Dear Applicant,

Thank you for your interest in joining our staff team. Please complete and return the enclosed Application Form at your earliest convenience.

You will also need to provide us with the following documents to register with us.

* Passport and VISA
* Driver’s Licence (If applicable)
* Proof of National Insurance Number (NI) - i.e. National insurance card, P45, P60
* P45 (If applicable)
* 2x Proof of Address (e.g. Bank Statements or utility Bills not more than 3 months old)
* 3 x Passport size photos (Not more than 6months old)
* All relevant training certificates in Health & Social Care (If applicable)
* Most recent CRB (If applicable)
* CRB FEE £54 cash

We look forward to you being part of our great team.

Kind regards,

**A2L Care Services**

**T: 0116 319 5150**

|  |  |
| --- | --- |
| **NURSE****APPLICATION FORM***Please make sure you** *Complete all sections*
* *Send us all the requested documents*
* *Use black ink*

*Please double-click tick boxes to check / remove checks* | **triangle11_trans_red**Suite 6, 5th Floor, Humberstone HouseHumberstone Gate, Leicester LE1 1WBT: 0116 319 5150info@a2lcareservices.co.uk |

|  |
| --- |
|  **SECTION 1 – Personal Details** |
| Title |
| First Name (s)  |
| Surname |
| Any Previous Names |
| Address |
|  |
|  |
| Postcode |
| Mobile No. |
| Phone No. |
| Email Address |
|  |
| Do you have a UK Driving Licence |
|  |

|  |
| --- |
|  **SECTION 2 – Professional Registration** |
| *It is your responsibility to keep us updated with any changes to your personal details* |
| NMC Pin No. | NMC Expiry Date |
| NMC Part(s) of register |  |
|  |  |
| *If you have any issues or investigation outstanding on your NMC Pin please let us know in writing via email to info@a2lcareservices.co.uk* |
|  |
| Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? Yes [ ]  No [ ]  |
| If Yes please supply details: |

|  |
| --- |
|  **SECTION 3 – Eligibility to Work in the UK** |
| Your nationality |  |
| National Insurance Number |
|  |  |
| **Please tell us about your eligibility to work in the UK** |  |
| [ ]  I am eligible to work in the UK and do not require a work permit |
| [ ]  I am already in possession of a work permit to work in the UK |
| [ ]  I need to obtain a work permit to work in the UK |
| [ ]  Other, please specify below |
|  |
|  |
|  |
|  **Please specify your passport details below** |
|  Country of issue |  |
|  Issue Date |  |
|  Expiry Date |  |
|  Known restriction |  |
|  |

|  |
| --- |
|  **SECTION 4 – Education and Qualifications** |
|  Professional qualification |  |
|  Issuing College / University |  |
|  Year of graduation |  |
|  Any additional qualifications |  |
|  |

|  |
| --- |
|  **SECTION 5A – Employment History** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE FROM | DATE TO | EMPLOYER’S NAME AND ADDRESS | PRINCIPAL DUTIES | GRADE | REASONS FOR LEAVING |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
|  **SECTION 5B – Employment History** |
| [ ]  A&E | [ ]  Cardiac | [ ]  Clinics |
| [ ]  Community | [ ]  Diagnostic Imaging x-ray | [ ]  Elderly care |
| [ ]  Endoscopy | [ ]  General Wards | [ ]  Gynaecology |
| [ ]  HDU | [ ]  Health Visitor | [ ]  Homecare |
| [ ]  ITU | [ ]  Learning Disabilities | [ ]  Medical |
| [ ]  Mental Health | [ ]  Midwifery | [ ]  Neonatal |
| [ ]  NICU | [ ]  Nurse Practitioner | [ ]  Nursing Homes |
| [ ]  Occupational Health | [ ]  ODP | [ ]  Oncology |
| [ ]  Chemotherapy | [ ]  Orthopaedics | [ ]  Paediatric A&E |
| [ ]  Paediatrics | [ ]  Palliative | [ ]  PICU |
| [ ]  Practice Nurse | [ ]  Prison | [ ]  Radiology |
| [ ]  Recovery | [ ]  Renal | [ ]  Dialysis |
| [ ]  SCBU | [ ]  Surgical | [ ]  Theatre |
| [ ]  Triage | [ ]  Urology | [ ]  Walk in Centre |
| [ ]  Dieticians | [ ]  Psychologists | [ ]  Radiographers |
| [ ]  Occupational Therapists | [ ]  Speech and Language Therapists | [ ]  Podiatrists |
| [ ]  Orthoptist | [ ]  Cytologists | [ ]  Pathologists |
| [ ]  Biomedical Scientists | [ ]  Health Scientists | [ ]  Dental Service Staff |
| [ ]  Genetic Counsellors | [ ]  Pharmacy Staff | [ ]  Medical Technologists |
| [ ]  Optometrists |  |  |

|  |
| --- |
|  **SECTION 6 – Rehabilitation of Offenders Act** |
| *Under the* ***Rehabilitation of Offenders Act 1974*** *you are required to reveal ALL convictions as defined under the act. If you are in any doubt about a declaration, you must discuss this with the office manager. A conviction does not automatically prevent you from registering, however failure to declare, may lead to immediate termination of employment. You are required to inform us if you are convicted of a criminal offence, cautioned or have a hearing pending in the future.* |
| Do you have any convictions (spent or unspent) that may be relevant to your employment with us?Yes [ ]  No [ ]  |
| If Yes, please provide details below. |
| Have you ever been the subject of any abuse investigation or enquiry into abuse or other inappropriate behaviour? Yes [ ]  No [ ]  |
| If Yes, please provide details below. |
|  |

|  |
| --- |
|  **SECTION 7 – Health Declaration** |
| Please give details of any illnesses / accidents / injuries in the last 2 years. |
| Please give details of any absences from work in the last 12 months (except holidays). |
| Do you have any mental or physical disability or illness (currently or recurring) which is relevant to the post for which you are applying? Yes [ ]  No [ ]   |
| If Yes, please give details.What adjustments (if any) need to be made to the working environment to accommodate your disability. |
|  |

|  |
| --- |
|  **SECTION 8 – Bank Details** |
| Bank Name | Branch Name |
| Account No. | Sort Code |
|  |

|  |
| --- |
|  **SECTION 9 – HMRC Terms** |
| [ ]  I wish to be paid through a Limited Company and enclose the details |
| [ ]  I am on PAYE  |
|  |
| **Please answer one of the following for PAYE** |
| [ ]  This is my first job since 6 April and I have not been receiving taxable Jobseekers’ allowance or taxable Incapacity Benefit or state or occupational pension |
| [ ]  This is now my only job, but since 6 April I have had another job, or have received taxable Jobseeker’s allowance or Incapacity Benefit or state. I do not receive occupational pension. |
| [ ]  I have another job or receive a state or receive state or occupational pension |
|  |

|  |
| --- |
|  **SECTION 10 – Next of Kin** |
|  Full name |  |
|  Relationship to you |  |
|  Address |  |
|   |  |
|   |  |
|  Postcode |  |
|  Mobile number |  |
|  Telephone number |  |
|  |

|  |
| --- |
|  **SECTION 11 – References** |

|  |
| --- |
|  **Reference 1** |
|  Name |  |
|  Position |  |
|  Address |  |
|   |  |
|   |  |
|  Postcode |  |
|  Contact Number |  |
|  Fax |  |
|  Email address |  |

|  |
| --- |
|  **Reference 2** |
|  Name |  |
|  Position |  |
|  Address |  |
|   |  |
|   |  |
|  Postcode |  |
|  Contact Number |  |
|  Fax |  |
|  Email address |  |

|  |
| --- |
|  **Reference 3** |
|  Name |  |
|  Position |  |
|  Address |  |
|   |  |
|   |  |
|  Postcode |  |
|  Contact Number |  |
|  Fax |  |
|  Email address |  |

|  |
| --- |
|  **SECTION 12 – Declarations** |

|  |
| --- |
| **Hepatitis B** |
| I have been advised of 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. |
| Signed | Date |

|  |
| --- |
| **Bank Details** |
| I have completed my bank details and confirm they are complete and correct. I hereby understand that any error or incomplete details can result in a delay of my payment. |
| Signed | Date |

|  |
| --- |
| **Working Time Regulations** |
| For the purposes of Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving A2L Care Services not less than three months’ notice. I understand that my registration with A2L Care Services can be terminated at any time following unsatisfactory work reports.I consent to work / I do not consent to work |
| Signed | Date |

|  |
| --- |
| **Data Protection** |
| I agree that A2L Care Services retain the right to hold this application and any other data required to process it and pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act. |
| Signed | Date |

|  |
| --- |
| **Induction** |
| I have received a copy of the induction information and can confirm that I have received, read, understood and will comply with the Staff Handbook at all times.  |
| Signed | Date |

|  |
| --- |
| **Responsibility of Compliance** |
| Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your file is in date at all times. If any of your compliance items lapse, it may cause the suspension and/or termination of your placement. |
| Signed | Date |

|  |
| --- |
| **Terms & Conditions** |
| *The information provided on this form will be processed and stored in manual and computerised records for recruitment, employment and management processes. You have the right to access this data. All information will be treated in the strictest confidence. Unsuccessful applicants’ information may be retained for up to 3 months.*I confirm that the information given in this application form is, to the best of my knowledge, true.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 also consent to reference checking and the DBS checks for the purposes of this application for employment.I undertake to inform A2L Care Services should I be convicted of an offence in the future. I undertake to inform A2L Care Services Limited immediately if I am engaged through their introduction, including the offer of permanent employment following 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 A2L Care Services 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, of which I have been given a copy. |
| Signed | Date |

|  |
| --- |
|  **SECTION 13 – General** |
| Thank you for selecting A2L Care Services as your agency of choice. We are committed to ensuring that your work requirements are met whenever possible.A2L Care Services are a professional organisation that provides locum Nurses to a wide range of health institutions and nursing homes.Our continuing success depends on how well we work together. To achieve this, there has to be agreed rules, guidelines ad standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policies and Procedures. Copies of these are available on request.The amount of work that we receive depends not only on us but also on your performance. Therefore we have some basic expectations of you which are listed in your terms of engagement. I have taken time to summarise some of these for you;* Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you are running late you must ring us as soon as possible and advise us of this so that we can ring the client.
* You are our representative at the client; please ensure that you perform your expected duties professionally and willingly at all times.
* If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
* A2L Care Services will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Monday 12.00pm for payment on Friday. We cannot guarantee that your timesheet has been received unless it is physically brought to us.

If for any reason you are unhappy with any aspect of the service that A2L Care Services provide, please feel free to contact our office on **01163 195 150**.Please take some time out before starting your first placement with us to familiarise yourself with your terms and conditions of employment. This information should provide you with all of the reference material you may require. Please feel free to ask us if there is anything you are unsure of, we are always here to help, 24 hours a day.Thank you and welcome aboard. |