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Trained Nurse Registration Application Form

APPLICANT'S NAME:

POSITION APPLIED FOR (please tick):

☐ **Trained Nurse**

☐ **Other: . . . .**

OFFICE USE ONLY

Branch:

Assigned staff code:

CONTACT DETAILS:

Title: Forename:

Surname:

Known as:

Address:

County: Postcode:

Telephone:

Mobile:

Email Address:

PERSONAL DETAILS:

Sex: Male Female

Date of Birth: DD / MM / YYYY

National Insurance No:

Nationality:

County of Birth:

Town of Birth:

NEXT OF KIN:

Name:

Address:

County: Postcode:

Home Telephone:

Work Telephone:

Mobile:

Relationship to you:

GENERAL INFORMATION:

Do you have a car? ☐ Yes ☐ No

If no, are you happy to use public transport? ☐ Yes ☐ No

Do you hold a full, UK driving licence? ☐ Yes ☐ No

Do you have any endorsements? ☐ Yes ☐ No

If yes, please give details:

IMMIGRATION:

Are you legally eligible to work in the UK? ☐ Yes ☐ No

Are you a British Citizen? ☐ Yes ☐ No

Are you a EEA national? ☐ Yes ☐ No

Do you hold a work permit? ☐ Yes ☐ No

Do you hold a work visa? ☐ Yes ☐ No

If yes, please specify type of visa:

Work visa expiry: DD / MM / YYYY

Are there a maximum number of hours that you can legally work, weekly? ☐ Yes ☐ No

If yes, please specify:

Passport number:

UK entry date (if UK resident from birth, enter date of birth): DD / MM / YYYY

LANGUAGES:

Please give details of any foreign languages that you speak, and tick to what standard:

Language:	Basic	Intermediate	Advanced	Fluent
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

EMPLOYMENT HISTORY:

We require a complete employment history since leaving school, giving explanations for any gaps.

Recent work history:

Employer:	Position Held & Responsibilities:	From:	To:	Reason for Leaving:

For full details please provide a CV with a complete work history and educational background.

EMPLOYMENT HISTORY:

Please select all of the disciplines in which you have at least six months experience:

- [ ] A&E
- [ ] Anaesthetic Trained
- [ ] Ante Natal
- [ ] Cardiac
- [ ] Cardiothoracic
- [ ] Cosmetic Nursing
- [ ] Cosmetic Surgery
- [ ] CSSD
- [ ] Day Surgery
- [ ] Dental
- [ ] District Nursing
- [ ] Family Planning
- [ ] GU Med
- [ ] Gynaecology
- [ ] Haematology
- [ ] Health Visitors
- [ ] High Dependency Unit
- [ ] Home Care
- [ ] Hospices
- [ ] In Charge Duties
- [ ] Intensive Care Unit
- [ ] ITU Psychiatric
- [ ] Learning Disability
- [ ] Medical
- [ ] Medical Assessment/PAU
- [ ] Mental Health
- [ ] Midwifery
- [ ] Neonatal
- [ ] Neurology
- [ ] Nursing Homes
- [ ] Nurse Practitioner
- [ ] Occupational Health
- [ ] ODP/ODA
- [ ] Oncology
- [ ] Opthalmology
- [ ] Orthopaedics
- [ ] Out Patients
- [ ] Paediatric
- [ ] Phlebotomy
- [ ] PICU
- [ ] Practice Nurse
- [ ] Prisons
- [ ] Radiology
- [ ] Recovery
- [ ] Renal
- [ ] Residential Homes
- [ ] SCBU
- [ ] School Nurse
- [ ] Scrub
- [ ] Stoma Care
- [ ] Theatre
- [ ] Urology

Please give details of any additional, specific experience you have received:

MEMBERSHIP OF PROFESSIONAL BODIES:

If you are applying to join Aone Health Care as a Trained Nurse, please complete the following section:

PIN number:

Expiry: DD / MM / YYYY

Training School:	Qualifications achieved:	From:	To:

Do you have professional indemnity insurance? Yes No

MANDATORY TRAINING:

If you have received training in any of the following mandatory courses, please give details:

	Expiry:
Moving & Handling	
Fire Safety Awareness	
Health & Safety	
Infection Control	
Basic Life Support	
First Aid	
Food Hygiene Awareness	
Safeguarding of Vulnerable Adults	
Safeguarding of Children Awareness	

REFEREES:

Please give details of two referees; one of which must be your current/most recent employer (or school if you do not have a current or former employer) and both people acting in a senior position to you.

Work address only should be given. Personal references are unacceptable (unless agreed at interview).

Ordinarily, Aone Health Care issues references immediately after the interview. If you would like us to delay sending references, please specify the date after which they may be requested:

References may be requested after: DD / MM / YYYY

Referee 1

Name: Position Held:

Company Name:

Address:

County: Postcode:

Relationship to you:

Work Telephone:

Referee 2

Name: Position Held:

Company Name:

Address:

County: Postcode:

Relationship to you:

Work Telephone:

ABOUT ME:

Please use this space to give any additional information about yourself.

48 HOUR OPT-OUT AGREEMENT

1. DEFINITIONS

In this Agreement the following definitions apply:

"**Assignment**" means the period during which the Worker is engaged to render services to the Client;

"**Client**" means the person, firm or corporate body engaging the services of the Worker;

"**Employment Business**" means Aone Health Care

"**Temporary Worker**" means the healthcare assistant, support worker, community carer or trained nurse.

"**Working Week**" means an average of 48 hours each week calculated over a 17-week reference period. References to the singular include the plural and references to the masculine include the feminine and vice versa. The headings contained in this Agreement are for convenience only and do not affect their interpretation.

2. RESTRICTIONS

The Working Time Regulations 1998 provide that the Temporary Worker shall not work on an Assignment with the Client in excess of the Working Week unless she/he agrees in writing that this limit should not apply.

3. CONSENT

The Temporary Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

4. WITHDRAWAL OF CONSENT

The Temporary Worker may end this Agreement by giving the Employment Business four weeks' notice in writing.

For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Temporary Worker of an Assignment with a Client.

Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.

5. THE LAW

These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Court of England & Wales.

Signed:

Print name:

Date: DD / MM / YYYY

DISCLOSURE - REHABILITATION OF OFFENDERS ACT

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitations of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action.

Any information given will be completely confidential and will be considered only in relation to any application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.

A copy of our written policies is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? ☐ Yes ☐ No

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order), all previous cautions, warnings and convictions will be detailed according to current DBS guidelines (DBS website).

Do you have any spent or unspent criminal convictions? ☐ Yes ☐ No

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/unspent convictions, cautions or proceedings? ☐ Yes ☐ No

Have you ever been involved in court proceedings? ☐ Yes ☐ No

Please give any additional information which you think may be relevant in support of your application on a separate page.

DISCLOSURE

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signed:

I consent to Aone Health Care checking the details I have provided in support of this application against the various data sources in order to verify my identity and progress this application. These details may be recorded and used to assist other organisations for identity verification purposes such as the DBS, regulatory bodies such as CQC, NMC or GSCC.

Signed:

DATA PROTECTION

Aone Health Care is required to hold personal information on all staff members i.e. address, date of birth, national insurance number etc, including Rehabilitation of Offenders Information.

Please note that regulatory bodies may wish to access personal files for inspection purposes in order to verify compliance with legislation and regulations.

Please sign below giving your consent for your file to be inspected.

Signed: Date: DD / MM / YYYY

DECLARATION

The information that I have given in my application is to the best of my knowledge, accurate and complete. I understand that if I have knowingly given false information it will result in my application being terminated.

I also understand/agree that it is my responsibility to update Aone Health Care of any changes.

Signed: Date: DD / MM / YYYY