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Pertemps Medical Professionals – Registration Form

Personal Details:

Personal Details

Forename:	Surname:
Title:	Date of Birth:
Nationality:	Gender:
National Insurance No.	Please Tick: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/>
Job Grade/Band:	NMC/HCPC/GPHC

Current Address Details

Address:	
Home Tel:	Pager No:
Mobile:	Other No:
Work Tel:	Email:

Next of Kin/Emergency Contact

Name:	Relationship:
Home Tel:	Mobile Tel:
Address:	

Surname at Birth:

Have you used any other name(s):

If Yes, From : To:

Nationality at Birth (if different from now) :

Equal opportunities

Pertemps Medical Professionals 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 sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, 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.

Pertemps Medical Professionals 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. Pertemps Medical Professionals 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.

Further Education/ Professional Qualifications

Qualification	College/University	From	To

List all professional qualifications held and training courses undertaken Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide photocopies of all certificates. (For convenience, and where appropriate, please state "please see CV".)

Working Time Regulations

In line with Government legislation under the terms of "Working Time Regulations" we recommend that your working hours should not exceed 48 hours per week (average over a 17 week period).

Should you wish to waive this right, please confirm below:

I confirm that I would like to opt out of the 48hr working time directive: **YES** **NO**

Sign: _____ Date: _____

Right to work details

Asylum and immigration act 1998

Section 8 of the Act makes it a criminal offence for employers to engage an individual who does not have permission to work within the U.K. Any offer of employment may be subject to you providing evidence of your right to work within the U.K. e.g. National Insurance number, passport or travel document endorsed to permit working in the U.K.

Passport:	Location Issued:	Expiry Date:
Right to Work (please state your right to work:		
Visa:	Type:	Expiry Date:

Pension Details (Effective June 2016)

Pertemps Medical Professionals are not solely responsible for your Workplace Pension. If you are a PAYE worker please indicate if you wish to Opt in or Opt Out of the pension scheme **Opt In/Opt Out (delete as applicable)**

If you have your own Limited Company it is your responsibility to have your own pension.

If you work via an Umbrella Company it is their responsibility to have a pension scheme for you. Contact them for details about Opting In or Out and for further information.

DBS Information

Enhanced DBS: Yes No	Current DBS No:	Expiry Date:
		Is this document Portable Y/N

Declaration of Criminal Record and Professional Conduct

Criminal Convictions (please circle clearly as appropriate)

Do you have any unspent* criminal convictions? Yes/No

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Pertemps Medical Professionals the offence is relevant to the post to which you are applying. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

A criminal record will not necessarily be a bar to obtaining a position. Disclosure information will not be used unfairly.

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations?	Yes	No
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If Yes, please provide details below including date, offence and authority/country which dealt the offence:

Do you have a current Enhanced Criminal Record Bureau (DBS) Disclosure Certificate?	Yes	No
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If yes, please forward the original certificate with this application form. Please note that we will be unable to confirm you for an assignment without this certificate.

I consent to Pertemps Medical Professionals applying for an Enhanced DBS. I also give permission for Pertemps Medical Professionals to continually perform online verification checks (and record them on their database) if I have made the DBS document portable

Signed :

Date:

Rehabilitation of Offenders

Convictions will not necessarily be a bar to obtaining a post. However because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 42 of the Rehabilitation of Offenders Act 1974. Applicants must declare information about convictions, cautions, reprimands and final warnings, for which other purposes are “spent” under the provisions of the Act.

	YES	NO
Have you ever been convicted, cautioned, reprimanded or given a final warning for a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting to hear about any pending prosecutions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your stability for this post?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subject of a disciplinary investigation or proceedings by a previous employer?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above please supply a written statement

Signature

.....Date.....

Employment History

Please list the last 10 years of your employment, starting with your most recent / current employer. Please explain any gaps in your employment (over 3 months) in the space provided. Please continue on a separate sheet if necessary. If you have a current CV please detail the last two years only and submit with CV.

Employer and Tel No:	Position Held:	From (Month/Year)	To (Month/Year)

Other information:

Transport

Do you hold a valid UK Driving Licence	Yes/No
Do you have the use of a car for business purposes:	Yes/No

Occupational Health

Please confirm you have had the following immunisations and provide recent serology reports:

HEP B	Date: _____
HEP C	Date: _____
BCG	Date: _____
Rubella, Measles	Date: _____
Varicella	Date: _____
HIV	Date: _____

References

Professional Referees

Please supply two recent professional referees from your current/last substantive post. If this is not possible, please contact us to discuss suitable alternatives.

Name:	Title:
Place of Work:	
Address:	
Tele No:	Capacity Known:
E Mail Address:	

Name:	Title:
Place of Work:	
Address:	
Tele No:	Capacity Known:
E Mail Address:	

Can we contact your referees immediately?	Yes	No
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Payroll Information

Limited Company	Name of Limited Company:
PAYE	P45 or P46 (Please Provide)
Umbrella Company	Name of Umbrella Company:

Health & Disability

The following questions on Health and Disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability which may make it difficult for you to carry out functions which are essential for the role you seek. Yes/No

<p>If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc?</p> <p>Please specify:</p>
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Confidentiality

Any patient information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation. Please take care with patient records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals. Patients'/clients' information should only normally be shared with their consent – you should make sure patients/clients understand that their information may be shared with various members of the team providing care. It is a patient's/client's decision what information should be shared with their family or others. Where a patient/client is considered incapable of giving consent, please consult relevant colleagues. Where a patient/client has withheld consent, disclosures of information may only be made if:

- They can be justified in the public interest (normally where the disclosure is essential to protect the patient/client or someone else from risk of significant harm).
- They are required by law or court order

You should act in accordance with local and national policies if there is an issue of child protection.

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Pertemps Medical Professionals to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Declaration

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. I consent to my information being made available for the purpose of audit to third parties.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Pertemps Medical Professionals will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I will inform Pertemps Medical Professionals immediately of any circumstances that may affect my work, such as changes to health, subsequent pending prosecutions or convictions, which may arise whilst I am registered for permanent or temporary work. I understand that Pertemps Medical Professionals has the right to request a Criminal Records Bureau Disclosure and/or credit check where they consider it necessary and that any details from this, or any other police checks provided, may be forwarded to a potential employer.

I give permission for Pertemps Medical Professionals to contact a third party for information needed for my file (i.e. Qualification Verification, Training Certificates, Immunisation reports and other documents that require verifying)

Name:

Signature:

Date:

ADDRESS HISTORY

Please supply your address history for the past five years.

Address:

Date From:

Date To:

Address:

Date From:

Date To:

Address:

Date From:

Date To:

Address:

Date From:

Date To:

Address:

Date From:

Date To: