Application Form - Nurse

About You, Your Work

Please write clearly in BLOCK CAPITALS using black ink

About You							
Surname			Title (Mr/Mrs/Miss/Ms)				
First Name(s)					Male		Female
Marital status			Date of Birth				
National Insurance No							
Current Address							
Post Code							
Mobile Phone			Home Phone				
E-mail							
Do you drive	YES	NO	How do you usually travel to work				

Next of kin			
Name of Next of Kin		Relationship	
Phone Number			
Your Signature		Date	

About your work								
Job Title								
Speciality 1		Speciality 2			Speciality 3			
Current Place of Work		Full Time		Part-Time		Days		Nights

Your Training, Qualifications, Appraisals and References

Please enclose, with your application a copy of your registration and membership card

Nurses	NMC Number		RCN Number		Band	
ODPS	HPC Number		This does not apply to HCA's			

Mandatory training

Please tick if you have completed the following training within the last 12 months
Please enclose copies of your training certificates

Moving and Handling		Basic Life Support		Intermediate Life Support		Advanced Life Support	
Complaints Handling		Handling Violence and Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Equality & Inclusion		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis')	
Resuscitation of the Newborn (Midwifery)		Interpretation of Cardiotocograph Traces (Midwifery)		Practical			

Appraisals
In order to work in the NHS you will need to be appraised annually by a Senior Practitioner of the same discipline, this person will become your "appraiser" Please give details below of the Senior Practitioner who you have made arrangements with to act as your appraiser.

Please give the date of your last appraisal			
Name of Appraiser		Position and Grade of Appraiser	
Branch Address			
Post Code			
Phone Number		E-mail	

References
Please supply us with two professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.

1. Name		Position			
Work Address					
Post Code					
Work E-mail		Tel		Fax	
2. Name		Position			
Work Address					
Post Code					
Work E-mail		Tel		Fax	

Your Work History

Please ensure you complete this section even if you have a CV. The NHS states that "Employment history should be recorded on an Application Form which is signed" Please ensure that you leave no gaps unaccounted for and it covers full work history including your education. Please use extra paper if required.

Full work history including your education
Dates to and from are shown in a mm/yy format
Dates are continual with NO gaps
Where there have been gaps in work history please state the reason for the gaps
Lists all relevant training undertaken

From		To		Employer	
Title of Post				Grade	
From		To		Employer	
Title of Post				Grade	
From		To		Employer	
Title of Post				Grade	
From		To		Employer	
Title of Post				Grade	

Your Declarations

1. Working time regulations
For the purposes of the Working Time Regulations 1998 (as amended) I, consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving Reconnect Care Agency Limited not less than three months' notice at any time.

Signed		Print Name		Date	

In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.

Signed		Print Name		Date	

2. Personal Declaration
I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.
I understand that providing false or inaccurate information may result in the termination of any placement.
I agree that I will make best endeavours to make myself aware of the Health & Safety procedures for each client I am assigned to.
I confirm that I have read and understood the Terms of Engagement and the terms of the declaration and agree to be bound by them.

3. Confidentiality
I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the Client or the Company (Reconnect Care Agency Limited) or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement with the Company (Reconnect Care Agency Limited) under the Terms of Engagement.

4. Rehabilitation of Offenders Act 1974 – Please Answer All Five Questions
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) (Exceptions) Order 1975 apply. Applicants are therefore required to give information about convictions which for other purposes 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.

1	Do you have any convictions, cautions or bind overs? If yes please give details...	Yes	No
2	Have you ever had disciplinary action taken against you? If yes please give details...	Yes	No
3	Do you agree for Reconnect Care Agency Limited to check the status of your DBS by performing an online check at any time during your employment? (for candidate registered on the update service only)	Yes	No
4	Do you consent to Reconnect Care Agency Limited requesting a police (DBS) or any appropriate references on your behalf?	Yes	No
5	Are you at present the subject of criminal charges or disciplinary action? If yes please give details...	Yes	No

5. Right To Work in the Uk
Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an overseas national or require a work permit to work in the UK please include copies of supporting documentation.

Your entitlement for working in the UK is based upon what status:

British Citizen		Spouse of an EU Citizen		Work Permit	
EU or EEA Citizen		Right of Abode in the UK		Admitted to UK as Doctor Prior to 1985	
Others		Please Specify			

6. Health and Safety
Each agency worker has a responsibility at the start of their first shift to become familiar with the Client's general policies including, without limitation, those relating to Crash Call Procedures, the Hot Spot Mechanism for alerting security sta that an individual is in trouble, Fire Policy and the Violent Episode Policy.

7. I.D. And Indemnity Verification
NB Nurses & ODP's only: Please tick this box to confirm you hold your own indemnity insurance.

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All Nurses need to have in place an indemnity arrangement as a mandatory requirement of the NMC Code.
It is the professional responsibility of each nurse and midwife to ensure that they have cover which is appropriate to their role and scope of practice and its risks. It is your sole responsibility to ensure that indemnity insurance does not expire.
The cover that they have in place should be relevant to the risks involved in their practice so that it is reasonably sufficient in the event that a claim is

successfully made against them. I give consent for Reconnect Care Agency Limited to use an identification document scanner required for NHS frameworks.

Registration Form Declaration

Please Read Before Signing
I declare that by signing this form I am agreeing to declarations 2-7. I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without the relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I agree that Reconnect Care Agency Limited retains the right to hold this registration form and any other data required to process it and pass onto any authorised third party and the details held within. I also agree to use all reasonable efforts to assist to comply with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

In addition, I confirm that all the information provided is true and accurate and that I have received and agree to Reconnect Care Agency Limited Recruitment terms of engagement and Sta Handbook.

Signed		Print Name		Date	

You will be requested to update your details annually

Your Registration Checklist

To complete your registration you will be required to provide the following documentation

	Completed Registration Form – signed in all requested areas
	CV – E-mailed in word format – Your CV must cover full work history from education
	Your Right to Work in the UK as well as your passport and forms of I.D - **We require to see the originals of these documents.** (Posted originals will be returned the same day received by recorded delivery).
	Birth Certificate and Driving License
	HPC or NMC Entry Certificate and up to date renewal card
	Copy of your most recent DBS – less than 1-year-old
	Training Qualifications – Diploma/Degree/NVQ – Any other training Certificates
	Mandatory Training Certificates > 1 Year • Manual Handling • Basic Life Support, Paediatrics need Paeds Life support and Midwives New Born Life Support • Data Protection, Complaints Handling, COSHH, Fire, Infection Control, Lone worker, Riddor, Violence and Aggression, Health & Safety, 'Quality, Diversion & Inclusion', Safe Guarding Children & Young People Level 2 minimum (if you need to update these please let us know and we will arrange this for you) • Mental Health Nurses will need Restraint Training
	2x Passport Size Photos
	Proof of National Insurance Number
	2x Reference forms Please ask 2 senior members of staff to complete the reference forms and return them to us. This is to speed up your application. If we apply for them ourselves we often struggle to get them returned and it delays the process. We are happy to apply for them if it is not possible for you to get them. Please ensure they include verification. We will contact the referee to verify once they have been received. All references will be verified by a member of the compliance team, via phone or e-mail

If you do not want to be paid as an employee and instead you want us to be paid as a limited company, please ensure you send us:

- Certificate of Incorporation
- Evidence of limited bank details and company name ie bank statement or blank cheque
- VAT Certificate
- Signed Self Billing Form (enclosed)

Thank you for completing your registration form

✔ Book an appointment to register in the office, as long as you bring all your documents we will pay your travel

✔ Get yourself compliant within two weeks and we will give you a FREE uniform. We run a daily payroll service.

✔ Do you know if you refer your friends we will pay you £100 per person? Many of our candidates are earning 100's through referrals every month, why not start today?

Referral 1. Name		Telephone Number	
Referral 2. Name		Telephone Number	
Referral 3. Name		Telephone Number	
Referral 4. Name		Telephone Number	
Referral 5. Name		Telephone Number	

We agree to refund your travel costs to the office, you must provide a receipt, this is on the condition that you bring all the requested documentation with you on the day. You must be fully compliant within two weeks of receiving your registration pack. We will pay you £100 for every nurse you refer, they must complete 100 hours to receive payment and must be new referrals that are not already held in our database.