

## Application Form

### Section 1 Personal details

<b>Title:</b>		<b>Last Name:</b>	
<b>First Names:</b>			

<b>Address:</b>	

<b>Postcode:</b>	
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<b>Home Telephone Number:</b>	
<b>Mobile Telephone Number:</b>	

<b>E-mail address:</b>	
<b>Gender:</b>	Male / Female
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Nationality</b>	
<b>NI Number</b>	

<b>Are you eligible to work in the UK?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Do you hold a full UK driving license and have access to a car?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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### Section 2 Emergency Contact / Next of Kin

<b>Name of Next of Kin</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Relationship</b>	

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### Section 3 Medical Details

GP Name:	
Address:	
Post Code:	
Telephone:	

Do you have any physical disability or health concern that may affect your ability to carry out assignments at work? Yes  No

If yes, please give details (continue on a separate piece of paper if necessary)

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Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? Yes  No

Are you prepared to undergo medical examination? Yes  No

I understand that my GP may be contacted in regards to my application and in case of a medical emergency

Your Name..... Signature.....

Date.....

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### Section 4 Fitness to Practice

RGN  RCN  RMN  RM  RNLD  ODP  THEATRE  HCA

Other (Please specify): .....

NMC or HPC Number.....Expiry Date.....

Which part of NMC register are you entered? .....

Other Professional Body Registration Number.....

Expiry Date.....

Union Name and Number.....

Expiry Date.....

#### PROFESSIONAL REGISTRATION AGREEMENT

You are expected to adhere to the NMC / HPC code of conduct and drug administration guidance. Are you fully aware of these and agree that you will apply them at all times during your employment? Yes  No

If you are applying for a post that requires professional registration, you are required to provide the following information:

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country? Yes  No

Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country? Yes  No

Please provide details of any conditions / restrictions you may have below:

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.....  
.....

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### Section 5 Education and training

School / College	From	To	Qualifications – Including dates and grades

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### Section 6 Employment Record

Please tell us about the jobs you have had in the past ten years starting with your present, or most recent, job first. If there are gaps in employment please tell us why e.g. unemployment, bringing up family etc

Name and Address of Employer	From	To	Job Title/Job Function/ Responsibilities:	Reason for Leaving

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### Section 7 Further Information

Please use this space to tell us about any other information that you feel will help your application, including any other skills you may have. Please feel free to continue on a separate sheet of paper if required.

## Section 8 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. We will not contact your employer before an interview, but we will contact them before appointment.

Reference 1		Reference 2					
Name:	<input type="text"/>	Name:	<input type="text"/>				
Their Position (job title):	<input type="text"/>	Their Position (job title):	<input type="text"/>				
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>				
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>				
Dates Employed:	<table border="1"> <tr> <td>From:</td> <td>To:</td> </tr> </table>	From:	To:	Dates Employed:	<table border="1"> <tr> <td>From:</td> <td>To:</td> </tr> </table>	From:	To:
From:	To:						
From:	To:						
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Postcode	<input type="text"/>	Postcode	<input type="text"/>				
Telephone N <sup>o</sup> :	<input type="text"/>	Telephone N <sup>o</sup> :	<input type="text"/>				
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>				

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### WORKING TIME REGULATIONS 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. You are under no obligation to accept any work offered, and you will not be compelled to work more than 48 hours per week, however you may choose to do so. A full explanation of the Working Times Regulations 1998 can be found in your Staff Handbook. Please tick the appropriate box.

I do NOT wish to work more than 48 hours per week

I DO wish to work more than 48 hours per week

### Declaration of Convictions / Disclosure of Information

Successful applicants will be asked to provide disclosure information as required under section 113 of the Police Act 1997.

Disclosure information will not be used unfairly and a criminal record will not necessarily be a bar to obtaining the position applied for.

No offer of employment will be withdrawn without discussion with the applicant.

Note that false declarations may be reported to the police.

### EQUAL OPPORTUNITIES

We are committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, equally irrespective of sex, sexual orientation, marital status, age disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy. MCare24 Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. The agency will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.



## Section 8      Declarations

### HANDBOOK DECLARATION

I have read a copy of the **Agency Worker Handbook** which outlines the goals, policies, benefits and expectations of MCare24 Limited and its Clients, as well as my responsibilities as an Agency Worker. I have familiarised myself with the contents of this handbook.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Agency Worker Handbook provided to me by MCare24 Limited.

**Print Name:**

**Signature:**

**Date:**

### TERMS AND CONDITIONS

I confirm that the information provided in this application form is truthful and accurate. I have omitted no facts that could affect my employment. I consent to my personal data and employment and educational history being forwarded to clients.

I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

**Signed :**

**Date:**

#### Data Protection Information

The information which you have supplied on this form will be processed and may be held on computer, and will be held on your personal records file if you are appointed.

The information will also be used for equality monitoring and statistical purposes. By signing this application, you will be deemed to have given your consent to this, including information which may be considered to be sensitive and personal.