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-		Days		Nights	

				Time					

Your Payment Details					
Name of Bank/Building Society					
Account Name		Personal		LTD	
Branch Address & Post Code					
Account No		Sort Code			

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 DBS status and Uniform

Please send a copy of your most recent DBS Disclosure (formally known as CRB)

Current DBS Disclosure (formally known as CRB)	Yes	No		Yes	No	
Issue Date				Disclosure Number		
Is this certificate registered with the update service	Yes	No				

All applications who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. Vital Life Healthcare Group Ltd will cover the cost of any Mandatory Training updates however

cancellations outside of 48 hours and late attendances will be charged to the candidate.
Candidates will be required to purchase uniform if required at the cost of £20 this will be deducted from your timesheet once you have started working through us. Please fill in the box below stating your uniform size and quantity.

Uniform sizes

Female	8	10	12	14	16	18	20	22	24	26	28
Nurse											
HCA/CH											
Midwife											

Male	38	40	42	44	46	48	50
Nurse							
HCA/CH							
Midwife							

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 Vital Life Healthcare Group Ltd 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. Health Declaration

All applicants must complete the enclosed health questionnaire to enable us to establish your fitness for work. We would ask all OVERSEAS candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health Doctors to establish your fitness for work. Please sign the declaration below to allow Vital Life Healthcare Group Ltd to release your information for inspection.

I (name)_____

consent to Vital Life Healthcare Group Ltd. Recruitment releasing my health and immunisation records for review to Vital Life Healthcare Group Ltd qualified Occupational Health Advisor.
I understand that based on this review I may be required to undergo a medical examination to establish my fitness for work. I confirm that I will immediately inform Vital Life Healthcare Group Ltd. Recruitment in confidence if I am HIV Positive, HepB positive or if I have AIDS in accordance with the Department of Health guidelines.
I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform Vital Life Healthcare Group Ltd. Recruitment should my general condition of health change. I will inform Day Vital Life Healthcare Group Ltd. Recruitment immediately if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to Vital Life Healthcare Group Ltd. obtaining further information regarding my health from my GP or Occupational Health Department.

3. 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.

4. 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 (Vital Life Healthcare Group Ltd) 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 (Vital Life Healthcare Group Ltd) under the Terms of Engagement.

5. 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 Vital Life Healthcare Group Ltd 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 Vital Life Healthcare Group Ltd 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

6. 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			

7. 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.

8. I.D. And Indemnity Verification

NB Nurses & ODP's only: Please tick this box to confirm you hold your own indemnity insurance.

☐

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 Vital Life Healthcare Group Ltd 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 2-8. 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 Vital Life Healthcare Group Ltd 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 Vital Life Healthcare Group Ltd Recruitment terms of engagement and Sta Handbook.

Signed		Print Name		Date	

You will be requested to update your details annually

New Employee Medical Questionnaire

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician.

Personal Information

Title	Surname	First names	DOB

Home Tel		Work Tel		Mobile	
Home Address		GP Address			

Medical History

All staff groups complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work		
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work		
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates		
Do you think you may need any adjustments or assistance to help you to do the job		

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)		Yes	No
Have you lived continuously in the UK for the last 5 years			
If you answered no above, please list all of the countries that you have lived in over the last 5 years			
Have you had a BCG vaccination in relation to Tuberculosis			
If you answered yes please state when	Date		
Do you have any of the following			

A cough which has lasted for more than 3 weeks		
Unexplained weight loss		
Unexplained fever		
Have you had tuberculosis (TB) or been in recent contact with open TB		

Additional Information
(If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles

	Yes	No	Date
Have you ever had chickenpox or shingles			

Immunisation History

Have you had any of the following immunisations	Yes	No	Date
Triple vaccination as a child (Diptheria / Tetanus / Whooping cough)			
Polio			
Tetanus			
Hepatitis B (If Yes is ticked please give dates below)			

Course	1		2		3	
Course	1		2		3	

Proof of immunity (please send the following)

Varicella	You must provide a written statement to confirm that you have had chickenpox or shingles however we strongly advise that you provide serology test result showing varicella immunity

Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of “two” MMR vaccinations or proof of a positive antibody for Rubella Measles & Mumps
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

Proof of Immunity (Please send the following) EPP Candidates Only

Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Exposure Prone Procedures

	Yes	No
Will your role involve Exposure Prone Procedures		

Declaration
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Healthier Business UK Ltd to make recommendations to my employer.

Signed		Print Name		Date	

Your Registration Checklist

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

☐	Completed Registration Form – signed in all requested areas
☐	Completed Health Questionnaire – signed
☐	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
☐	Immunisations • Hep B • Varicella • Evidence of BCG – OR completed TB form, or confirmation on Letter Head paper, including your details and the GMC NMC number of the practitioner confirming the scar • Measles • Rubella
☐	EPP Candidates (IVS = identification was shown at time of blood test)

	• Hep B Surface Antigen (IVS) • Hep C (IVS) • HIV (IVS)
	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 To be paid through a Limited Company please ensure you send • 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.