

APPLICATION FORM

Please complete this form answering all questions to the best of your ability. Ensure that you sign and date all sections where this is requested. Failure to comply with these instructions could lead to delays in the application process.

Personal Details :

Title : Dr. Mr. Mrs. Miss Ms

First Name :

Surname :

Previous Name (If Applicable) :

Date Of Birth :

Gender : Male Female

Nationality :

British / EC National : Yes No

Other :

Passport Number :

Permanent Resident Status :

Yes No

Proposed Job :

Marital Status :

Issued at :

Do you hold current driving license? Yes No

Holder of a Work Permit or Visa?

Yes No

National Insurance Number :

Expiry Date :

Grade :

Type :

Speciality / Department :

ADDRESS

Jansel House, Hitchin Road,
Luton, Bedfordshire, LU2 7XH

CONTACT

03333 052 750

EMAIL & WEBSITE

acutedocuments@medicalstaffing.co.uk
www.medicalstaffing.co.uk

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Contact Details :

Home Address :

Post Code :

Daytime Telephone Number :

Evening Telephone Number :

Mobile Telephone Number :

Email :

Preferred Method of Contact :

- Day Phone
- Night Phone
- Mobile
- Email

International Workers :

In addition to completing a DBS check, you will need to provide evidence of a police check or certificate of good standing from your country of origin if you have entered this country within the last 6 months. This police clearance or certificate of good standing must be dated within 3 months of the date of this application form.

Have you undertaken an I.E.L.T.S. check since entering the UK?

Yes No

If yes, please provide evidence by way of an original I.E.L.T.S. Certificate.

Next of kin/ Emergency Contact Detail :

Title :

Dr. Mr. Mrs.
 Miss Ms

Name :

Home Address :

Post Code :

Professional indemnity insurance :

If yes, please provide evidence by way of an original I.E.L.T.S. Certificate.

Name of insurer :

Date of Expiry :

Telephone :

Email :

Relationship :

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Professional body registration :

If yes, please give details in the box below

Professional body (i.e.GMC,NMC) :

Membership number:

Type of Membership (i.e.Provisional,Full) :

Renewal date :

It is the sole responsibility of the candidate to inform Medical Staffing of any warnings, orders, restrictions or any other changes to their licence to practise (failure to do so will result in the immediate termination of any current placement via Medical Staffing).

Appraisal

All candidates

When was your last appraisal carried out and by whom?

Organisation

All candidates must answer the following 2 questions

Failure to do so may lead to the immediate termination of your contract with Medical Staffing.

Are you currently under investigation by your Designated Body (see Revalidation & Appraisal), Professional Body or any other organisation i.e. NHS Trust or Private Practise?

Yes No

Have you ever been under investigation by your Designated Body (see Revalidation & Appraisal), Professional Body or any other organisation i.e. NHS Trust or Private Practise?

Yes No

Date of last appraisal :

Name of appraiser :

Date of next appraisal :

Name of appraiser :

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Referee Details :

Referee : 1

Name :

Telephone :

Email :

Home Address :

Post Code :

Referee : 2

Name :

Telephone :

Email :

Home Address :

Post Code :

Referee : 3

Name :

Telephone :

Email :

Home Address :

Post Code :

Employment history :

Have you provided you're up to date C.V. with this application?

Yes No

Your C.V. must contain a history of the work you have completed covering a minimum of the last ten years or back to education.(a C.V is required as part of the application process).

Education :

Please provide details of your primary professional qualification (evidence will be required in the form of an original certificate)

University / Institution :

Qualification :

Data attained :

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Disclosure & barring checking :

As a healthcare worker you must undergo an enhanced DBS disclosure. (PVG check if in Scotland).

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended 2013).

Yes No

The amendments of the Exceptions Order 1975 (2013) provided that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account when deciding to offer employment. Applicants are not entitled to withhold information about convictions for which purposes are deemed spent but not protected under the provisions of the Act. In the event of employment, any failure to disclose such convictions will result in your removal from the Medical Staffing 'Register'. Any information you may give will remain strictly confidential. Medical Staffing may contact you for permission to disclose such details if relevant to the position you are applying for.

Have you ever been DBS checked :

Yes No

if yes, by whom

Date of your last check

Have you signed up to the online DBS Update service?

Yes No

if yes, please provide certificate number and a copy of the certificate

Do you give permission for Medical Staffing to complete an annual update of your DBS status online?

Yes No

Employment history :

The Working Time Regulations 1998 (WTR) require Medical Staffing to limit your average weekly working time to 48hrs unless you agree with Medical Staffing that the limit shall not apply to you.

Medical Staffing would like to agree with you:

1. The 48 hour limit on average weekly time shall not apply to you.
2. You may terminate the agreement (so that the 48 hour time limit would apply to you) by giving a nominated person at Medical Staffing your 4weeks written notice.
3. Under WTR, Medical Staffing must keep records relating to your working time. This is the case whether or not you reach an agreement with Medical Staffing about opting out of the WTR.

If you are in agreement, please sign below. This document will then be the record of this agreement. Medical Staffing will not subject you to any detrimental treatment if you do not sign or exercise your right to terminate this agreement.

Signature :

Date :

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Declarations

I declare that all the information I have given in this application form is true and is not in any way intended to mislead. I acknowledge that by completing this application I am aware and agree to the disclosure of personal information to Medical Staffing and all affiliated companies. In addition, I agree that Medical Staffing and its affiliates my forward to authorised recipients, and in strictest confidence, confidential details held on file in relation to my application and employment. I agree that if I have given false or misleading information or do not give relevant information or documents, as may be requested, now or in the future that this may result in the termination of an assignment without notice. I duly authorise Medical Staffing or its agents to verify the information I have provided, as required, in the common interest of patient safety. I acknowledge that I have been given a copy of the Terms and Conditions and access to the candidate handbook by Medical Staffing and will abide those terms and conditions. I conform my consent for Medical Staffing to obtain an enhanced disclosure or obtain an updated online DBS update status check annually and further acknowledge that this may involve Medical Staffing conducting Identity checks using a third party (Experian), that Medical Staffing will check the details I supplied against any particulars on any database (public or otherwise) to which they have access. A record of the search will be retained but will not be visible to other parties and will not affect my credit status. I understand and agree to Medical Staffing obtaining relevant employment references for the purposes of being disclosed to clients to aid finding me assignments

Signature :

Date :

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