Registration Form

Private & Confidential

Please complete all sections of this application form to assist us in the decision making process.
The organisation will not discriminate against any applicant regardless of nationality, ethnic background, social and economic status, ability, health, age or belief. All details given will be held in the strictest confidence. **Please complete in black ink and in block capitals.**

POSITION APPLIED FOR:

Title Surname PreviousSurname

Forename(s) Marital Status

Address

Postcode

Telephone (Day) Telephone (Eve)

Mobile Email

Date of Birth National Insurance Number

Ethnic Origin

Nationality Work Permit Number (if applicable)

PIN Number PIN Expiry Date

Part of Register(s)

Have you recently been resident outside the UK? (please tick appropriate box) YES ☐ NO ☐

Languages spoken/written (indicate fluency)

Do you hold a current UK Driving Licence? YES ☐ NO ☐ Do you have use of a car? YES ☐ NO ☐

NEXT OF KIN OR PERSON TO CONTACT IN EMERGENCY

Next of Kin Relationship

Address

Postcode

Telephone (Day) Mobile

EMPLOYMENT HISTORY (Please continue on the reverse if required)

Please provide details of your full employment history using the table below, starting with your most recent/present employer.
Please provide a written statement to explain any gaps in employment (if applicable).

Date From	Date To	Employers Name	Principal Duties	Position	Reason for Leaving

Other Employment Agencies

How did you hear about Imperial Nursing & Employment Agency Ltd ?

Additional Information

How many years of experience in your position?

EDUCATION DETAILS

Secondary Education Name & Address

Dates of Attendance

Subject, Level & Grade	Subject, Level & Grade	Subject, Level & Grade

FURTHER EDUCATION & TRAINING DETAILS

Name & Address of Establishment	Dates of Attendance	Qualification or Grade

Please list any other Professional Qualifications. (Certificates required for verification)

Member of Professional Body YES ☐ NO ☐ Member of Trade Union YES ☐ NO ☐

Name of Body

Membership No.

Expiry Date

Level of Indemnity Insurance

Name of Insurance Company

Expiry Date

REFERENCE REQUESTS

Please provide details of two professional referees, including their name, address and contact numbers. One reference must be from your current or most recent employer, of not less than three months, and the second from a previous employer. Each referee must have been your direct Line Manager or superior. Under no circumstances will references from relatives, friends or candidates of Imperial Nursing & Employment Agency Ltd be accepted.

Contact Name

Company Name

Address

Post Code

Telephone

Mobile

Email

Additional Information

May we contact them prior to an interview YES ☐ NO ☐

Contact Name

Company Name

Address

Post Code

Telephone

Mobile

Email

Additional Information

May we contact them prior to an interview YES ☐ NO ☐

WORK PREFERENCES

In order of priority with 1 being the highest please identify the areas of work you would prefer to work in.

1.	4.	7.
2.	5.	8.
3.	6.	9.

Please state any additional areas or positions you would like to work in or gain experience in.

What type of work are you looking for?

Full Time ☐ Part Time ☐ Permanent ☐ Occasional ☐ Seasonal ☐

Do you have any specific availability or do you prefer weekdays, nights or weekends?

In which geographical areas do you wish to work?

DECLARATION OF HEALTH

Please state whether you have or have not suffered from any of the following. Where the question has prompted a Yes response please enter details in the comment box.

Description of Illness	YES	NO	Comments
Cardio/Vascular illness including chest pain, high blood pressure, low blood pressure	☐	☐	
Eye disease/injury or defect of vision not corrected by glasses	☐	☐	
Asthma, bronchitis, pleurisy, pneumonia or other chest illness	☐	☐	
Tuberculosis	☐	☐	
Diabetes, thyroid or other glandular problems	☐	☐	
Epilepsy, frequent fainting attacks, giddiness or migraine	☐	☐	
Chicken pox, german measles, poliomyelitis, dysentery, rheumatic fever, jaundice	☐	☐	
Any degree of hearing loss	☐	☐	
Hepatitis A, B or C	☐	☐	
Prolonged or severe back ache, back injury, neck injury	☐	☐	
Do you have an illness that affects your mobility/movement?	☐	☐	
Are you currently taking any prescribe medication?	☐	☐	
Have you ever been treated for any other serious illness/operations?	☐	☐	
Do you have any allergies?	☐	☐	
Do you suffer with dermatitis, psoriasis, melanoma or other skin complaints?	☐	☐	
Are you registered disabled?	☐	☐	
Are there any reasonable adjustments that an employer should make to enable you to work?	☐	☐	
Have you ever suffered with depression, mental illness or a nervous breakdown?	☐	☐	
Have you any reason to believe you may be infected with a communicable disease?	☐	☐	
Have you knowingly been in contact with MRSA or worked within an MRSA environment?	☐	☐	

GP DETAILS

General Practitioner

Name:

Address:

Post code: Telephone:

I hereby give Imperial Nursing & Employment Agency Ltd permission to contact my General Practitioner to obtain further information should it be necessary.

Signed: Date:

I declare that the answers given with this Declaration of Health are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problem could lead to my removal from the Imperial Nursing & Employment Agency Ltd.

Signed: Date:

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which yo are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you at any time been convicted of a criminal offence?

if "Yes" please give details:

It is a condition of proceeding with your application that you apply for an "enhanced" CRB disclosure. Convictions and any other criminal record information obtained through the Criminal Record Bureau's Disclosure service will not necessarily be a bar to employment. All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application.

It is a condition of engagement that clients will be informed of details of criminal convictions so that they may make an informed decision as to whether or not to engage a candidate on a temporary assignment.

INSPECTION AND THE DATA PROTECTION ACT

Part of the inspection process under The Care Standard ACt 2000 involves the local Registration and inspection units having access to your personal file held at your Imperial Nursing & Employment Agency Ltd branch to ensure that Imperial Nursing & Employment Agency Ltd are maintaining the correct information required under the Care Standards Act. Your permission is required for inspectors to view your file. Please record your consent below:

I give consent for my file to be inspected by the Care Standards Commission.

Signed: Date:

I confirm that the information given in this application is, to the best of my knowledge, true, I am permitted to work in the UK. I have read, understood and agree to the conditions of work for temporary staff, or which I have been given a copy. I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau.

I undertake to inform Imperial Nursing & Employment Agency Ltd should I be convicted of an offence in the future. I undertake to inform Imperial Nursing & Employment Agency Ltd immediately if I am engaged through their introduction, including the offer of permanent employment following a temporaryassignment. I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

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 Imperial Nursing & Employment Agency Ltd not less than three months' notice.Your registration with Imperial Nursing & Employment Agency Ltd can be terminated at any time following unsatisfactory work reports.

Signed: Date:

Photograph

BANK DETAILS

Bank Name:

Bank Address:

Account Name: Sort Code:

Account Number: Roll Number:

LIMITED COMPANY DETAILS

If you operate your services through a limited company or an umbrella company service please provide full details below

Name of Limited Company

Incorporation No. VAT No.

Umbrella Company Service Provider

Contact Email

Telephone Fax

Limited Company terms of engagement signed? YES ☐ NO ☐

CRIMINAL RECORDS DISCLOSURE

I enclose a cheque made payable to IM Recruitment Ltd for £ _____ YES ☐ NO ☐

UNIFORMS

I enclose payment made payable to Imperial Nursing & Employment Agency Ltd for £ _____ YES ☐ NO ☐

FOR OFFICE USE ONLY

Webroster Input Date

Payroll Input Date

P45 received YES ☐ NO ☐ P46 Sent/Signed YES ☐ NO ☐

MANDATORY CHECKLIST

	YES	NO	Comments
1. Enhanced Disclosure countersigned/ Candidates own copy	☐	☐	
2. Copy of Birth Certificate/Passport/Work Permit	☐	☐	
3. Hepatitis B immunisation details	☐	☐	
4. 2 Passport photos	☐	☐	
5. Two written references on file	☐	☐	
6. Certificates of training	☐	☐	
7. NMC Statement of Entry/Pin Card	☐	☐	

OTHER

1. Enhanced Disclosure countersigned/Candidates own copy	☐	☐	
2. Copy of Birth Certificate/ Passport/Work Permit	☐	☐	
3. Hepatitis B immunisation details/opt out/ non responsive	☐	☐	
4. 2 Passport Photos	☐	☐	
5. Two written references on file.	☐	☐	

CONSULTANT NAME

Interviewed by: Interviewed by:

Approved by: Approved by:

CRB Application No: CRB Application No:

EXPIRY OF DOCUMENTS

Pin Card No: Expires:

CRB: Expires:

Manual Handling/Health & Safety/Fire Safety : Expires:

CPR/POVA : Expires:

Control & Restraint/ Agression Awareness: Expires:

Food Hygiene and Complaints Training: Expires:

INDUCTION COMPLETED

My personal view of the candidate:

1. 2. 3.

4. 5. 6.

Overall comments on candidates:

COMPLETE SIGN OFF

I confirm that i have interviewed this candidate in accordance with the registration requirements set out by Imperial Nursing & Employment Agency Ltd. I am satisfied that he/she can be cleared for work.

Signature of Consultant:

Name of Consultant: Date: