

REGISTRATION FORM

Title *

Mr.

Mrs.

Miss

Mx

Other

Names

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Please enter a valid phone number.

Email

example@example.com

Date Of Birth

Year

Gender

Male

Female

Month Day

National Insurance number:

Vacancy Applied for:

Do you hold a current full UK Driving Licence:

YES

NO

Driving Licence ID:

License Expiry:

Please provide details of any endorsements if applicable:

Emergency Contact - Next of Kin

Name

First Name

Last Name

Phone Number

Please enter a valid phone number.

Email

example@example.com

Relationship to you

Professional Registration

NMC Pin Number:

Right to Work

Please indicate which type of passport you currently hold :

British

EU (European Union)

No Passport

Other

Passport No:

Expiry Date:

Professional Conduct

Have there been/are there any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed:

YES

NO

Declaration of Criminal Record

Due to 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 applies. 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.

Do you have any convictions, cautions or reprimands that are not "protected" as defined by the Rehabilitations of Offenders Act (amended 2013):

YES

NO

Do you have any current UNSPENT police cautions, reprimands or final warnings in the United Kingdom or in any other country:

YES

NO

Do you consent to A3 Care Limited requesting a police check and any appropriate references of your behalf:

YES

NO

Have you ever had an Enhanced Disclosure and Barring Service (DBS) check (formerly Criminal Records Bureau check or CRB) :

YES

NO

Disclosure Number:

Issue Date:

Number:

Is this Certificate registered with the DBS Update Service:

YES

NO

Please Consent if you are happy for us to check your DBS on the Update Service :

Work History and Professional References

Please supply A3 Care Limited with a full and up to date copy of your CV. Please note that any gaps in your outlined work history must be clearly accounted for. CV: ☒

Please provide the names and contact details of a minimum of 2 professional referees from your current and most recent employment. These must cover the last 5 years of employment/ education. If you have only had 1 employer within the last 5 years, you must give the details of 2 referees within that organisation. Referees must have worked in a more senior position to yourself. A3 Care Limited will be unable to continue with your registration or offer any work until satisfactory references have been received. Please note that A3 Care Limited is required to seek references on an annual basis. Please complete the below fields on a per referee basis, ie. do not add multiple referees on the same request. Please click the Add Further Reference/Referee button to add separate referee details.

Name of Employer *:

First Name

Last Name

Name of Department:

Dates employed from:

Dates employed to :

Name of Referee:

Your Job Title:

Referee Job Title:

Referee Professional Email Address:

Referee Contact No / Switchboard No.:

Please enter a valid phone number.

Address

City

State / Province

Postal / Zip Code

Country

Name of Employer *:

First Name

Last Name

Name of Department:

Dates employed from:

Dates employed to :

Name of Referee:

Your Job Title:

Referee Job Title:

Referee Professional Email Address:

Referee Contact No / Switchboard No.:

Please enter a valid phone number.

Address

City

State / Province

Postal / Zip Code

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Name of Employer *:

First Name

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Name of Department:

Dates employed from:

Dates employed to :

Name of Referee:

Your Job Title:

Referee Job Title:

Referee Professional Email Address:

Referee Contact No / Switchboard No.:

Please enter a valid phone number.

Address

City

State / Province

Postal / Zip Code

Country

Declarations

A3 Care Limited will only collect data for specified explicit and legitimate use in relation to the recruitment process. By signing this application form, you consent to A3 Care Limited holding the information contained within this application form. If successfully shortlisted, data will also include shortlisting scoring and interview records. We would like to keep this data until the vacancy is filled. (We cannot estimate the exact time period, but we will consider this period over when a candidate accepts our job offer for the position for which we are considering you). When that period is over, we will either delete your data or inform you that we would like to keep it in our database for future roles. We have privacy policies that you can request for further information. Please be assured that your data will be securely stored and only used for the purposes of recruiting for this vacant post. You have a right for your data to be forgotten, to rectify or access data, to restrict processing, to withdraw consent and to be kept informed about the processing of your data. If you would like to discuss this further or withdraw your consent at any time, please contact the office

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 A3 Care Limited, or any of its respective clients, or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement and / or engagement with A3 Care Limited.

I AGREE

Data Protection

I agree that A3 Care Limited retains the right to hold this registration and any other data required

to process it and pass on to any authorised third party and the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

I AGREE

Health and Safety

Each staff worker has a responsibility at the start of the first shift to become familiar with the Client's Care Plans and Risk Assessments, including the Emergency Procedures and escalation points including the out of hours service.

I AGREE

Health Declarations

All applicants must complete a 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 partner to establish your fitness for work. Please sign the declaration below to allow A3 Care Limited to release your information for inspection. I consent to A3 Care Limited releasing my health and immunisation records for review to a Qualified Occupational Health Adviser. 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 A3 Care Limited in confidence if I am HIV Positive, Hepatitis B 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 A3 Care Limited should my general condition of health change. I will inform A3 Care Limited 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 A3 Care Limited obtaining further information regarding my health from my GP or Occupational Health Department

I AGREE

Hepatitis B

I have been advised at registration, the importance of having the Hepatitis B vaccine. I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity. I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

I AGREE

Working Time Regulations

For the purposes of the Working Time Regulations 1988 (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 from this consent by giving A3 Care Limited not less than three months notice at any time. In addition, also consent to work in excess of the maximum number of hours permitted to work under the directive. Please note you are under no obligation to sign either declaration.

I CONSENT

I DO NOT CONSENT

Name *

First Name

Last Name

Date

Month Day

Year

Working Time Regulations

Personal Declarations

I confirm that the information given in this registration is, to the best of my knowledge, true and that an attempt to gain placement by deception is a criminal offence.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and an Enhanced Disclosure from the Disclosure and Barring Service (DBS). I give my permission for A3 Care Limited to carry out a status check using the Update Service on my DBS Certificate and may be asked to provide a written statement regarding any information revealed on my DBS Certificate.

I undertake to inform A3 Care Limited immediately should I be convicted of an offence in the future and will reveal ALL information contained in any Enhance Disclosure or police check.

I undertake to inform A3 Care Limited immediately, if by virtue of their introduction, I receive an offer of permanent employment following a temporary assignment.

I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

I am clear that A3 Care Limited cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary nurses contained within the Agency Workers Staff Handbook. Made available in hard copy or online as discussed.

I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose. I agree that my personal details including my DBS Enhanced Disclosure may be viewed by third party auditors and potential employers.

I give permission for the processing of the personal data contained in this form for employment purposes. I have no registrations body / any investigations existing or pending

I AGREE

Registration Form Declaration

I declare that by signing this form, 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 confirm that I possess valid documentation to prove my right to work in the UK. I also acknowledge that if it is found that I am working without relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities. In addition, I confirm that all the information provided is true and accurate and that I received and agree to A3 Care Limited Terms of Engagement and Agency Workers Staff Handbook.

I can confirm that I have read and have fully understood all sections of this Registration Form.

Date

Month Day Year

Name

First Name Last Name

