

*Please
attach 2
passport
photographs
here.*

Candidate Application Form

SECTION 1 - PERSONAL DETAILS

TITLE (Mr./Mrs./Miss/Ms./Dr): MOBILE No:

SURNAME: NATIONALITY:

FIRST NAME(S): PROFESSIONAL REG No:

PREVIOUS NAME(S): PROFESSIONAL BODY:

DATE OF BIRTH: GRADE:

GENDER: NATIONAL INSURANCE NUMBER:

CURRENT ADDRESS:

POSTCODE: EMAIL:

SECTION 2: WORK PERMIT AND INSURANCE DETAILS

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

EU PASSPORT WORKING HOLIDAY VISA STUDENT VISA RIGHT OF ABODE

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:

SECTION 3 - EDUCATIONAL HISTORY

UNIVERSITY/INSTITUTION	QUALIFICATION	START DATE	END DATE

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).

EMPLOYER DETAILS	FROM	TO	POSITION	DUTIES/EXPERIENCE GAINED

SECTION 5 - MANUAL HANDLING AND TRAINING

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

- Moving and Manual Handling Health and Safety Infection Prevention and Control
Mental Health Act Basic Life Support Handling of Violence and Aggression

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: EMAIL:
ADDRESS: POSITION:
TEL No: FAX No:

NAME: EMAIL:
ADDRESS: POSITION:
TEL No: FAX No:

NAME: EMAIL:
ADDRESS: POSITION:
TEL No: FAX No:

I PROVIDE MY PERMISSION FOR NORFOLK AND SUFFOLK HEALTHCARE TO APPROACH THE PROFESSIONAL REFEREES I HAVE LISTED ABOVE AND/OR INCLUDED ON MY CV IN ORDER TO OBTAIN PROFESSIONAL REFERENCES FOR THE PURPOSE OF REGISTRATION AND CLEARANCE FOR WORK.

SIGNED: DATE:

NAME:

SECTION 7 - WORK REQUIREMENTS

TEMPORARY PERMANENT BOTH AVAILABLE TO START WORK FROM:

DO YOU HOLD A VALID 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
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			

HAVE YOU EVER BEEN SCREENED FOR VARICELLA/RUBELLA/TUBERCULOSIS/HEPATITIS B?

YES NO

(Please tick and provide proof)

I PROVIDE MY PERMISSION FOR NORFOLK AND SUFFOLK HEALTHCARE 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 HEALTHCARE WORK.

SIGNED: **DATE:**

NAME:

SECTION 9 - PROFESSIONAL CONDUCT

HAVE YOU EVER BEEN THE SUBJECT OF PROFESSIONAL MISCONDUCT PROCEEDINGS, 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 - DISCLOSURE AND BARRING SERVICE (DBS)

All recruitment agencies and NHS bodies are required by law to ask all applicants to apply for an Enhanced 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 Disclosure that was issued within the last year. If you already hold a Disclosure which is current (within the last year), please forward the original document to us 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 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 CURRENT DBS COPY? 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: TEL No:

RELATIONSHIP: EMAIL:

ADDRESS:

SECTION 13 - BANK DETAILS

BANK NAME: ACCOUNT NAME:

SORT CODE: ACCOUNT No:

ADDRESS:

SECTION 14 - WORKING HOURS

IN COMPLIANCE WITH THE IMPLEMENTATION OF THE WORKING TIME REGULATIONS, NORFOLK AND SUFFOLK HEALTHCARE 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 Norfolk and Suffolk Healthcare. Working time shall include only the period of attendance at each individual assignment through Norfolk and Suffolk Healthcare. It shall not include travelling time unless specifically agreed by the Manager.

SECTION 15 - GENERAL DATA PROTECTION REGULATION (GDPR) AND CONTACT CONSENT

NORFOLK AND SUFFOLK HEALTHCARE LIMITED WILL NOT PASS YOUR INFORMATION ON TO ANY OTHER COMPANY

PLEASE TICK THE BOX IF YOU WOULD PREFER NOT TO BE CONTACTED BY NORFOLK AND SUFFOLK HEALTHCARE LIMITED WITH CAREER INFORMATION AND REWARD SCHEMES THAT ARE OF BENEFIT TO YOU.

All personal data provided by you (the applicant) will be treated as confidential and stored / managed on our secure servers. We do however require your consent to process and transmit your information to third parties for the purpose of finding you suitable employment and obtaining essential supporting documentation. This consent covers all information we may require whilst representing you; including but not limited to your application, training & compliance, work placements, payroll and general day-to-day correspondence. Temporary work dictates the need for quick, effective communication for us to secure assignments for you. It is therefore essential for us to maintain regular contact with you across multiple channels. This includes phone, Email, SMS and in-app push notifications (where applicable). Your consent is required for us to do so. We take data privacy and security very seriously and your personal information will be processed and secured in accordance with The General Data Protection Regulations (GDPR). Our privacy policy can be viewed on our website

Do you give consent?

Yes

No

SECTION 16 - DECLARATION

I DECLARE THAT I HAVE READ, UNDERSTOOD AND ACCEPT NORFOLK AND SUFFOLK HEALTHCARE TERMS & CONDITIONS AND CANDIDATE HANDBOOK. I HAVE COMPLETED THIS FORM IN FULL AND ALL THE INFORMATION THAT I HAVE PROVIDED IS CORRECT AND TRUE. I WILL NOTIFY NORFOLK AND SUFFOLK HEALTHCARE 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 NORFOLK AND SUFFOLK HEALTHCARE 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 NORFOLK AND SUFFOLK HEALTHCARE LIMITED IS LIABLE TO BE INSPECTED BY CLIENTS, GOVERNMENT PROCUREMENT SERVICES (GPS) AND OTHER THIRD PARTY ORGANISATIONS AS PART OF AUDIT PROCEDURES AND PROVIDE MY PERMISSION FOR NORFOLK AND SUFFOLK HEALTHCARE 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 / DOCUMENT / 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
- DBS DISCLOSURE APPLICATION FORM (If applicable)
- 2 x ORIGINAL, RECENT PROOFS OF ADDRESS
- HEALTH INFORMATION DETAILS (Occupational health/immunization)
- ORIGINAL COPY OF YOUR DBS 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 happy to help. Please return your completed registration form to us using the contact details below.

Email: info@nshhealthcare.co.uk

Post: Norfolk and Suffolk Healthcare, 111 Derby Road, Ipswich. IP3 8DL