

Registration Form

Personal Details:

| | | | | | |
|----------|------------|----------|---------------|--|--|
| Title | First Name | Surname | Date of Birth | | |
| | | | | | |
| Home Tel | | Work Tel | Mobile | | |
| | | | | | |
| Email | | | Address | | |
| | | | | | |

Next of Kin:

| | | | |
|----------|--|--------------|--|
| Name | | Relationship | |
| Tel no 1 | | Tel no 2 | |

Work Requirements:

| | | | | |
|---|--|-----------------|--------------------------|--|
| What position you are applying for? | | Do you require? | Flexible agency work | |
| When are you available for work? | | | Shot/ Long Term contract | |
| When are you available until? | | | Full time/ Part time | |
| Where would you prefer to work? (Geographical area) | | | Ad hoc shifts | |

Eligibility for Employment:

| | | | | | | |
|--|-------------|--|--------|--|----------------|--|
| Nationality | | | | | | |
| UK/EC/EEA Citizen with Right to work in UK – please supply details of any permit currently held including number, validity and expiry date | | | | | | |
| Immigration Status (Please tick) | EU Passport | | Tier 1 | | Right to abode | |
| | | | Tier 2 | | Ancestry Visa | |
| | | | Tier 5 | | Spousal Visa | |
| I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have the responsibility to monitor this. Please tick here to acknowledge this: | | | | | | |

Education/ Professional Qualifications:

| | | | |
|------------------------|--|---------------|--|
| Place of study | | Grade | |
| Subject/ Qualification | | Date obtained | |

Training/ Other Qualifications:

| | | | |
|-------------------|--|---------------|--|
| Training provider | | Duration | |
| Course duration | | Date obtained | |

Membership of Professional Bodies:

| | | | |
|---------------|--|------------------------|-------------|
| Qualification | | Professional Body | |
| Date obtained | | Prof Reg No/ PIN no | Expiry date |

Employment:

Please include all periods of employment, unemployment, study, travel etc. as necessary to cover a minimum period of the last 3 years. There should be **NO GAPS** in your activity history for the last three years.

| Employer Name | Address of Employer | From (Month/Year) | To (Month/ Year) |
|---------------|---------------------|----------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Professional References (two most recent):

| | | | |
|--------------|--------|--------------|--------|
| Full Name | | Full Name | |
| Position | | Position | |
| Organisation | | Organisation | |
| Phone | | Phone | |
| Address | | Address | |
| Post code: | Email: | Post code: | Email: |

| | | | | | |
|----------------------------------|------|-----|----------------------------------|------|-----|
| Could we contact this reference? | Yes: | No: | Could we contact this reference? | Yes: | No: |
|----------------------------------|------|-----|----------------------------------|------|-----|

Your clinical details:

Please tick boxes with the clinical areas you have expertise in:

| | | |
|--|---|---|
| <input type="checkbox"/> A&E | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Clinics |
| <input type="checkbox"/> Community | <input type="checkbox"/> Diagnostic Imaging x-ray | <input type="checkbox"/> Elderly care |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> General wards | <input type="checkbox"/> Gynaecology |
| <input type="checkbox"/> HDU | <input type="checkbox"/> Health visitor | <input type="checkbox"/> Homecare |
| <input type="checkbox"/> ITU | <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Midwifery | <input type="checkbox"/> Neonatal |
| <input type="checkbox"/> NICU | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Nursing homes |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> ODP | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Paediatric A&E |
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Palliative | <input type="checkbox"/> PICU |
| <input type="checkbox"/> Practice Nurse | <input type="checkbox"/> Prison | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Recovery | <input type="checkbox"/> Renal | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> SCBU | <input type="checkbox"/> Surgical | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Triage | <input type="checkbox"/> Urology | <input type="checkbox"/> Walk in centre |

Other (Please specify)

Please tick boxes with the Health Care Assistance areas you have expertise in:

| | |
|---|--|
| <input type="checkbox"/> Personal care | <input type="checkbox"/> Domestic care |
| <input type="checkbox"/> Bath/ shower/ strip wash | <input type="checkbox"/> Application/ change of simple dressings |
| <input type="checkbox"/> Bed bath | <input type="checkbox"/> Bed making |
| <input type="checkbox"/> Bedpans/ commodes | <input type="checkbox"/> Care plans (Evaluating) |
| <input type="checkbox"/> Blood glucose monitoring | <input type="checkbox"/> Care plans (Formulating) |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Care plans (Implementing) |
| <input type="checkbox"/> Care of bladder and bowels | <input type="checkbox"/> Changing abed/ draw sheet with client in/on it |
| <input type="checkbox"/> Care of eyes | <input type="checkbox"/> Challenging behaviour-children/ schools |
| <input type="checkbox"/> Care of feet | <input type="checkbox"/> Challenging behaviour-young adults |
| <input type="checkbox"/> Care of fingernails | <input type="checkbox"/> Care of client from Operating Threat |
| <input type="checkbox"/> Care of hair | <input type="checkbox"/> Dealt with relatives of ill and terminally ill client |
| <input type="checkbox"/> Care of prosthetics | <input type="checkbox"/> Dementia care |

| | |
|--|--|
| <input type="checkbox"/> Catheter bag (emptying) | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Changes in condition | <input type="checkbox"/> Evaluating care plans |
| <input type="checkbox"/> Colostomy my bag (Changing) | <input type="checkbox"/> Experience in hospice |
| <input type="checkbox"/> Dressing/undressing | <input type="checkbox"/> Housework (light duties) |
| <input type="checkbox"/> Elimination | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Ensure pressure areas are healthy | <input type="checkbox"/> Mental Health Hospital acute |
| <input type="checkbox"/> Feeding a helpless client | <input type="checkbox"/> Mental Health Hospitals Long Stay |
| <input type="checkbox"/> Hoists | <input type="checkbox"/> Observing confidentiality |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Record change of condition in care plan |
| <input type="checkbox"/> Mouth care | <input type="checkbox"/> Record keeping |
| <input type="checkbox"/> Moving and handling | <input type="checkbox"/> Record instruction from GP/ District nurse |
| <input type="checkbox"/> Moving and handling aids | <input type="checkbox"/> Report writing/ giving |
| <input type="checkbox"/> Observations | <input type="checkbox"/> Return of client from operating theatre |
| <input type="checkbox"/> Obtaining simple specimens | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Pulse | <input type="checkbox"/> Taking, recording and conveying messages |
| <input type="checkbox"/> Recording fluid balance | <input type="checkbox"/> Terminally ill |
| <input type="checkbox"/> Respiration | <input type="checkbox"/> Washing of personal laundry |
| <input type="checkbox"/> Shaving | <input type="checkbox"/> Hostel work |
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Children's residential units including autism and challenging behaviour |
| <input type="checkbox"/> Urine Testing | <input type="checkbox"/> Eating disorders units |
| <input type="checkbox"/> Use of bath aids | <input type="checkbox"/> Domiciliary care |
| <input type="checkbox"/> Weight chart | <input type="checkbox"/> Live in care |

Declaration of Criminal Record:

| | | |
|---|-------------|------------|
| Do you have any unspent criminal convictions, cautions, reprimands or warnings? | Yes: | No: |
| Are you subject of any pending proceedings? | Yes: | No: |
| <p>If yes please list your criminal convictions and their dates below. The information you give will be treated in confidence and only taken into account where, in the reasonable opinion of the Company the offence is relevant to the post for which you are applying. Certain types of employment and certain 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 of all criminal convictions, both spent and unspent, must be given. 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.</p> | | |

Professional conduct:

