



**POSITION APPLIED FOR:**

<b>A. Personal Details (Please use capital letters)</b>	
Title (Mrs, Mr, Ms, Dr or Other):	
Surname:	
Forename(s):	
Name preferred to be known by:	
Previous Name(s):	
Maiden Name(s):	
Address Line 1:	
Address Line 2:	
City/Town:	
County:	
Postcode:	
Email:	
Telephone:	
Mobile:	
Date of Birth:	

**B. Next Of Kin Details**

Name:	
Relationship to you:	
Day time phone number:	
Mobile number:	
Address:	Post Code:

**C. Passport Details**

Nationality:	Passport Number:
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Please tell us about your legibility 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. Professional Qualifications**

Qualification	
Year Obtained	
Professional Body e.g. NMC	
Registration Number	

## D. Employment History

- Please supply details of your full employment history starting with your most recent position first and explain any gaps in your history.
- Please continue on a different sheet if required

Date From	Date To	Employer's Name & Address	Reason For Leaving

## E. Mandatory Training Requirements

Subject	Provided By	Certificate Expiry Date
Moving & Handling		
Fire Safety		
Health & Safety (including COSHH; RIDDOR)		
Infection Control		
CPR / Basic Life Support		
Food Hygiene		

## F. Area of Expertise

<input type="checkbox"/> A&E	<input type="checkbox"/> Clinics	<input type="checkbox"/> Community
<input type="checkbox"/> Care of the Elderly	<input type="checkbox"/> Prison	<input type="checkbox"/> Gynaecology
<input type="checkbox"/> Health Visiting	<input type="checkbox"/> Homecare	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> ITU/ HDU	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Medical
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Radiology
<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Palliative	<input type="checkbox"/> Orthopaedics
<input type="checkbox"/> Surgical	<input type="checkbox"/> Theatres, ODP	<input type="checkbox"/> Renal
<input type="checkbox"/> Mental Health PICU	<input type="checkbox"/> Recovery	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Urology	<input type="checkbox"/> Diagnostic Imaging X-ray	<input type="checkbox"/> Oncology
<input type="checkbox"/> Triage	<input type="checkbox"/> General Wards	<input type="checkbox"/> Other

## G. Professional Conduct

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

YES

NO

If 'YES' please provide details below:


## 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) (Expectations) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purpose 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 provide details below:


## I. Do you have professional indemnity cover?

YES

NO

If YES which type?

## J. Bank Account Details

We'll pay your wages directly into a bank account

Name Of Bank:	Branch Name:
Account Holder Name:	
Bank Address:	
Postcode:	
Sort Code:	Account Number:

Company details (if already operating as a 'Limited Company')

Company Name:	
Company Registration no:	
National Insurance no:	

## K. Reference Details

- Please supply the names and work addresses of two 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.

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

<b>Reference 1</b>		
Name:		
Position:		
Address:		
Postcode:		
Daytime phone :	Email:	Fax :
How long has this person known you?		
In what capacity has this person known you?		

<b>Reference 2</b>	
Name:	
Position:	
Address:	
Post code:	
Daytime phone number: Fax number:	Email:
How long has this person known you?	
In what capacity has this person known you?	

## L. Vaccination History

**The following items are required:**

**Tuberculosis** - A certificate from your doctor's surgery or occupational health department of a positive scar or a record of a positive skin test.

**Mumps, Measles and Rubella** –Evidence of two doses of MMR or blood test result showing individual immunity levels

**Varicella** - A certificate of vaccination or blood test result showing your immunity levels

**Hepatitis B** - You must provide a copy of the most recent pathology report showing titre level of 100lu/l or above. Less than 100lu/l booster required.

**EXPOSURE PRONE PROCEDURES CANDIDATES (EPP)** need to supply additional evidence:  
**Hepatitis B – Surface antigen** Evidence of a negative Surface Antigen Test .Report must be an identified validated sample. (IVS)

**Hepatitis C-** Evidence of a negative antibody test. Report must be an identified validated sample. (IVS)

**HIV** -Evidence of a negative antibody test. Report must be an identified validated sample. (IVS)

	CAN YOU PROVIDE PROOF OF THIS VACCINATION OR TEST	DATE OF LAST TEST	TEST RESULT
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mumps, Measles, Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Varicella	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hepatitis B Surface Antigen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hepatitis C- EPP only	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIV- EPP only	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## M. Declarations

### 1. HEPATITIS B

I have been advised at the registration office of Solid Staffing 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. INDUCTION

I have received a copy of the Induction information letter and can confirm that I am aware that more detailed information on the Staff Handbook and Policy and procedures can be obtained directly from Solid Staffing office.

Signed:

Date:

### 3. WORKING TIME REGULATIONS

I am aware of The Working Time Regulations, 1998, and understand their implications with reference to my Terms & Conditions of Employment. The Organisation's Staff Time-keeping Records will confirm my hours worked on a weekly basis. Where these records confirm that I have worked in excess of 48 hours per week I agree that this 48-hour week limit under The Working Time Regulations, 1998, shall not apply to me. I understand that I may agree to opt back into the 48-hour week limit at any time, giving the appropriate notice due.

Signed:

Date:

### 4. BANK DETAILS

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

Signed:

Date:

### 5. DATA PROTECTION

I agree that Solid Staffing retains 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:



## 6. 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 enhanced disclosure from the Criminal Records Bureau.

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

I undertake to inform Solid Staffing 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 Solid Staffing 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:

### WE ARE AN EQUAL OPPORTUNITIES EMPLOYER

The sole criterion for selection of applicants will be suitability for the Job Position, regardless of age, gender, gender orientation, background, culture, ethnic denomination, religious affiliation, marital status or disability. This is in accordance with our declared Equal Opportunities & Diversity Policy