

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

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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye disease/injury or defect of vision not corrected by glasses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma, bronchitis, pleurisy, pneumonia or other chest illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes, thyroid or other glandular problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy, frequent fainting attacks, giddiness or migraine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken pox, german measles, poliomyelitis, dysentery, rheumatic fever, jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any degree of hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis A, B or C	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prolonged or severe back ache, back injury, neck injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have an illness that affects your mobility/movement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you currently taking any prescribe medication?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been treated for any other serious illness/operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you suffer with dermatitis, psoriasis, melanoma or other skin complaints?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you registered disabled?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any reasonable adjustments that an employer should make to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever suffered with depression, mental illness or a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you any reason to believe you may be infected with a communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you knowingly been in contact with MRSA or worked within an MRSA environment?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 register.

Signed:

Date:

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you 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 temporary assignment. 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 Services 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Copy of Birth Certificate/Passport/Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Hepatitis B immunisation details	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. 2 Passport photos	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Two written references on file	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Certificates of training	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. NMC Statement of Entry/Pin Card	<input type="checkbox"/>	<input type="checkbox"/>	_____

OTHER

1. Enhanced Disclosure countersigned/Candidates own copy	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Copy of Birth Certificate/ Passport/Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Hepatitis B immunisation details/opt out/ non responsive	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. 2 Passport Photos	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Two written references on file.	<input type="checkbox"/>	<input type="checkbox"/>	_____

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: _____