

# REGISTRATION FORM

## Private & Confidential

**Please make sure you:**

- Answer all the questions on this form
- Send us all the documents we ask for
- Complete this form in CAPITAL letters
- Use black ink

### A. YOUR PERSONAL DETAILS

Title (MRS, MISS, MS, MR or Other title)

Surname or family name

First name(s)

Name preferred to be known by

All other surnames or family names (including maiden name + name changes)

Address (including postcode)

Postcode

Daytime phone number

Mobile number

E-mail address

Do you hold a current full UK driving license?

YES  NO

### B. NMC REGISTRATION DETAILS

NMC pin number

NMC expiry date

/ /

NMC Part(s) of register:

If you have any issues or investigations outstanding on your NMC Pin please let us know in writing via email to [compliance@nurselink.co.uk](mailto:compliance@nurselink.co.uk).

Please tick here if you are currently on sick leave and provide details below:

YES  NO

## C. YOUR PASSPORT DETAILS

Passport Number

Date of birth      /      /

Your nationality

Place of Birth

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

If other please specify

## D. EDUCATION AND QUALIFICATIONS

Professional qualification

Issuing College / University

Year of graduation

Any additional qualifications

## E. YOUR EMPLOYMENT HISTORY

- Please supply details of your full history starting from secondary school to date or the past 10 years (whichever is shorter).
- Please explain any gaps in your history.
- Comprehensive CV is acceptable provided it lists your full history from secondary school, and details of the months & years.
- Please continue on a different sheet if required.

DATE FROM m m / yy	DATE TO m m / yy	EMPLOYER'S NAME AND ADDRESS	PRINCIPLE DUTIES	GRADE/ BAND	REASONS FOR LEAVING
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## F. YOUR PROFESSIONAL CONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?  YES  NO

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## G. REHABILITATION OF OFFENDERS ACT

BECAUSE OF THE NATURE OF THE WORK FOR WHICH YOU ARE APPLYING 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.

Have you at any time been convicted of an offence?  YES  NO

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## H. YOUR BANK ACCOUNT DETAILS

We pay your wages directly into your bank / building society or Ltd company account by BACS.

Name of bank

Branch name

Account holder name

Address

Postcode

Sort code

Account number

I wish to be paid through a Ltd. Company and enclose details.

(You will be paid as P.A.Y.E until you provide all your documentation to Nurselink Ltd)  YES or

I am on P.A.Y.E (Please enclose P45 if we are your main employer)

YES

**Read all the following statements carefully and tick the one box that applies to you.**

**A.** This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity

Benefit or a state or occupational pension.

YES or

**B.** This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance

or Incapacity Benefit. I do not receive a state or occupational pension.

YES or

**C.** I have another job or receive a state or occupational pension

YES

## I. YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile phone number

Name

Relationship to you

Address (including postcode)

Postcode

Daytime phone number

Mobile phone number

## J. YOUR REFERENCE DETAILS

- Please supply the names and work addresses of at least 2 clinical professional referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months duration.
- 2nd needs to be a previous employer unless you have been employed more than 3 years then it must be someone from your current or most recent employer.

**NB: If you cannot provide two in date senior references you cannot register..**

May we contact your referees prior to an interview?  YES  NO

### Reference 1

Name

Position

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Date: From: / / To: / /

### Reference 2

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

Date: From: / / To: / /

### Reference 3

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax number

Email address

What was your professional relationship with this person?

## K. YOUR DECLARATIONS

### 1. HEPATITIS B

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

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### 2. TERMS & CONDITIONS

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration with Nurselink Ltd is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (DBS).

I undertake to inform Nurselink Ltd should I be convicted of an offence in the future.

I undertake to inform Nurselink Ltd immediately if I am engaged through their introduction, including the 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 Nurselink Ltd 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 and carers, of which I have been given a copy.

Signed

Date

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### 4. WORKING TIME REGULATIONS

For the purpose of the 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 Nurselink Ltd not less than three months' notice. I understand that my registration with Nurselink Ltd can be terminated at any time following unsatisfactory work reports.

Signed

Date

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### 5. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed

Date

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### 6. DATA PROTECTION

I agree that Nurselink Ltd retains the right to hold this application and any other data required to process it and to 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

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