional healthcare related reference which can be for example; line manager / HR dept from a current and/or previous permanent work place or previous or current agency where work has been undertaken.

Clinical Reference 1:

Name: _____
Job Title/ Position: _____
Address Line 1: _____
Address Line 2: _____
Postcode: _____
Professional/ Work email address _____
Contact Number: _____

Clinical Reference 2:

Name: _____
Job Title/ Position: _____
Address Line 1: _____
Address Line 2: _____
Postcode: _____
Professional/ Work email address: _____
Contact Number: _____

Clinical Reference 3:

Name: _____
Job Title/ Position: _____
Address Line 1: _____
Address Line 2: _____
Postcode: _____
Professional/ Work email address: _____
Contact Number: _____

Section 8: Right to work

Please tell us about your eligibility to work in the UK

I have a valid UK Passport

I have a valid Passport from an EU/ EEA member state or Switzerland

I am already in possession of a work permit to work in the UK

I need to obtain a work permit/ right to work for the UK

Other Please specify: _____

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original identification documents as your evidence of your right to work in the UK if you are registered with Required LIMITED for temporary work.

Section 9: DBS Disclosure and Convictions

I have an enhanced CRB/ DBS Certificate and hold the original copy: YES NO

I am registered on the DBS online update service: YES NO

I consent to any CRB/ DBS checks to be conducted and held by Required LIMITED, whether this be online and/ or otherwise. Checks will be conducted as part of your registration and as a continuing on-going process. Any warnings or convictions which occur after the date of this application form must be disclosed in writing with a detailed statement to; info@thepeopleshealthcare.co.uk

I understand, agree and consent to the above statement:

YES NO

Do you have any spent/ unspent criminal convictions? YES NO

If you answered yes, please provide brief details below and send in a detailed statement regarding any conviction(s):

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases, particularly where the employment is sought in relations to positions involving with children or vulnerable adults, details of all criminal convictions must be given. The information provided will be treated with the strictest of confidence and only taken into account where, in the reasonable opinion of Required LIMITED, the offence is relevant to the position of an agency nurse/ healthcare professional.

Failure to declare any conviction may require us to exclude you from our register or terminate your contract if the offence is not declared but later comes to light.

Section 10: Bank Details

Name of Bank: _____
Account Holder Name: _____
Branch Address (if known): _____
Sort Code: _____ - _____ - _____ Account Number: _____

11: Final Declaration

1. TERMS & CONDITIONS

I have received and agree to the terms within Required LIMITED PSC/ PAYE / Umbrella (as applicable) candidate contract and I have read, understood, agree to the contract. A copy of the latest contract is available within the downloads section – www.required.co.uk or from your consultant.

2. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Required LIMITED not less than three months' notice. I understand that my registration with Required LIMITED can be terminated at any time following unsatisfactory work reports.

I consent to work I do not consent to work

3. DATA PROTECTION

I agree that Required LIMITED retain the right to hold this application and any other data required to process it and to pass on to any employment related third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

4. YOUR PROFESSIONAL CONDUCT

Have there been/ or currently any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

YES NO If "YES" please supply statement separately.

- Thank you for taking the time and effort to complete our application form -