

NURSE / AHP APPLICATION FORM



Please make sure you

- Answer all the questions on this form
- Send us all the documents we ask for
- Complete this form in CAPITAL letters
- Use black ink

A. YOUR PERSONAL DETAILS

Title (MRS, MISS, MS, MR or other title)

Surname or family name

First name

Middle name

Name preferred to be known by

All other surnames or family names (including maiden name & name changes)

Address (including postcode)

Postcode

Daytime phone number

Mobile number

E-mail address

Do you hold a current full UK driving licence?

YES

NO

B. YOUR DETAILS

It is your responsibility to keep us updated with any changes to your personal details.

NMC pin number

NMC expiry date / /

NMC Part(s) of register

HPC number (AHP only)

HCPC expiry date (AHP only) / /

If you have any issues or investigations outstanding on your NMC Pin please let us know in writing via email to info@retrohealthcare.co.uk.

Please tick here if you are currently on sick leave and provide details below:

YES NO

C. YOUR PASSPORT DETAILS

National insurance number

Date of birth

/ /

Your nationality

Please tell us about your eligibility to work in the UK

- I am eligible to work in the UK and do not require a work permit
- I am already in possession of a work permit to work in the UK
- I need to obtain a work permit to work in the UK

If other please specify

D. EDUCATION AND QUALIFICATIONS

Professional qualification

Issuing College / University

Year of graduation

Any additional qualifications

F. YOUR EMPLOYMENT HISTORY

Please tick up to 5 boxes, with the clinical areas you have expertise in:

<input type="checkbox"/> A&E	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Clinics
<input type="checkbox"/> Community	<input type="checkbox"/> Diagnostic Imaging x-ray	<input type="checkbox"/> Elderly Care
<input type="checkbox"/> Endoscopy	<input type="checkbox"/> General Wards	<input type="checkbox"/> Gynaecology
<input type="checkbox"/> HDU	<input type="checkbox"/> Health Visitor	<input type="checkbox"/> Homecare
<input type="checkbox"/> ITU	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Medical
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Neonatal
<input type="checkbox"/> NICU	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Occupational Health	<input type="checkbox"/> ODP	<input type="checkbox"/> Oncology
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Paediatric A&E
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Palliative	<input type="checkbox"/> PICU
<input type="checkbox"/> Practice Nurse	<input type="checkbox"/> Prison	<input type="checkbox"/> Radiology
<input type="checkbox"/> Recovery	<input type="checkbox"/> Renal	<input type="checkbox"/> Dialysis
<input type="checkbox"/> SCBU	<input type="checkbox"/> Surgical	<input type="checkbox"/> Theatre
<input type="checkbox"/> Triage	<input type="checkbox"/> Urology	<input type="checkbox"/> Walk In Centre
<input type="checkbox"/> Dieticians	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Radiographers
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Podiatrists
<input type="checkbox"/> Orthoptists	<input type="checkbox"/> Speech and Language Therapists	<input type="checkbox"/> Pathology
<input type="checkbox"/> Biomedical Scientists	<input type="checkbox"/> Cytologists	<input type="checkbox"/> Dental Service Staff
<input type="checkbox"/> Genetic Counsellors	<input type="checkbox"/> Health Scientists	<input type="checkbox"/> Medical Technologists
<input type="checkbox"/> Optometrists	<input type="checkbox"/> Primary Staff	

G. YOUR PROFESSIONAL CONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

YES NO

If "YES" please supply details:

H. 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 197 applies. 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 an offence? YES NO

If "YES" please supply details:

I. YOUR BANK DETAILS

We pay your wages directly into a bank account.

Name of bank

Branch name

Account holder name

Address

Postcode

Sort code

Account number

Read all the following statements carefully and tick the one box that applies to you.

I wish to be paid through a Ltd. Company and enclose details.
(You will be paid as P.A.Y.E until you provide all your documentation to Retro healthcare)

I am on P.A.Y.E (Please enclose P45 if we are your main employer).

Read all the following statements carefully and tick the one box that applies to you.

A. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.

B. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit I do not receive a state or occupational pension.

C. I have another job or receive a state or occupational pension

J. YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile number

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile number

It is your responsibility to keep us updated with any changes to your next of kin details.

K. YOUR REFERENCE DETAILS

- Please supply the names and work addresses of at least 2 clinical professional referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months' duration.
- 2nd needs to be a previous employer unless you have been employed more than 3 years then it must be someone from your current or most recent employer.
- If you have left a job with children or vulnerable adults, legally a reason must be give why.

NB: If you cannot provide two in date senior references you cannot register.

May we contact your referees prior to an interview? YES NO

Clinical Reference 1

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

E-mail address

Start Date (mm/yy)

End Date (mm/yy)

Clinical Reference 2

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

E-mail address

Start Date (mm/yy)

End Date (mm/yy)

Clinical Reference 3

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

E-mail address

Start Date (mm/yy)

End Date (mm/yy)

L. YOUR DECLARATIONS

1. HEPATITIS B

I have been advised at the registration of ce of the importance of having the Hepatitis B vaccine.

I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.

I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

Signed

Date

2. TERMS & CONDITIONS

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 understand that my registration is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (DBS).

I undertake to inform Team24 should I be convicted of an offence in the future.

I undertake to inform Team24 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.

I am clear that Team24 cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy.

Signed

Date

3. INDUCTION

I have received a copy of the Induction information letter and can con rm that I have received, read, understood and will comply with the Agency Worker Handbook at all times. I am aware that the latest version of the Handbook is available on our website.

Signed

Date

4. WORKING TIME REGULATIONS

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 Team24 not less than three months' notice. I understand that my registration with Team24 can be terminated at any time following unsatisfactory work reports.

I consent to work I do not consent to work

Signed

Date

5. BANK DETAILS

I have completed my bank details and con rm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed

Date

6. DATA PROTECTION

I agree that Team24 retain the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Signed

Date

7. RESPONSIBILITY OF COMPLIANCE

Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your le is in date at all times. If any of your compliance items lapse, it may cause the suspension and/or termination of your placement.

M. INFORMATION

Thank you for selecting Retro healthcare as your agencies of choice. Our team are committed to ensuring that your work requirements are met whenever are professional organisations specialising in providing high quality locum Doctors and Nurses to a wide range of health institutions.

Our continuing success depends on how well we work together. To achieve this, there have to be agreed rules, guidelines and standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policy and Procedures. Copies of these are available on our website.

The amount of work that we receive, depends not only on us, but also on your performance. Therefore we have some basic expectations of you which are listed in your terms of engagement. I have taken time out to summarise some of these for you;

- Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you are running late, you must ring us as soon as possible and advise us of this so that we can ring the client.
- You are our representative at the client; please ensure that you perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
- Retro healthcare will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Monday 1700 for payment on Friday. We cannot guarantee that your timesheet has been received unless it is physically brought to us.

If for any reason you are unhappy with any aspect of the service that retro healthcare provides, please feel free to contact our HR Dept on 01536 764197 Please take some time out before starting your rst placement with us to familiarise yourself with your Terms and Conditions of employment. This information should provide you with all of the reference material you may require. Please feel free to ask your contact within the organisation if there is anything that you are unsure of, as we are always here to help, 24 hours a day.

Thank you and welcome aboard.