|  |
| --- |
| **Photo** |

****

 **office@urgentnurse.co.uk/ www.urgentnurse.co.uk**

 **T: 01494 259 872 /M: 07367 665 669**

**APPLICATION FORM**

**Registration Date Reference No:**

# Personal Details

|  |  |
| --- | --- |
| **Title:**  Mr Mrs Miss Ms  | DOB: |
| **First Name:** | **Middle Name:** | **Last Name:** |
| **Maiden or Previous Name** (If Applicable): |
| **Address:** |
| **Town/City:** | **County:** | **Country:** |
| **Postcode:** | **Email:** |
| **Home:** | **Work:** | **Fax:** |
| **Mobile:** | **Preferred Method of Contact:** |
| **NI No:** | **Nationality:** |
| **Job title:** | **Speciality:** |
| **Do you Use Public Transport?**   Yes  No | **Do you Hold a Driving Licence?**   Yes  No |

# Professional Memberships (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **NMC Pin No:** |  | **Expiry Date:** |  |
| **RCN:** | **MDU:** |  | **Other:** |
| **Membership No:** |  | **Expiry Date:** |  |

# Qualification/Training

|  |  |  |
| --- | --- | --- |
| **Qualification:** | **Grade:** | **Date Taken:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Training Courses Attended:** |  | **Date Taken:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Health & Disability

The following questions on health and disability are asked to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

|  |
| --- |
| **Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions** **which are essential for 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 this recruitment service and to attend interview, or to take aptitude tests etc?**Please Specify: |

# Occupational Health

|  |
| --- |
| **Please confirm you have had the following immunisations and provide recent serology reports:**COVID VACCINATION: **please provide proof in PDF forma**t Date: |
| HEPB: | Date: |
| HEP B Titre Levels: | Date: |
| TB (BCG) Scar visible: | Date: |
| Rubella, Measles: | Date: |
| Varicella: | Date: |
| HEPC: | Date: |
| HIV: | Date: |

# Employment Requirements

|  |  |  |
| --- | --- | --- |
| **Do you have immigration permission to work in the UK?** |  |  Yes  No |
| **Type of Position** (Please tick that apply): |  |  |
|  Permanent |  Contract/Long term Agency |  AD HOC |  |

# Availability

|  |
| --- |
| **When are you available to work?** |
| Immediately:  Yes  No | From Date:  | Notice: |
| **Are you prepared to work nights?**   Yes  No | **Are you available on Weekends?**   Yes  No |
| **How far are you prepared to travel to work?** (Please tick that apply): |
|  I want something local |  I am prepared to travel 10-50 miles |  I am willing to relocate |
| **Please indicate where will you be prepared to work** (Please give counties/names of hospitals): |
| **Which areas would you like to work in?** (Name the wards and department): |
| **You have the option to opt out of the 48 hour working week limitation as laid out in the working time regulations 1998 please indicate one of the following** (please tick): |
|  I wish to opt out |  I do not wish to opt out |

# Current Employment

|  |  |
| --- | --- |
| **Current/Most recent employer:** |  |
| **Job Title:** | **Salary Per Annum/Hour:** |
| **Start Date:** | **Leave date** (If Applicable): |
| **Address:** |  |
| **Role:** |  |

# Referees

Please give the names and addresses of 2 professional referees (at least one of whom we can contact immediately for a reference). Both referees must have known you in a professional capacity for a minimum of 6 months and one should be your most recent employer.

|  |
| --- |
| **Primary Referee** (Please note this referee will be contacted immediately): |
| **Organisation Name:** |
| **Contact Name:** |
| **Job Title/Position within Company:** |
| **Organisation Address:** |
| **Telephone:**  | **Email:** |
| **Length of time known:** | **Is this your:** Current Employer Previous employer |
| **Secondary Reference:** |
| **Organisation Name:** |
| **Contact Name:** |
| **Job Title/Position within Company:** |
| **Organisation Address:** |
| **Telephone:**  | **Email:** |
| **Length of time known:** | **Is this your:** Current Employer Previous employer |

# Payroll Information

|  |
| --- |
| **If Limited Company, Name of Limited Company:** |
| **If UTR, please mention UTR number:** |
| **IF PAYE, P45 or P60**(Please Provide): |

# Rehabilitation of Offenders

Convictions will not necessarily be a bar to obtaining a post. However, because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 42 of the Rehabilitation of Offenders Act 1974. Applicants must declare information about convictions, cautions, reprimands and final warnings, for which other purposes are spent under the provisions of the Act.

|  |  |
| --- | --- |
| **Have you ever been convicted, cautioned, reprimanded or given a final warning for a criminal offence?** |   Yes  No |
| **Are you waiting to hear about any pending prosecutions?** |  Yes  No |
| **Are you aware of any police enquiries undertaken following allegations made against you?** **which may have a bearing on your stability for this post?** |  Yes  No |
| **Have you ever been subject of a disciplinary investigation or proceedings by a previous employer?** |  Yes  No |
| If yes, please specify: |  |
| **Are you currently under any disciplinary proceedings?** |  Yes  No |
| If yes, please specify: |  |

# Emergency Contact

|  |  |  |
| --- | --- | --- |
| **Title:** Mr Mrs Miss Ms | **First Name:** | **Last Name:** |
| **Relationship:** |  |  |
| **Address:** |  |  |
| **Day Time Tel:** | **Evening Tel:** | **Mobile:** |

# Data Protection Statement

The information that you provide on this form and on any CV given will be used by UrgentNurse to provide you work finding services. In case of working with vulnerable persons and where professional qualifications/ authorisations are required by law, we will offer to provide both details of your references and of your qualifications to the clients. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

We may check the information collected. with third parties or with other information held by us.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds or in other way permitted or required by law.

# Your Declaration

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed on to potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that UrgentNurse will be entitled either to charge the Client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

**Signed: Date:**

Please upload this form, together with a copy of your full CV on the Urgent Nurse Website, or alternatively, email us the copies to office@urgentnurse.co.uk.



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