# Registration Form

Please complete the application form in BLOCK CAPITALS and enclose an up-to-date CV

Position applied for

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title *Mr, Mrs, Miss, etc.* |  | Daytime telephone No: |  |
| Legal Surname: |  | Mobile no: |  |
| Legal First names: |  | Date of birth: |  |
| Any other names you have been known by: |  | Address: | |
| Email address: |  |
| National Insurance no: |  |

## Eligibility to work in the UK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you need permission to work in the United Kingdom | | | Yes/NoIf yes please answer the following: | |
| Eligibility to work in the UK:EU Citizen: Work Permit: Student Visa : Spouse: Other please state: | | | | |
| Nationality: | Passport no: | Place & date of issue: | | Expiry date: |

## Professional Qualifications

|  |  |  |
| --- | --- | --- |
| Qualification: | Year obtained: | |
| Regulatory body: (e.g. NMC, HCPC) | Registration/PIN no: | Expiry date: |
| **If you have ever been under investigation, suspended or removed by your Professional Body, you must inform us immediately.** | | |

## DBS Status

|  |  |  |  |
| --- | --- | --- | --- |
| Current DBS disclosure: Yes/No | Issue date: | Disclosure no: | Update service: Yes/No |

## Work Preference (Please tick all relevant boxes)

Full time Part time Weekdays Weekends Nights Occasional days:

|  |  |
| --- | --- |
| Date available to commence work for Focusmed24: |  |
| Please state geographical areas in which you would like to work |  |

## Clinical Details (please highlight or tick the relevant box)

|  |  |  |  |
| --- | --- | --- | --- |
| A & E | Surgical | Endoscopy | Gynaecology |
| Neonatal | Cardiac | General wards | Neuro |
| ODP | Oncology | Orthopaedics | Renal/ Dialysis |
| Paediatrics | Palliative | Urology | Healthcare Assistant |
| Radiology | Recovery | Theatre scrub | **Other please state:** |

|  |  |  |
| --- | --- | --- |
| Current Post: | Grade: | From: To: |
| Name and address of employer: | | |
| Main responsibilities |  | |
| Reason for leaving: | | |

## Employment History

|  |  |  |
| --- | --- | --- |
| Post: | Grade: | From: To: |
| Name and address of employer: | | |
| Main responsibilities |  | |
| Reason for leaving: | | |

|  |  |  |
| --- | --- | --- |
| Post: | Grade: | From: To: |
| Name and address of employer: | | |
| Main responsibilities |  | |
| Reason for leaving: | | |

|  |  |  |
| --- | --- | --- |
| Post: | Grade: | From: To: |
| Name and address of employer: | | |
| Main responsibilities |  | |
| Reason for leaving: | | |

1. Employment Gap Personal statement (if applicable)

|  |  |  |
| --- | --- | --- |
| Name: | | Signed: |
| Date statement refers to | From / / | To / / |
| Briefly describe the reason for the gap in employment: | | |

|  |  |  |
| --- | --- | --- |
| Name: | | Signed: |
| Date statement refers to | From / / | To / / |
| Briefly describe the reason for the gap in employment: | | |

|  |  |  |
| --- | --- | --- |
| Name: | | Signed: |
| Date statement refers to | From / / | To / / |
| Briefly describe the reason for the gap in employment: | | |

|  |  |  |
| --- | --- | --- |
| Name: | | Signed: |
| Date statement refers to | From / / | To / / |
| Briefly describe the reason for the gap in employment: | | |

## References

Please provide the name of two clinical/professional people in a senior grade/position to yourself, including your current/most recent employer in a clinical setting whom we may approach for a reference (no relatives or friends). Where possible please provide a work email address.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference 1 Name:** | Position: | Work address:  Post code: | |
| Employed from MM/YY |  | Employed to MM/YY |  |
| Email: | Tel: | In what capacity has this person known you, and how long? | |
| Date of last NHS Appraisal |  | Date of next NHS Appraisal |  |

|  |  |  |
| --- | --- | --- |
| **Reference 2 Name:** | Position: | Work address:  Post code: |
| Employed from MM/YY |  | Employed to MM/YY |
| Email: | Tel: | In what capacity has this person known you, and how long? |

1. Next of Kin (to be notified in case of emergency)

|  |  |  |
| --- | --- | --- |
| Name: | Telephone no: | Relationship to you: |
| Address:  Post Code: | | |

## Payment Information

## I am a PAYE Umbrella worker/Limited Company (Delete as appropriate)

|  |  |
| --- | --- |
| Umbrella company name *(if applicable)* |  |
| Limited company name *(if applicable)* |  |
| Professional Indemnity insurance *(Name & Number if applicable)* |  |

PAYE workers will be contacted by our preferred Umbrella Company, once the registration process is complete.

Limited Company workers must include a copy of their Certificate of Incorporation, proof of business bank account and an invoice must be submitted with each timesheet.

## Declaration

## **Terms and Conditions**

## I certify that the information contained on this application form is accurate and true, to the best of my knowledge.

## I understand that knowingly giving false information will disqualify me from registration with Focusmed24.

## I agree to inform Focusmed24 of any changes, including address and contact details etc.

## I agree to inform Focusmed24 should I be convicted of any offence in the future.

## I am aware that a full detailed information of the conditions of engagement will be issued directly by Focusmed24.

## I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced Disclosure checks.

|  |  |
| --- | --- |
| Signed: | Date: |

## **Agency Worker Handbook**

## I can confirm I have received, read, and understood the staff handbook with this application form. The handbook is available to view/download on our website at any time.

|  |  |
| --- | --- |
| Signed: | Date: |

## **Working time regulations 48 hour opt out opt in**

## I am aware of The Working Time Regulations, 1998 and understand their implications with reference to

## my Terms & Conditions of employment. The Working Time Regulations 1998 provide that the Agency Worker shall not work on an Assignment with the Client in excess of the Working Week unless she/he agrees in writing that this limit should not apply. The Agency Worker hereby agrees that the Working Week limit shall not apply to the Assignment. The Agency Worker may end this Agreement by giving the Employment Business 28 days’ notice in writing.

|  |  |
| --- | --- |
| Signed: | Date: |

1. **Data Protection**

## This application form contains personal data as defined by the Data Protection Act. This data has been

## requested by Focusmed24 exclusively for the purpose of recruitment. Focusmed24 will protect any

## information disclosed within this form and ensure that it is not passed to anyone who is not authorised

## to have this information.

## 

## I hereby give permission for Focusmed24 to hold my data and any other data required to process the

## application; and allow access as a minimum, to my personnel files as part of any official audit or authorised third-

party bodies. For compliance purposes this may include but is not limited to, NHS Framework Owner and/or any

person authorised by the NHS Authority. The personnel file will be viewed in accordance with the requirements of the

Data Protection Act 1998.

## I agree Focusmed24 will not hold my data any longer than required, in line with the Data Protection Act

## 2018.

|  |  |
| --- | --- |
| Signed: | Date: |

## **d) Consent**

## I give consent to obtain references

## I give consent to complete PIN Checks

## I give consent for right to work and identity checks

## I give consent for training record checks

|  |  |
| --- | --- |
| Signed: | Date: |