

PERSONAL DETAILS				
Forename:		Other name:		Title:
Surname:		Previous surname:		
QUALIFICATION/S: RGN <input type="checkbox"/> RMN <input type="checkbox"/> RNLD <input type="checkbox"/> ODP <input type="checkbox"/> SUPPORT WORKER <input type="checkbox"/> CARE ASSISTANT <input type="checkbox"/> MIDWIFE - Practising Yes <input type="checkbox"/> No <input type="checkbox"/> OTHER (Please specify)				
Type of work required: Ad Hoc <input type="checkbox"/> Locum <input type="checkbox"/> Permanent position <input type="checkbox"/> (please email a copy of your up-to-date CV).				
Current address line 1:				
Address line 2:				
Town/City:		County:		Post Code:
Tel No:		Mobile No:		
Email address:				
Languages spoken:		Professional Reg. No:		Expiry date:
Do you have professional indemnity insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes details e.g. RCN/AODP /MDU/other (please specify) Expiry date:				
Nationality:		Passport No.		Visa type: Work visa expiry date:
Date of Birth:		NI Number:		
Car Driver Yes <input type="checkbox"/> No <input type="checkbox"/>		Use of a car Yes <input type="checkbox"/> No <input type="checkbox"/>		
Next of Kin:			Relationship to you:	
Address (including postcode)			Emergency telephone number (mobile number if possible):	
TRAINING and COURSES (since leaving secondary education) NB: mandatory courses such as Moving and Handling should be listed on your competency check list and not here.				
Name of Course	Name and Address of School/College / University	From	To	Qualifications gained

EMPLOYMENT/EDUCATION HISTORY

Please state your full work/education history (UK and overseas) for the past 10 years below including reasons for leaving (please include all non care/nursing positions both in the UK and abroad). Please explain any gaps in employment.

Please start from present or most recent employment and continue on another sheet if required.

Employer and address	Official Job Title	Type of Organisation	From Month/Year	To Month/Year	Reason for leaving/ Reason for gap in employment

PROFESSIONAL REFERENCES

Please give the names and work addresses of your direct line manager at your current and/or most recent employment. If the organisation has a Human Resources Dept or Personnel Dept please give details. These references must cover the last 3 years. Some clients with whom you may wish to work require 5 years references; you will be informed prior to booking if this is the case.

1st Referee name (please print full name):		2nd Referee name (please print full name):	
May we approach the above prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we approach the above prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referee job title:		Referee job title:	
Hospital/home/establishment name:		Hospital/home/establishment name:	
Referee work address:		Referee work address:	
Post code:		Post code:	
Tel No:	Fax No:	Tel No:	Fax No.
Referee work email:		Referee work email:	
Dates you were employed by this person: From: (MM/YYYY) To: (MM/YYYY)/...../..... /...../.....		Dates you were employed by this person: From: (MM/YYYY) To: (MM/YYYY)/...../..... /...../.....	
If the above references do not cover the last 3 years of employment, please give additional professional/employer details below.			
3rd Referee name (please print full name):		4th Referee name (please print full name):	
May we approach the above prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we approach the above prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referee job title:		Referee job title:	
Hospital/home/establishment name:		Hospital/home/establishment name:	
Referee work address:		Referee work address:	
Post code:		Post code:	
Tel No:	Fax No:	Tel No:	Fax No.
Referee work email:		Referee work email:	
Dates you were employed by this person: From: (MM/YYYY) To: (MM/YYYY)/...../..... /...../.....		Dates you were employed by this person: From: (MM/YYYY) To: (MM/YYYY)/...../..... /...../.....	

DECLARATION

I declare that the information given is, to the best of my knowledge, complete and accurate in all respects. I am legally permitted to work in the UK. I have read, understood and agree to the conditions of engagement (PHCTE1011), of which I have been given a copy. I understand that my registration is subject to satisfactory references. I undertake to inform you should my circumstances change (e.g. should I be convicted of an offence/receive a caution, have a change in health status or employment) since this registration took place. I have also received and read the Working for Paterson Health and Social Care Handbook and I understand and agree to the contents therein.

Signed..... Date.....

DATA PROTECTION/CONFIDENTIALITY

I acknowledge that this information may form the basis of a computerised personnel system, which I have access to as determined by The Data Protection Act 1998 (full details of Paterson Health and Social Care's Data Protection Policy are in the PHC Handbook). I agree to the passing on, to clients with whom I may be placed, (and other official bodies if requested as part of an investigation) information held in relation to me, by Paterson Health and Social Care. I understand that Paterson Health and Social Care will have obtained an undertaking from said clients/other officials, that the information passed to them, will be treated in the strictest confidence and in line with Data Protection principles.

I agree to respect the confidentiality of Paterson Health and Social Care, its clients/workers and any information to which I may have access, at all times.

Signed..... Date.....

EU REGULATIONS

I hereby agree to opt-out of the 48-hour working week limitation as laid down in the EU Working Time Regulations 1998. I understand that I may end this agreement at any time by informing Paterson Health and Social Care in writing.

I understand that in order to maintain effective registration with Paterson Health and Social Care, I will be required to update myself on the mandatory subjects according to EU Regulations/other statutory requirements.

Signed..... Date.....

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, the provisions of section 4(2) of the Rehabilitation of Offenders Act (1974) do not apply by virtue of the Rehabilitation of Offenders Act (1974) (Exceptions) order (Amendments) order 1986. **Applicants are therefore required to give information about convictions, which for other purposes, are 'spent' under the provisions of the Act.** The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of Paterson health and Social Care, the offence is relevant to the post for 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.

Have you at any time been convicted of a criminal offence or cautioned by the police? YES NO

If 'YES' please complete a Statement of Conviction form. Have you enclosed this with your application YES NO

Under UK legislation we are required to perform an enhanced Criminal Record Bureau Disclosure before placement and annually thereafter.

Do you agree to have an enhanced CRB Disclosure at your expense? YES NO

Signed..... Date.....

How did you hear about PHC:

Word of mouth Window advert Local newspaper advert PHC website Search Engine (please state which one and what you 'searched' for e.g. nursing/care agency in Oxford).....

Other please specify.....