Care For U
Community of Believers

Registration Form

Personal Details

Forename:											**Surname**										
Middle Name											**Title**										
Nationality											**Date of Birth**			/			/				
Gender	**Male**		*tick*	**Female**		*tick*					**National Insurance No.**										
NMC No: ***(For Nurse only)***											**RCN/Unison etc Membership No**										

Current Address Details

Address																								
Street Name																								
Town																								
County											**Post Code**													
Home Tel.											**Mobile No.**													
Email Address																								

Next of Kin

Forename:											**Surname**													
Middle Name											**Title**													
Relationship																								
Address																								
Street Name																								
Town																								
County											**Post Code**													
Home Tel.											**Mobile No.**													

Equal Opportunities

Care For U is committed to a policy of equal opportunities for all prospective employees and will continuously review on an on-going basis, all aspects of recruitment processes to eliminate unlawful or undesirable discrimination. Everyone is treated equally irrespective of sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the said policy.

Care For U will ensure prospective employees are assessed the merit, qualification and their ability to perform relevant duties required by a particular vacancy.

Further Education/ Professional Qualifications

List all professional qualifications held and training courses undertaken. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide photocopies of all certificates. (For convenience, and where appropriate, please state “please see CV”.)

Qualification	College / University	From	To

Working Time Regulations

In line with Government legislation under the terms of “Working Time Regulations” we recommend that your working hours should not exceed 48 hours per week (average over a 17-week period). Should you wish to waive this right, please confirm below:

I confirm that I would like to opt out of the 48hr working time directive								**YES**		**NO**	
Signature		**Date**									

Right to work details: Asylum and immigration act 1998

Section 8 of the Act makes it a criminal offence for employers to engage an individual who does not have permission to work within the U.K. Any offer of employment may be subject to you providing evidence of your right to work within the U.K. e.g. National Insurance number, passport or travel document endorsed to permit working in the U.K.

Passport Type		**Passport Number**		**Location issued**	
Visa		**Type of Visa**		**Expiry Date**	
Right to Work *(Please state your right to work)*					

CRB Information

Enhanced	**YES**		**NO**		**DBS Certificate Number**		**Expiry Date**	

Declaration of Criminal Record and Professional Conduct

Criminal Convictions (please circle clearly as appropriate)

Do you have any unspent* criminal conviction?	**YES**		**NO**	

Certain types of employment and 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 for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only considered where the offence is deemed to have a bearing on the post to which you are applying for. 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. A criminal record will not necessarily be a bar to obtaining a position. Disclosure information will not be used unfairly.

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations?	**YES**		**NO**	
Do you have a current Enhanced Disclosure and Barring Service (DBS) Certificate?	**YES**		**NO**	

If Yes, please provide details below including date, offence and authority/country which dealt the offence:

If yes, please forward the original certificate with this application form. Please note that we will be unable to confirm you for an assignment without this certificate.

I consent to Care For U applying for an Enhanced DBS.

Signed: …… **Date:** .....

Rehabilitation of Offenders

Convictions will not necessarily be a bar to obtaining a post. However, because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 42 of the Rehabilitation of Offenders Act 1974. Applicants must declare information about convictions, cautions, reprimands and final warnings, for which other purposes are "spent" under the provisions of the Act.

Have you ever been convicted, cautioned, reprimanded or given a final warning for a criminal offence?	**YES**		**NO**	
Are you waiting to hear about any pending prosecutions?	**YES**		**NO**	
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your stability for this post?	**YES**		**NO**	
Have you ever been subject of a disciplinary investigation or proceedings by a previous employer?	**YES**		**NO**	

Employment History

Please list the last 10 years of your employment, starting with your most recent / current employer. Please explain any gaps in your employment (over 3 months) in the space provided. Please continue on a separate sheet if necessary. If you have a current CV please detail the last two years only and submit with CV.

Employer																										
Position Held													**From**				/			/						
													To				/			/						
Address																										
Street Name																										
Town																										
County													**Post Code**													
Contact No																										

Employer																															
Position Held																**From**			/			/									
																To			/			/									
Address																															
Street Name																															
Town																															
County																**Post Code**															
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																To			/			/									
Address																															
Street Name																															
Town																															
County																**Post Code**															
Contact No																															

Do you have the use of a car for business purposes?			**YES**		**NO**		
Do you hold a valid UK Driving Licence	**YES**		**NO**		**Licence Number**		

Please confirm you have had the following immunisations and provide recent serology reports:

HEP B	**YES**		**NO**		**DATE**			/			/				
HEP C	**YES**		**NO**		**DATE**			/			/				
BCG	**YES**		**NO**		**DATE**			/			/				
RUBELLA, MEASLES	**YES**		**NO**		**DATE**			/			/				
VARICELLA	**YES**		**NO**		**DATE**			/			/				
HIV Test Result	**YES**		**NO**		**DATE**			/			/				

References (Professional Referees)

Please supply two recent professional referees from your current/last substantive post. If this is not possible, please contact us to discuss suitable alternatives.

Forename:														**Title**								
Place of Work																						
Capacity Known																						
Work Address																						
Town																						
County														**Postcode**								
Telephone No																						
Email Address																						

Forename:														**Title**								
Place of Work																						
Capacity Known																						
Work Address																						
Town																						
County														**Postcode**								
Telephone No																						
Email Address																						

Forename:														**Title**								
Place of Work																						
Capacity Known																						
Work Address																						
Town																						
County														**Postcode**								
Telephone No																						
Email Address																						

Payroll Information

If you require to be paid through a UK Limited or Composite company, then the following details are required. NB. Certificates of registration will be required.

Company Name																		
Company Registration Number																		
PAYE																		
P45 OR P46 (*Please provide a copy*)																		
Street Name																		
Town																		
County										**Postcode**								

Bank Details

	Please note, if you wish to be paid via a LTD Company, Care For U can only accept LTD Company Bank Account information.)																	
Bank/Building Society Name																		
Bank/Building Society Address																		
										Postcode								
Account Holder's Name																		
Sort Code																		
Account Number																		
Roll Number (if applicable)																		

Health & Disability

The following questions on health and disability are asked in order to establish your needs in terms of reasonable adjustments required to access our recruitment service and to assess your needs in relation to the job or position sought.

Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek?	**YES**		**NO**	
If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc? Please specify:				

Any patient information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation. Please take care with patient records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals. Patients'/clients' information should only normally be shared with their consent – you should make sure patients/clients understand that their information may be shared with various members of the team providing care. It is a patient's/client's decision what information should be shared with their family or others. Where a patient/client is considered incapable of giving consent, please consult relevant colleagues. Where a patient/client has withheld consent, disclosures of information may only be made if:

- They can be justified in the public interest (normally where the disclosure is essential to protect the patient/client or someone else from risk of significant harm).
- They are required by law or court order
- You should act in accordance with local and national policies if there is an issue of child protection.

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Care For U to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. We ma y check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties' information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Address History	**Please supply your address history for the past five years**																	
House Number																		
Street Name																		
Town																		
County										**Postcode**								
Date from										**Date To**								

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Street Name																		
Town																		
County										**Postcode**								
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House Number																		
Street Name																		
Town																		
County										**Postcode**								
Date from										**Date To**								

Declaration

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. I consent to my information being made available for the purpose of audit to third parties.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that care For U will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I will inform Care For U immediately of any circumstances that may affect my work, such as changes to health, subsequent pending prosecutions or convictions, which may arise whilst I am registered for permanent or temporary work. I understand that Care For U has the right to request a Criminal Records Bureau Disclosure and/or credit check where they consider it necessary and that any details from this, or any other police checks provided, may be forwarded to a potential employer.

I give permission for Care For U to contact a third party for information needed for my file (I.e. Qualification Verification, Training Certificates, Immunisation reports etc.)