



APPLICATION FORM

WORKER NAME: _____

Personal Information

(Please complete as appropriate in block capitals)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Surname

Forenames (as appear on professional register)

Date of birth Male ☐ Female ☐

Address

.....

.....

Postcode Country

Home Tel No Mobile No

Email address National Insurance No

Next of Kin

Name Relationship

Contact Tel No. Country

Work Requirements

Nationality

Do you hold a British or EU passport? Yes ☐ No ☐

If you do not hold a British/EU passport, do you hold any of the following ? Please circle your selection.

Spouse ☐ Ancestry ☐ Residency ☐ Working Holiday/Youth Mobility (Tier 5) ☐

Student (Tier 4) ☐ Work Permit/Sponsorship (Tier 2) ☐

Other (please specify)

Please tell us the expiry date of this visa:

Do you require?

Flexible agency work ☐ Short term contract ☐ Long term contract (12mths +) ☐

Full time hours ☐ Part time hours ☐ Ad hoc shifts ☐ Permanent role ☐

When are you available to start work?

Where would you prefer to work? (town/city/county/country)

Which clinical area/specialty do you wish to work in?

ITU ☐ A&E ☐ Paediatrics ☐ Theatres ☐ Mental Health ☐ Medical ☐ Surgical ☐

Midwifery ☐ Community ☐ Other (please specify):

Professional Nursing & Midwifery Registrations

Professional Body	Registration No.	Expiry Date	Date of Application	Application No.

Current & Previous Employment

Please list most recent employer and provide us with 10 years of history, accounting for any gaps in employment of over one month. If necessary to do so, please continue on a separate sheet.

Name and Address of Hospital/Employer	Position, Grade & Specialty	From (Month/Year)	To (Month to Year)

Professional Indemnity Insurance

1st Med Ltd strongly advises you to have your own Professional Indemnity insurance.

Do you already have this in place? Yes ☐ No ☐

If no, we strongly advise that you contact a suitable organisation to arrange the relevant cover.

Professional Qualifications and Training

Qualification	Obtained Where	Month/Year From:	Month/Year To:

Date of last Basic Life Support training:

Date of last Moving and Handling training:

Date of last Health and Safety training:

Please provide documentary evidence of all of the above; all certificates will be verified.

Professional Referees

Please give the names and contact details of 2 professional referees from your current/previous employment (covering at least 3 years). Referees must have worked in a senior position to yourself. Please be aware that 1st Med Ltd are unable to offer you work until satisfactory references have been obtained, and 1st Med Ltd are required to obtain references for you on an annual basis.

Professional Referees

Organisation	Organisation
Dates Employed	Dates Employed
Referee Name	Referee Name
Professional Title	Professional Title
Professional Work Address	Professional Work Address
Telephone	Telephone
Email	Email

Declarations

The work you have applied for is exempt from the Rehabilitations of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed. You are not entitled to withhold information about convictions, which for other purposes may be considered spent. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining work with 1st Med Ltd. Please tick:

- a) Have you ever been convicted by the courts or cautioned, reprimanded or given a warning by the Police? (Including countries outside the UK) Yes No
- b) Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? (Including countries outside the UK) Yes No
- c) Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held. Yes No

If you have answered yes to any of the above, please give details below:

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Please note that if at any stage whilst working for 1st Med Ltd we receive a CRB Enhanced Disclosure that highlights information you have not declared, you will be removed from your assignment.

Declarations

1. I understand that if I am charged or cautioned after signing this declaration, I must inform 1st Med Ltd.
2. Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct?
Yes No
3. I acknowledge that I have been given a copy of the Staff Terms and Conditions issued by 1st Med Ltd, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them.
4. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Questionnaire.
5. I declare that the information given here in is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, that 1st Med Ltd may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to 1st Med Ltd.
6. I acknowledge and confirm that 1st Med Ltd is authorised to apply for and obtain a Criminal Records Check and references from any previous employers and educational establishments.
7. I acknowledge that my personal details will be stored and handled correctly by 1st Med Ltd in accordance with the Data Protection Act 1998 and I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents CRB, Occupational Health, References).
8. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform 1st Med Ltd.
9. I understand that if I am a student I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform 1st Med Ltd.
10. I acknowledge that 1st Med Ltd will be required to release or provide information contained within my file to third parties for the purpose of Occupational Health, Audit & Placement.
11. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work in my profession, I must inform 1st Med Ltd immediately.
12. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (eg. NMC/HPC) or being investigated by my current or previous employer. I will inform 1st Med Ltd if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for 1st Med Ltd.
13. I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.
14. I acknowledge that should I reach the 12 week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if 1st Med Ltd deem it necessary.
15. I give my permission for 1st Med Ltd to run a Right to Work check with the Home Office.

Signed:

Date:

Bank & Payment Details

SECTION 1 PAYE Scheme

Name of Bank

Address of Bank

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Account in the Name of

Sort Code

Account Number

SECTION 2 Limited Company or Umbrella Company

If you are working through a Limited Company you will need to submit invoices with each timesheet before payment will be processed.

Name of Company:

Company Registration Number:

(Please provide a certificate of Incorporation)

Company Bank Account

Account Number

Sort Code