

Please attach
2 passport
photographs
here...

Application Form

SECTION 1 - PERSONAL DETAILS

SURNAME	TITLE (Mr/Mrs/Miss/Ms/Dr)
FIRST NAME(S)	DATE OF BIRTH
MAIDEN NAME	MARITAL STATUS
ANY PREVIOUS NAME(S)	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
CURRENT ADDRESS	
.....	COUNTRY
TEL HOME	MOBILE
EMAIL	FAX
PERMANENT ADDRESS (If different from above)	
.....	COUNTRY
NATIONAL INSURANCE NUMBER (Where applicable)	
PROFESSION	NMC/GMC/HPC/GSCC No
GRADE	SPECIALITY/CLIENT GROUP

SECTION 2 - NATIONALITY, VISA & INSURANCE DETAILS

NATIONALITY:

COUNTRY OF ORIGIN

PLEASE GIVE DETAILS OF YOUR VISA STATUS BY CHOOSING FROM THE FOLLOWING:

EU PASSPORT WORKING HOLIDAY VISA STUDENT VISA RIGHT OF ABODE ANCESTRAL VISA

PLEASE STATE VISA EXPIRY DATE

DO YOU REQUIRE A WORK PERMIT? YES NO

Please enclose a copy of your passport & copies of any UK entry stamps or certificates

DO YOU CURRENTLY HAVE PERSONAL INDEMNITY INSURANCE? YES NO

COMPANY & POLICY NUMBER

EXPIRY DATE

DO YOU BELONG TO A PROFESSIONAL BODY/UNION

SECTION 3 - EDUCATION, QUALIFICATIONS & TRAINING

UNIVERSITY/COLLEGE	QUALIFICATION	COMMENCED	QUALIFIED

PLEASE GIVE DETAILS OF ANY FURTHER QUALIFICATIONS OR TRAINING. **Please give dates & places.**

Please ensure that you supply a copy of ALL your professional certificates or documents.

SECTION 4 - EMPLOYMENT HISTORY

PLEASE GIVE DETAILS OF ALL EMPLOYMENT IN THE PAST 5 YEARS. **Start with the most recent and cover at least the last five years. All gaps in work history must be accounted for.** (Use separate sheet if necessary).

EMPLOYERS DETAILS	FROM	TO	POSITION	DUTIES/EXPERIENCE GAINED

SECTION 5 - MANUAL HANDLING & TRAINING

DO YOU HOLD TRAINING CERTIFICATES IN ANY OF THE FOLLOWING? (Please tick and provide proof)

Moving & Manual Handling	<input type="checkbox"/>	Prevention and Infection Control	<input type="checkbox"/>
Health and Safety	<input type="checkbox"/>	Handling of Violence & Aggression	<input type="checkbox"/>
Basic Life Support	<input type="checkbox"/>	Mental Health Act	<input type="checkbox"/>

SECTION 6 - PROFESSIONAL REFERENCES

PLEASE SUPPLY DETAILS OF AT LEAST TWO PROFESSIONAL REFERENCES. One reference must be from your most recent employer and at least one reference must be from a department head or above.

NAME: POSITION:

ADDRESS:

TEL NO: FAX NO:

EMAIL:

NAME: POSITION:

ADDRESS:

TEL NO: FAX NO:

EMAIL:

NAME: POSITION:

ADDRESS:

TEL NO: FAX NO:

EMAIL:

I PROVIDE MY PERMISSION FOR LOCUM PLACEMENT GROUP TO APPROACH THE PROFESSIONAL REFEREES THAT I HAVE LISTED ABOVE AND/OR INCLUDED ON MY CV IN ORDER TO OBTAIN PROFESSIONAL REFERENCES FOR THE PURPOSE OF REGISTRATION AND CLEARANCE FOR LOCUM WORK WITH THE NHS.

SIGNED:

NAME:

DATE:

SECTION 7 - WORK REQUIREMENTS

TEMPORARY PERMANENT BOTH AVAILABLE TO START WORK FROM:

DO YOU HOLD A CURRENT FULL UK DRIVING LICENCE? YES NO

DO YOU HAVE REGULAR USE OF A VEHICLE? YES NO

NEAREST UNDERGROUND/RAILWAY STATION:

SECTION 8 - HEALTH

PLEASE PROVIDE US WITH THE FOLLOWING GENERAL HEALTH INFORMATION, IF YOU ANSWER YES TO ANY OF THE QUESTIONS IN THIS SECTION PLEASE PROVIDE DETAILS

HAVE YOU ATTENDED YOUR GP IN THE LAST YEAR? YES NO

IF YES, WHY?

ARE YOU CURRENTLY TAKING ANY PRESCRIBED MEDICATIONS? YES NO

IF YES, WHAT MEDICATION AND WHY?

DO YOU HAVE ANY CONDITION WHICH MAY AFFECT YOUR ABILITIES TO PERFORM YOUR DUTIES? YES NO

IF YES, WHAT?

DO YOU HAVE OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS:

CONDITION	YES	NO	DETAILS/DATES
CONDITION YES NO DETAILS/DATES			
BLACKOUTS / EPILEPSY / DIZZY SPELLS			
HEART / CIRCULATORY PROBLEMS			
HYPERTENSION			
ASTHMA / BRONCHITIS / PLEURISY			
TUBERCULOSIS (TB)			
ECZEMA / PSORIASIS			
DIABETES			
MAJOR OPERATIONS / SERIOUS ILLNESS			
RHEUMATISM / ARTHRITIS			
CHICKENPOX			
ALLERGIES (INCLUDING LATEX)			
BACK, UPPER LIMB OR NECK INJURY			
NERVOUS/MENTAL ILLNESS OR EATING DISORDER			
BLOOD DISORDERS/ANAEMIA/HAEMOPHILIA			

SECTION 8 - HEALTH CONTINUED...

HAVE YOU EVER BEEN SCREENED FOR VARICELLA/RUBELLA/TUBERCULOSIS/HEPATITIS B? YES NO

(Please tick and provide proof)

I PROVIDE MY PERMISSION FOR LOCUM PLACEMENT GROUP TO OBTAIN MY PERSONAL OCCUPATIONAL HEALTH RECORDS AND/OR SIMILAR DATA FROM THIRD PARTIES SUCH AS NHS TRUSTS OR GP DOCTORS FOR THE PURPOSE OF REGISTRATION AND CLEARANCE FOR LOCUM WORK WITH THE NHS.

SIGNED:

.....
NAME:

.....
DATE:

.....

SECTION 9 - PROFESSIONAL CONDUCT

HAVE YOU EVER BEEN THE SUBJECT OF PROFESSIONAL MISCONDUCT PROCEEDINGS OR DISCIPLINARY PROCEEDINGS OR DISCIPLINARY ACTION FROM AN EMPLOYER, OR ARE SUCH PENDING OR THREATENED AGAINST YOU EITHER IN THE UK OR ABROAD?

YES NO IF YES PLEASE GIVE DETAILS:

SECTION 10 - REHABILITATION OF OFFENDERS ACT

The Rehabilitation of Offenders Act 1974 permits persons in certain circumstances to ignore offences committed in the past when asked to give details of previous convictions. These convictions are known as "spent convictions". However the Exceptions Order of 1975 states that those employed in the medical/care fields are not allowed to withhold details of any offences for which they have been convicted, however long ago these convictions may have been served.

DO YOU HAVE ANY CONVICTIONS OR CAUTIONS? YES NO

PLEASE DETAIL BELOW ALL CONVICTIONS AND CAUTIONS REGARDLESS OF THE SERIOUSNESS OF THE OFFENCE AND HOW LONG AGO THE CONVICTION OCCURRED:

This information may be shared confidentially and at an appropriate level with prospective employers to enable them to make a recruitment decision.

SECTION 11 - CRIMINAL RECORDS BUREAU (CRB)

All recruitment agencies and NHS bodies are required by law to ask all applicants to apply for an Enhanced CRB Disclosure, as the job for which you are applying may involve access to children and vulnerable adults. It is therefore exempt from the Rehabilitation of Offenders Act 1974.

In order to secure work for you, we require an Enhanced CRB Disclosure that was issued within the last year. If you already hold a Disclosure which is current (within the last year), please forward us the original document and sign the declaration below. Your Disclosure will be handled securely and returned to you via special delivery. In addition, we will also need to apply for an Enhanced CRB Disclosure for you in our own company name. Full details regarding this process will be provided to you by your Recruitment Consultant or our Compliance Team in a separate communication.

DO YOU HAVE YOUR OWN COPY OF A CRB DISCLOSURE? YES NO

IF YES - PLEASE ENCLOSE THE ORIGINAL

SECTION 12 - EMERGENCY CONTACT DETAILS

PLEASE GIVE DETAILS OF THE PERSON YOU WOULD LIKE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

NAME: RELATIONSHIP:

CONTACT DETAILS:

ADDRESS:

TELEPHONE:

EMAIL:

SECTION 13 - BANK DETAILS

BANK NAME: SORT CODE:

ACCOUNT NAME: ACCOUNT NO:

ADDRESS:

SECTION 14 - WORKING HOURS

IN COMPLIANCE WITH THE IMPLEMENTATION OF THE WORKING TIME REGULATIONS, LOCUM PLACEMENT GROUP LIMITED RECOMMEND THAT WORKING TIME SHOULD NOT EXCEED 48 HOURS PER WEEK (AVERAGED OVER A PERIOD OF 17 WEEKS.) HOWEVER, SHOULD YOU WISH TO WAIVE THIS RIGHT, PLEASE INDICATE THIS PREFERENCE BY TICKING BELOW:

YES I WISH TO WORK MORE THAN 48 HOURS PER WEEK

You can change your chosen option at any time by giving appropriate notice in writing to Locum Placement Group. Working time shall include only the period of attendance at each individual assignment through Locum Placement Group. It shall not include travelling time unless specifically agreed by the Locum Placement Group Manager.

SECTION 15 - DATA PROTECTION

LOCUM PLACEMENT GROUP LIMITED **WILL NOT** PASS YOUR INFORMATION ON TO ANY OTHER COMPANY

PLEASE TICK THIS BOX IF YOU WOULD PREFER NOT TO BE CONTACTED BY LOCUM PLACEMENT GROUP LIMITED WITH CAREER INFORMATION AND REWARD SCHEMES THAT ARE OF BENEFIT TO YOU.

SECTION 16 - DECLARATION

I DECLARE THAT I HAVE READ, UNDERSTOOD AND ACCEPT LOCUM PLACEMENT GROUP'S TERMS & CONDITIONS. I HAVE COMPLETED THIS FORM IN FULL AND ALL THE INFORMATION THAT I HAVE PROVIDED IS CORRECT AND TRUE. I WILL NOTIFY LOCUM PLACEMENT GROUP LIMITED OF ANY CHANGES TO MY PROFESSIONAL CONDUCT RECORD, FITNESS TO PRACTICE AND CRIMINAL CONVICTIONS STATUS. BY SIGNING THIS DECLARATION I AGREE TO EVERYTHING HEREIN.

AS REQUIRED BY THE DATA PROTECTION ACT, I CONSENT TO LOCUM PLACEMENT GROUP STORING, PROCESSING AND PROVIDING POTENTIAL EMPLOYERS WITH MY PERSONAL INFORMATION FOR THE PURPOSE OF FINDING ME WORK PLACEMENTS. I UNDERSTAND THAT ANY PERSONAL DATA HELD BY LOCUM PLACEMENT GROUP LIMITED IS LIABLE TO BE INSPECTED BY NHS GOVERNMENT PROCUREMENT SERVICES (GPS) AND OTHER THIRD PARTY ORGANISATIONS AS PART OF AUDIT PROCEDURES AND PROVIDE MY PERMISSION FOR LOCUM PLACEMENT GROUP TO DISCLOSE ALL OR ANY ELEMENT OF MY PERSONAL DATA FOR THIS PURPOSE.

SIGNED:

DATE:

NAME:

SECTION 17 - CHECKLIST

PLEASE USE THE FOLLOWING CHECKLIST TO ENSURE THAT YOU HAVE ENCLOSED ALL DOCUMENTATION REQUIRED TO COMPLETE YOUR REGISTRATION PROCESS (**You are advised to send all original documents by special delivery**)

- CV
- ORIGINAL PASSPORT
- NATIONAL INSURANCE CARD, INLAND REVENUE DOCUMENT OR PAYSリップ SHOWING NI NUMBER
- 2 x PASSPORT SIZED PHOTOS
- DOCUMENTATION TO PROVE ANY NAME CHANGE (If applicable)
- CERTIFICATES FOR ALL STATED QUALIFICATIONS & TRAINING
- COMPLETED CRB DISCLOSURE APPLICATION FORM (If applicable)
- 2 x ORIGINAL, RECENT PROOFS OF ADDRESS
- HEALTH INFORMATION DETAILS (Occupational health/immunisation)
- ORIGINAL COPY OF YOUR CRB DISCLOSURE (If applicable)
- PROOF OF PROFESSIONAL REGISTRATION
- ORIGINAL PROOF OF IMMIGRATION STATUS
- RECENT POLICE CHECK FROM YOUR OWN COUNTRY (If applicable)

OTHER ID VERIFICATION OPTIONS INCLUDE: CURRENT DRIVING LICENCE, IDENTITY CARD OR BIRTH CERTIFICATE (if accompanied by a National Insurance Card)

If you need any help or advice on completing this form and the documentation required to complete the registration process then please contact us and our staff will be only too happy to help. Please return your completed registration form to use using the contact details below.