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RMN Application Form

Qualification..... NMC PIN/HCPC (ODP's)..... Expiry.....

Personal Details

First Name:

Address:

Surname:

Maiden Name:

Marital Status:(Single/Divorced/Married/Widowed):

Male/Female:

Post Code:

Place Of Birth:

Next Of Kin:

Nationality:

Relationship:

Tel Home:

Contact Number:

Work:

Email:

National Insurance Number:

Date of Birth:

Work Permit

Do you need a work permit to take up this post: Yes / No

Working In the UK

Are you eligible to work in the UK: Yes / No

Driving Licence

Do you have a driving licence? Yes / No

Do you have any Endorsements? If yes, please give details. Yes / No

References

Please give names and work addresses of three referees, including telephone numbers, whom we may approach for a reference. **These must be professionals of a senior position to yourself and who have worked alongside you in a Healthcare Setting.**

Name 1: _____ Designation: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Capacity In which referee knows you: _____

Name 2: _____ Designation: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Capacity In which referee knows you: _____

Name 3: _____ Designation: _____

Address: _____

Postcode: _____

Telephone Number: _____ Email: _____

Capacity In which referee knows you: _____

I give HCR Permission to contact my references stated above:

Employment Information – Please list the last 10 years of your employment (explaining any gaps in employment)

1. Employer Name and Address:

Job Title:

Location (Ward/Dept):

Date Started:

Email Address:

Date Ended:

Reason for leaving (if applicable):

Telephone:

2. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving
Telephone:	
3. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving:
Telephone:	
4. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving:
Telephone:	
5. Employer Name and Address:	Job Title:
	Location (Ward/Dept):
Date Started:	Email Address:
Date Ended:	Reason for Leaving:
Telephone:	

Academic Qualifications

Subjects	Type of qualification e.g. GCSE, Higher, BSc	Grade Achieved

Professional & Clinical Qualifications & Training

Qualification / Training	Start Date	Grade / Reg No.	Completion Date

Membership Of Professional or Regulatory Bodies

Full Name Of Organisation	Registration Number	Renewal Date

CQC & Government Required Information

Ethnicity

- | | |
|--------------------------------------|---|
| 1 = White British | 10 = Asian or Asian Bangladeshi |
| 2 = White Irish | 11 = Asian or Asian British or other background |
| 3 = Any other white background | 12 = Black or Black British Caribbean |
| 4 = Mixed white and Caribbean | 13 = Black or Black British African |
| 5 = Mixed white and black African | 14 = Black or Black British or other background |
| 6 = Mixed white and Asian | 15 = Chinese |
| 7 = Any other mixed background | 16 = Any other |
| 8 = Asian or Asian British Indian | 17 = Prefer not to answer |
| 9 = Asian or Asian British Pakistani | Code Number..... |

Religion:

Sexual Orientation:

Asylum & Immigration

I confirm that I have provided the original documentation of two of the following [Tick where appropriate]:

- | | |
|---|--|
| 1. Original passport and / or visa | 4. P60 / P45 / Current wage slip |
| 2. Birth Certificate / Marriage Certificate | 5. Proof of Address x 2 (within last 3 months) |
| 3. Driver's License | |

Declaration of Service

I can confirm that in my current position that I am / am not undergoing any investigation or suspension in any healthcare organisation or from any professional bodies

Signed: _____ Date: _____

Under the Data Protection Act 1998 I agree to Healthcare Recruiters Limited allowing my personal file to be viewed by the inspection team from the following bodies:

1. The NHS / The NHS Frameworks
2. Buying Solutions(NHS PASA)
3. CQC (Care Quality Commission)
4. Any relevant 3rd party bodies

Signed: _____ Date: _____

DBS Check / Rehabilitation Of Offenders Act 1974 (Exemptions Order 1975)

Because the nature of the work for which you are applying involves direct contact with people who are receiving a health service we are obliged to ask you, in connection with this application, to disclose any convictions you may have. Under the conditions of the above order you are not entitled to withhold information about convictions, which might be considered "spent". In the event of employment failure to disclose such convictions could result in dismissal or disciplinary action.

I have / have no cautions or convictions to declare.

Have Have Not

Please give brief details of the convictions below:

My DBS is registered on the DBS update service and is portable. I give permission for the relevant Individual at HCR Healthcare Recruiters to do an update service check where necessary.

Signed _____ Date: _____

Experience Checklist

Please complete Skills Checklist below which outlines your experience:

Medical / MAU		ENT / maxillofacial	
Surgical / SAU		Urology	
Orthopaedics		Gynaecology	
Oncology		Paediatrics / SCBU	
Neurology		Older Adults / Nursing Homes	
Cardiology / ECG		Recovery / Theatre	
ITU/ICU		A&E / Trauma	
Mental Health		Learning Disabilities	
Community		Out Patients / Pre-Admission	
Haematology		Prisons	
Occupational Health		Trainer / Teaching / Management	
Diabetic care and patient management		Dermatology	
G.U.M		Cosmetic Surgery	
Burns / plastics		Ophthalmology	
IV Therapy/infusions/medication		I V rate /Drug calculations	
Blood / Plasma Infusions		Chemotherapy	
Observing and recording PCA / Epidural / Spinal Infusions		Setting up of PCA / Epidural infusions as per script	
Drawing up of medication for IM / SC / IV administration		Setting up Syringe Drivers / Pain Control as per script	
Assessments/Planning/Implementation / Evaluation of patient care		Hand Over / Report Writing /Data protection / Confidentiality	
Basic / Advanced Life Support		ECG /Defibrillation / Rhesus	
Insertion / Removal of Indwelling urinary Catheters		Recording contents and removal of surgical drains / tubes	
PEG care / management		Insertion / removal of NG tubes	
CVP lines care and management		Sterile procedures / technique	
Aseptic Technique / Wound Dressing		Universal Precautions/infection control	
Tracheostomy care and Management		Collection of cultures	
Sleep Studies		Discharge Planning	
Suturing / removal of suture or clips		Preparing patients for surgical procedures / theatre	
EMI / Dementia / Alzheimer's		Prisons	
Forensic		Secure units	
Learning disabilities		Community Mental Health	
Substance Misuse		Personality Disorders	
Children's Mental health Services		Adult mental health services	
OCD		Specialist drop-in clinics	
Control & Restraint		PMVA	
Any other experiences which have not been listed -		My preferred and competent area of clinical work is:	



Payment Details:

Are you operating as a Ltd Company, Umbrella or PAYE?

If Limited or Umbrella, please provide name of Company:

Account Number:

Sort Code:

48 Hour Opt-out Agreement

I agree that I may work for more than an average of 48 hours a week. If I change my mind I will give my employer 2 months notice in writing to end this agreement.

Signed:

Dated:

Declarations

I can confirm that I have read this document fully and that all the information provided to Healthcare Recruiters Ltd is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform Healthcare Recruiters Ltd should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that Healthcare Recruiters Ltd may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to Healthcare Recruiters Ltd.

I acknowledge that my personal details will be stored and handled correctly by Healthcare Recruiters Ltd in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - DBS, Occupational Health, References).

Signed: _____

Date: _____