

Registration Form for Nurses

Thank you for applying to Impeccable Healthcare Services.
 In order for us to ensure your recruitment experience is a smooth process, please
 take the time to complete all sections of our application form.
 We look forward to meeting you very soon!

Attach Photo Here

Personal Details

Title:	Street Address:
First Name:	Address Line 2:
Middle Names:	Town:
Last Name:	Postcode:
Phone (Home):	National Insurance Number:
Phone (Mobile):	Passport Number:
Email Address:	Date of Birth:
Are you free to remain and take up employment in the UK?	Professional Registration Number (NMC):
Visa Number:	Date of Expiry:

Emergency Contact Details

Name (Miss/Ms/Mrs/MR/Dr):	Surname:
Address:	
Phone (Home):	Phone(Mobile):

Employment History

Please give details of your employment over the last 10 years commencing with your most recent job and including any agencies worked for. Where applicable, please explain any breaks in employment history.

Date From: (MM/YY)	Date To: (MM/YY)	Employer Name & Address:	Position Held & Duties:	Reason for Leaving:

Current membership of any professional body/organisations

Please give details, commencing with the most recent

Name of Organisation:	Registration Number:	Date of Registration:	Expiry Date:

Clinical Experience

Indicate which clinical areas you have experience and the length of this experience in years/months.

Clinical Area	Length of Experience	Clinical Area	Length of Experience
A&E		Nursing Homes	
Ante Natal		Occupational Health	
Anaesthetic Trained		ODP	
Cardiac		Oncology	
Cardiothoracic		Ophthalmology	
Care of the Older Person		Orthopaedics	
Community Nursing		Outpatients Department	
Cosmetic Surgery		Paediatrics	
Day Care Unit		Phlebotomy	
Day Care Centre		Practice Nurse	
District Nursing		Prisons	
Family Planning		Psychiatric	
G U Medicine		Radiology	
Gynaecology		Recovery	
Haematology		Renal	
Health Visiting		Residential Homes	
High Dependency Unit		SCBU	
Home Care		Screening	
Hospices		School Nurse	
In charge Duties		Scrub Nurse	
Hospitals		Stoma Care	
Intensive Care Unit		Surgical	
Learning Disability		Terminal Clinic	
Liver Unit		Theatres	
Medical		Tropical Disease	
Medical Assessment Unit		Urology	
Mental Health		Urology	
Midwifery		Vena Puncture	
Neonatal / PICU		Xray	
Neurology		Other	

Convictions/Disqualifications

Rehabilitation of Offenders Act 1974

By virtue of the Rehabilitation Act 1974 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 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 his/her normal duties. Applicants are therefore not entitled to withhold any information about convictions, which for other purposes are, the 'spent' under provision of the Act, and in the event of employment, and failure to disclose such convictions could result in disciplinary action including dismissal being taken by the Health Authority. You are therefore required to declare all criminal convictions or cautions. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies and will not debar from appointment unless the selection panel considers that it renders you unsuitable for employment your answer to the following question should include any 'spent' convictions. This may or may not affect your application.

Part One: Convictions, Findings against you and Disciplinary Action

1. In the last five years, have you had any cases considered, heard and concluded against you by any of the following:

- NMC?
- Any other professional regulatory licensing body within the UK?
- A professional regulatory or other professional licensing body outside the UK?

Yes No

Comments: _____

2. Are there any cases pending against you with any of the following organisations:

- NMC?
- Any other professional regulatory licensing body within the UK?
- A professional regulatory or other professional licensing body outside of the UK?

Yes No

Comments: _____

3. In the past five years, have there been any disciplinary actions taken against you by your employer or contractor – either in the UK or outside – that have been upheld?

Yes No

Comments: _____

4. In the past five years, has your employment or contract ever been terminated or suspended – in the UK or outside – on the grounds relating to your fitness to practise (conduct, performance or health)?

Yes No

Comments: _____

I confirm that to the best of my knowledge, the details contained above are correct.

Signature: _____

Date: _____

Disclosure and Barring Service (DBS) Check

In view of the nature of the work for which you are applying, the post is considered to be exempt from the provisions of the Rehabilitation of Offenders Act 1974 as contained within the Exceptions Amendment Order 1986. Applicants are required to give details of all convictions for criminal offences, including pending convictions and those which would otherwise be considered "spent". Failure to provide details of convictions could result in dismissal or disciplinary action.

Having a criminal record will not necessarily bar you from working with us. Impeccable Healthcare Services Ltd complies fully with the DBS Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosures and Disclosure information. We make every subject of a DBS Check aware of the existence of the DBS Code of Practice and make a copy available on request.

Do you have any convictions or cautions including those that are spent?

Yes No

If yes, please provide details below:

Please list below any pending investigations:

I authorise Impeccable Healthcare Services LTD to carry out a DBS check on my behalf as and when required. I understand that before I can commence work with Impeccable Healthcare Services LTD, I need to have completed a DBS Check.

Signature: _____

Date: _____

Bank/Building Society Details

Account Holders Name:

Bank Name:

Account Number:

Sort Code:

I authorise Impeccable Healthcare Services LTD to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify Impeccable Healthcare Services LTD in writing of any changes of these details.

Signature: _____

Date: _____

Indemnity Insurance

All qualified nurses are required to hold individual Indemnity Insurance to the value of £3 million. Please provide evidence that you have this actively in place, either through private/individual insurance means or through membership of a governing body.

Name of Professional Body:

Membership Number:

It is a legal requirement that all Nurses/Midwives have professional indemnity insurance in place. Practising whilst non adherence to this will result in the NMC removing you from their register.

I confirm that I have/will have professional indemnity insurance in place prior to commencing work with Impeccable Healthcare Services LTD.

Signature: _____

Date: _____

NMC Registration Checks

Do you authorise Impeccable Healthcare Services LTD to carry out monthly NMC pin checks in order to ensure you remain fit to work?

Yes No

The role of the NMC is to protect the public by ensuring that nurses, midwives and specialist community public health nurses provide high standards of care. The NMC sets and improves standards for the education, training and conduct of those on the register, and it provides advice and considers allegations of misconduct, lack of competence or unfitness to practise due to ill health.

The Fitness to work monthly check purpose is to safeguard the health and wellbeing of the public by assessing if a nurse or midwife's fitness to work is impaired

Signature: _____

Date: _____

Health & Disability

The following questions on health and disability are asked in order 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:

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Impeccable Healthcare Services LTD to provide you work finding services. 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 ways that are permitted or required by law.

Signature: _____

Date: _____

Professional References

Please provide at least two referees who would give reference on your character, work experience, and suitability for the post applied for. Referees must be in a senior position to yourself. Please be aware that we are unable to offer you work until satisfactory references have been obtained. Please also note we are required to obtain references for you on an annual basis.

Reference 1		Reference 2	
Name:		Name:	
Position Held by referee:		Position Held by referee:	
Company:		Company:	
Address:		Address:	
Work Telephone:		Work Telephone:	
Work Email:		Work Email:	

I hereby give Impeccable Healthcare Services LTD permission to approach my referees at this stage for employment references and understand that Impeccable Healthcare Services LTD reserve the right to withdraw my application if my references do not meet a satisfactory level for healthcare staffing.

Signature: _____

Date: _____

Equal Opportunities Monitoring

Nationality				
Languages Spoken				
Age group (please indicate)	16 – 20 <input type="checkbox"/>	21 – 35 <input type="checkbox"/>	36 – 50 <input type="checkbox"/>	50+ <input type="checkbox"/>
Disabilities (please indicate)	Registered disability <input type="checkbox"/>	Unregistered disability <input type="checkbox"/>	No disability <input type="checkbox"/>	
Ethnicity (please indicate which best describes your ethnic origin)	White European <input type="checkbox"/>	White Other <input type="checkbox"/>	Black African <input type="checkbox"/>	
	Black Caribbean <input type="checkbox"/>	Black Other <input type="checkbox"/>	Indian <input type="checkbox"/>	
	Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other (Please Specify) <input type="checkbox"/>	
How did you hear about this post?				
Are you related to or do you know any member of staff at Impeccable Healthcare Services?				

Availability for work

How many hours would you like to work each week?	Hours:						
Which areas would you be able to work in?	Please List						
Please indicate the times and days you would be available for work.							
	MON	TUE	WED	THU	FRI	SAT	SUN
Early Shift:							
Late Shift:							
Long-day:							
Night Shift:							
Are you a car driver? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you intend to use your car for business, do you have the required insurance cover? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Do you have any other work commitments which may impair your ability to carry out your duties for Impeccable Healthcare Services LTD? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: _____							

Declaration

I, the undersigned applicant, hereby declare that the information I have given in this application form is true to the best of my knowledge and belief. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers

I agree that if I have given any false or misleading information, or do not give relevant information now or in the future, this may result in termination of an assignment without notice.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Impeccable Healthcare Services LTD 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).

I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (eg.NMC) or being investigated by my current or previous employer. I will inform Impeccable Healthcare Services LTD if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Impeccable Healthcare Services LTD.

Signature: _____

Date: _____

Confidentiality Agreement

During the course of your employment you may have access to see or hear information of a confidential nature. You are required not to disclose any information, particularly relating to client/patient details, medical notes etc, to any unauthorised persons. You are reminded that any breach of confidentiality may result in disciplinary action or dismissal.

Signature: _____

Date: _____

Third Party Declaration

I hereby allow any information relating to my registration with Impeccable Healthcare Services LTD to be shared with relevant third parties. This will be overseen by the governance lead for Impeccable Healthcare Services LTD.

Signature: _____

Date: _____

Working Times Regulations

The Working Times regulations 1998 ("The Regulations") require Impeccable Healthcare Services LTD ("The Company") to limit your average weekly working time to 48 hours unless you agree with The Company that the limit shall not apply to you. The Company proposes an agreement (which will apply until terminated by notice) on the basis that:

1. The 48-hour limit on average weekly time will not apply to you.
2. You may terminate the agreement (so that the 48 hour time limit would apply to you) by giving the person at The Company to whom you usually report 4 weeks' written notice. Under the Regulations, The Company must keep records relating to your working time. This is the case whether or not you reach an agreement with The Company about waiving working time limits.

If you accept The Company's proposals, please sign below. This document will then be held as a record of agreement.

Signature: _____

Date: _____