



Application Form

Nurses & Healthcare Assistants

Please enclose copies of any relevant documents where indicated. Failure to do so will delay your application.

All nursing staff employed for Commisceo Primary Care Solutions (Commisceo PCS) are required to sign the Service Agreement, and to accept that the offer of work is at the discretion of Commisceo PCS and in accordance with our rota policy. This does not imply any employment relationship.

Nursing staff should be aware that all clinical work will be audited on a regular basis, and in occasional instances of sustained poor performance or poor teamwork, nursing staff will after discussion, not be offered further shifts. Nursing staff should also be aware that in some circumstances the Medical Director of Commisceo PCS may inform the relevant Clinical Commissioning Groups, and in extreme circumstances the Nursing & Midwifery Council of any concerns arising from poor performance and putting patients at risk during work with the organisation. Completion and submission of this form indicates acceptance by you of these conditions.

If you have any questions or queries whilst completing this application, please contact:

Jo Harvey
commisceo.pcs@nhs.net

Service Manager
Commisceo Primary Care Solutions
Telephone: 01702 742102

Post Applied
for:

Available Start
Date:

**APPLICATION FORM
NURSING & HEALTHCARE ASSISTANTS**

Personal Details

Surname		Forename(s)		DOB	
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Home Address

House Name/No.		Street			
City		County		Postcode	

Contact Details

Home Tel No.		Mobile Tel No.	
nhs.net email		Personal email	

Education Details

Primary Qualification			
University / City / Country where obtained		Date obtained	

Registration Details

(Please enclose a copy of your Registration document)

NMC Reference Number		Copy of Registration document enclosed?	Yes	No
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Registration Details

Medical Defence Organisation & Number		Copy current certificate enclosed?	Yes	No
Which Performers List are you on?				
Please list any previous Performers Lists				

Have you ever had your NMC registration or Performers List status disqualified or

Yes **No**

suspended or restricted?

If Yes, please give details:

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Disclosure & Barring Service Check	(Please enclose a copy of your DBS Check document)		
Date of most recent DBS Check		Copy enclosed?	
		Yes	No

Current Employment Commisceo Primary Care Solutions will undertake a DBS check

If you are currently employed e.g. within a GP practice or hospital please state below, and say in what capacity you are employed e.g. practice nurse, sessional etc.

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Previous Employment (continue on an additional page if necessary)

From	To	Employer	Employment capacity

Information on any disciplinary matters

(continue on additional page if necessary)

Are you aware of any outstanding disciplinary matters, which may affect your ability to practice?

If YES, please provide full details.

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Preferred Hours of Work

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Preferred Shift Pattern

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Work Preferences

In Hours	Yes	No	Out of Hours	Yes	No	Preferred Base	
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Additional Information

(continue on an additional page if necessary)

Please give any further information which you consider to be relevant to your application to join the sessional work list. (e.g. any relevant previous working experience)

If YES, please provide full details.

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Immunity Status – Please provide confirmation

Hep B status	Yes	No	
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Smartcard Number

References

Please give details of two referees below, they must be from a clinical background, and please ensure that an email address is supplied for each referee.
The first reference should be from your current or most recent employer.

Reference 1		Reference 2	
Relationship	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Contact Telephone	<input type="text"/>	Contact Telephone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Undertaking

I confirm that the entries made on this application form are to the best of my knowledge and belief, true in all respects. I understand that if I have deliberately made a false statement on this form, any offer of potential sessional employment could be withdrawn.

I authorise Commisceo Primary Care Solutions to obtain references to support this application and release the Company and referees from any liability caused by giving and receiving information.

Signed..... Date.....

PLEASE ENSURE YOU ENCLOSE

- Current CV
- NMC certificate of registration
- Indemnity certificate
- Qualifications certificate (if applicable)
- Copy of your Hep B status certificate
- Evidence to confirm your eligibility to work in the UK (e.g. copy of passport)
- Evidence of your National Insurance number (e.g. copy of P45 or NI card)
- Valid Basic Life Support & Anaphylaxis Training certificate
- Copy of DBS Certificate (if within 3 months of work start date)
- Valid certificate of Infection Control Training
- Valid certificate of Child Safeguarding Training
- Valid certificate of Adult Safeguarding Training
- Valid certificate of Information Governance Training
- Completed Bank Account Details form

Any other information: