NK CARE

# Healthcare Worker Registration Form

R002

FIELDS MARKED WITH * ARE APPLICABLE FOR NURSES ONLY, PLEASE LEAVE THESE BLANK IF YOU ARE NOT A NURSE.

Nurses

About You, Your Work and Payment Details

Please write clearly in BLOCK CAPITALS using black ink

## About You

| | | | |
|---|---|---|---|
| Surname | | Title (Mr/Mrs/Miss/Ms) | |
| First Name(s) | | Male ☐ Female ☐ | |
| Marital status | | Date of Birth | |
| National Insurance No | | | |
| Current Address | | | |
| Post Code | | | |
| Mobile Phone | | Home Phone | |
| E-mail | | | |
| Do you drive | Yes ☐ No ☐ | How do you usually travel to work | |

## Next of Kin

| | | | |
|---|---|---|---|
| Name of Next of Kin | | Relationship | |
| Phone Number | | | |
| Your Signature | | Date | |

## About Your Work

| | | | |
|---|---|---|---|
| Job Title | | | |
| Speciality 1 | | Speciality 2 | Speciality 3 |
| Current Place of Work | | Full Time ☐ Part Time ☐ Days ☐ Nights ☐ | |

## Your Payment Details

| | | | |
|---|---|---|---|
| Name of Bank/Building Society | | | |
| Account Name | | Personal ☐ LTD ☐ | |
| Branch Address & Post Code | | | |
| Account No | | Sort Code | |

# Your Training, Qualifications, Appraisals and References

*Please enclose, with your application a copy of your registration and membership card*

| | | | | | | |
|---|---|---|---|---|---|---|
| *Nurses | NMC Number | | RCN Number | | Band | |
| *ODPS | HPC Number | | Additional Information | | | |

## Mandatory Training

*Please tick if you have completed the following training within the last 12 months*

***Please enclose copies of your training certificates***

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Moving and Handling | ☐ | Basic Life Support | ☐ | Intermediate Life Support | ☐ | Advanced Life Support | ☐ |
| Complaints Handling | ☐ | Handling Violence and Aggression | ☐ | Fire Safety | ☐ | COSHH | ☐ |
| RIDDOR | ☐ | Caldicott Protocols | ☐ | Data Protection | ☐ | Infection Control | ☐ |
| Lone Worker Training | ☐ | Equality & Inclusion | ☐ | Food Hygiene (where required to handle food) | ☐ | Personal Safety (Mental Health & Learning Dis') | ☐ |
| Resuscitation of the Newborn (Midwifery) | ☐ | Interpretation of Cardiotocograph Traces (Midwifery) | ☐ | Practical | ☐ | | |

## Appraisals

*In order to work in the NHS you will need to be appraised annually by a Senior Practitioner of the same discipline, this person will become your "appraiser" Please give details below of the Senior Practitioner who you have made arrangements with to act as your appraiser.*

| | | | |
|---|---|---|---|
| **Please give the date of your last appraisal** | | | |
| Name of Appraiser | | Position and Grade of Appraiser | |
| Branch Address<br><br>Post Code | | | |
| Phone Number | | E-mail | |

## Education and Professional Qualifications

**(Original documents as proof of qualification will be required at interview)**

| Secondary School / College / University | Examinations taken | Result |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## References

*Please supply us with two professional referees. One must be from your present or most recent employer and must be a senior grade to yourself and you must have worked for that person for a period of not less than three months duration.*

| | | | |
|---|---|---|---|
| 1. Name | | Position | |
| Work Address<br><br>Post Code | | | |
| Work E-mail | | Tel | Fax |
| 2. Name | | Position | |
| Work Address<br><br>Post Code | | | |
| Work E-mail | | Tel | Fax |

## Your DBS status and Uniform

*Please send a copy of your most recent DBS Disclosure (formally known as CRB)*

| | | |
|---|---|---|
| Current DBS Disclosure (formally known as CRB) | Yes ☐ No ☐ | Clear Yes ☐ No ☐ |
| Issue Date | | Disclosure Number |
| Is this certificate registered with the update service | Yes ☐ No ☐ | |

*All applications who cannot provide a registered DBS or full immunisation record will be required to complete at their own cost. NK Care will cover the cost of any Mandatory Training updates however cancellations outside of 48 hours and late attendances will be charged to the candidate.*

*Candidates will be required to purchase uniform if required at the cost of £20 this will be deducted from your timesheet once you have started working through us. Please fill in the box below stating your uniform size and quantity.*

| Female | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 | 26 | 28 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nurse | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| HCA/CH | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Midwife | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Male | 38 | 40 | 42 | 44 | 46 | 48 | 50 |
|---|---|---|---|---|---|---|---|
| Nurse | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| HCA/CH | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Midwife | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Your Work History

*Please ensure you complete this section even if you have a CV. The "Employment history should be recorded on an Application Form which is signed" Please ensure that you leave no gaps unac-counted for and it covers full work history including your education. Please use extra paper if required.*

*Full work history including your education*

*Dates to and from are shown in a mm/yy format*

*Dates are continual with NO gaps*

*Where there have been gaps in work history please state the reason for the gaps*

*Lists all relevant training undertaken*

| | | |
|---|---|---|
| From | To | Employer |
| Title of Post | | Grade |
| From | To | Employer |
| Title of Post | | Grade |
| From | To | Employer |
| Title of Post | | Grade |
| From | To | Employer |
| Title of Post | | Grade |

# Your Declarations

## 1. Working Time Regulations

*For the purposes of the Working Time Regulations 1998 (as amended) I, consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving NK Care not less than three months' notice at any time.*

| Signed | Print Name | Date |
|---|---|---|

*In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.*

| Signed | Print Name | Date |
|---|---|---|

## 2. Health Declaration

All applicants must complete the enclosed health questionnaire to enable us to establish your fitness for work. We would ask all OVERSEAS candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health Doctors to establish your fitness for work. Please sign the declaration below to allow NK Care to release your information for inspection.

I (name) _____ consent to NK Care. Recruitment releasing my health and immunisation records for review to NK Care qualified Occupational Health Advisor. I understand that based on this review I may be required to undergo a medical examination to establish my fitness for work. I confirm that I will immediately inform NK Care. Recruitment in confidence if I am HIV Positive, HepB positive or if I have AIDS in accordance with the Department of Health guidelines. I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform NK Care. Recruitment should my general condition of health change. I will inform Day NK Care. Recruitment immediately if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to NK Care. obtaining further information regarding my health from my GP or Occupational Health Department.

## 3. Personal Declaration

I hereby confirm that the information provided on my application is correct and true to the best of my knowledge and that I have not withheld any information that should be taken into account when offering me work.

I understand that providing false or inaccurate information may result in the termination of any placement.

I agree that I will make best endeavors to make myself aware of the Health & Safety procedures for each client I am assigned to.

I confirm that I have read and understood the Terms of Engagement and the terms of the declaration and agree to be bound by them.

## 4. Confidentiality

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to the Client or the Company NK Care Recruitment) or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement with the Company (NK Care) under the Terms of Engagement.

## 5. Rehabilitation of Offenders Act 1974 – Please Answer All Five Questions

Because of the nature of the work for which you are applying , Section 4(2), 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 apply. 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.

| | | | |
|---|---|---|---|
| 1 | Do you have any convictions, cautions or bind overs? If yes please give details... | Yes ☐ | No ☐ |
| 2 | Have you ever had disciplinary action taken against you? If yes please give details... | Yes ☐ | No ☐ |
| 3 | Are you at present the subject of criminal charges or disciplinary action? If yes please give details... | Yes ☐ | No ☐ |
| 4 | Do you agree for NK Care to check the status of your DBS by performing an online check at any time during your employment? (for candidate registered on the up-date service only) | Yes ☐ | No ☐ |
| 5 | Do you consent to NK Care requesting a police (DBS) or any appropriate referenc-es on your behalf? | Yes ☐ | No ☐ |

## 6. Right To Work in the UK

Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an overseas national or require a work permit to work in the UK please include copies of supporting documentation.

Your entitlement for working in the UK is based upon what status:

| | | | | | |
|---|---|---|---|---|---|
| EU Citizen | ☐ | Spouse of an EU Citizen | ☐ | Work Permit | ☐ |
| Permit-free Visa | ☐ | Right of Abode in the UK | ☐ | Admitted to UK as Doctor Prior to 1985 | ☐ |

## 7. Health and Safety

Each agency worker has a responsibility at the start of their first shift to become familiar with the Client's general policies including, without limitation, those relating to Crash Call Procedures, the Hot Spot Mechanism for alerting security sta that an individual is in trouble, Fire Policy and the Violent Episode Policy.

## 8. I.D. And Indemnity Verification

NB Nurses & ODP's only: Please tick this box to confirm you hold your own indemnity insurance.

All Nurses need to have in place an indemnity arrangement as a mandatory requirement of the NMC Code.

It is the professional responsibility of each nurse and midwife to ensure that they have cover which is appropriate to their role and scope of practice and its risks. It is your sole responsibility to ensure that indemnity insurance does not expire.

The cover that they have in place should be relevant to the risks involved in their practice, so that it is reasonably sufficient in the event that a claim is successfully made against them.

I give consent for NK CarE to use an identification document scanner required for NHS frameworks.

# Registration Form Declaration

**Please Read Before Signing**

I declare that by signing this form I am agreeing to declarations 2-8. I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without the relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I agree that NK Care retains the right to hold this registration form and any other data required to process it and pass onto any au-thorised third party and the details held within. I also agree to use all reasonable efforts to assist to comply with the Data Protection Act 2018.

In addition, I confirm that that all the information provided is true and accurate and that I have received and agree to NK Care Recruitment terms of engagement and Staff Handbook.

| | | | |
|---|---|---|---|
| Signed | | Print Name | Date |

You will be requested to update your details annually