MedPure
Nursing Recruitment Specialists

APPLICATION FORM

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

Please complete all sections of the application form and return to the address below.

MedPure Ltd, First Floor, Hastings House 15 Auckland Park, Milton Keynes, MK1 1BU

Please continue on separate sheets of paper, if necessary. The information provided on this form will be used as part of the selection process.

If you need assistance filling out this form you can reach us Monday - Friday 8:30am - 17:00pm

Please affix 2x passport sized photos below

1. Personal Details

Please complete this section using your full **NMC** registered name

Title _____

First Name _____

Surname _____

Sex _____

Date of birth _____

Marital Status _____

Other names _____

NMC Pin No _____

2. Contact Details

Address _____

Work Telephone _____

Ext or Bleep _____

Home Telephone: _____

Mobile _____

Email _____

3. Emergency Contact Details

Contact name _____

Relationship _____

Address _____

Mobile _____ Landline _____

Email _____

MedPure
Nursing Recruitment Specialists

APPLICATION FORM

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

4. Immigration Status

Nationality _____

Passport No _____

Expiry Date _____

Issued at _____

Type of visa held (if any) _____

Visa Expiry Date _____
(Please provide documentary evidence)

5. Professional Society/Union

Name of Society/Union _____

Type of membership _____

Renewal date _____

Membership PIN No _____

Are you currently under investigation by the NMC or any other organisation _____

6. Tax Status

1. PAYE (Yes/No) _____

P45 encloses _____

P46 enclosed _____

2. Umbrella Company (Yes/No) _____

Name of chosen Umbrella _____

National Insurance Number _____

Please provide evidence of your National Insurance Number

7. Bank Details

Bank name _____

Account name _____

Account No _____

Sort Code _____

IBAN _____

Swift.BIC _____

Branch address _____

MedPure
Nursing Recruitment Specialists

APPLICATION FORM

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

8. Reference 1

Both references must be from within the past twelve months and one must be from your most recent/current employer. We require references covering the last 3 years of employment

Name _____

Relationship _____

NMC PIN (if applicable) _____

Hospital _____

Ward _____

Mobile _____

Email _____

Fax _____

9. Reference 2

Name _____

Relationship _____

NMC PIN (if applicable) _____

Hospital _____

Ward _____

Mobile _____

Email _____

Fax _____

10. Education and Professional Training

Qualification 1 _____

College/University _____

From _____ To _____

Qualification 2 _____

College/University _____

From _____ To _____

11. Appraisal Management

Name of Appraiser _____ Appraiser NMC No _____

Last appraisal Date _____

Please provide your next revalidation / confirmation date? _____

Responsible Office / Nurse Confirmer _____

NMC Number _____

Telephone Number _____

Email Address _____

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

12. Address History - last 5 years

Address 1 _____

Town/City _____

Country _____

Postcode _____

Month & year From _____ To _____

Address 2 _____

Town/City _____

Country _____

Postcode _____

Month & year From _____ To _____

Address 3 _____

Town/City _____

Country _____

Postcode _____

Month & year From _____ To _____

Address 4 _____

Town/City _____

Country _____

Postcode _____

Month & year From _____ To _____

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

13. Declaration of Criminal Record

Rehabilitation of Offenders Act 1974 (exceptions) Order 1975

Due to the nature of the work for which you are applying, the provision of section 4 (2) of the Rehabilitation of Offenders Act 1974 does not apply by virtue of the Rehabilitation of Offends Act 1974 (exceptions) Order 1975. Applicants therefore NOT entitles to withhold information about convictions which for purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions will result in your removal from our register. Any information you may give will, of course, remain strictly confidential. MedPure may contact you for your permission to disclose such details if relevant to the position you are applying for.

Have you even been police checked? _____

Date you were last police checked: _____

Please provide evidence of your most recent Police clearance from your country of origin.
(If within last 6 months)

Please provide your ISA registration Number, if applicable: _____

Please provide your Scottish Vetting & Barring Scheme: _____

DBS Certificate number: _____

DBS update service number: _____

I confirm I give Medpure my authority to which this Certificate number relates to receive update information (within the meaning of section 116A of the Police Act 1997) in relation to their criminal record certificate.

Print name _____

Sign _____

Date _____

14. Details of any convictions

Have you ever been convicted of a criminal offence: (Yes/No) _____

If 'yes' please give details: _____

_____

Date of Conviction: _____

Nature of Conviction: _____

Have you ever been dismissed from a professional or nursing post? (Yes/No) _____

If 'yes' please give details: _____

_____

Date of dismissal: _____

Nature of dismissal: _____

Are you currently suspended, on notice of dismissal from your employment or under investigation from any employer? (Yes/No) _____

If 'yes' please give details: _____

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

15. Training Declaration

I understand that it is my responsibility to undergo an annual appraisal and attend mandatory training in the following disciplines:

Manual Handling patients, Moving and Handling, Health and Safety, Fire procedures; fire safety; infection control; COSHH; RIDDOR; Risk incident Reporting; Complaints Handling/Major Incident/ Alerts; Lone Worker Training; Bleep Systems – Fast Call/Cardiac Arrest/Fire; On Site Security; Information Security; Crash Call Procedures; Hot spot Mechanisms; Handling of Violence and Aggression; Cross Infection; Aseptic Non Touch Technique; Computer Use; Notifiable Diseases; Clinical Governance; Data Protection Act 1988; Lonising Radiation; Risk Incident Reporting; The Caldicott Principle; Working Time Directive. This list is not an exhaustive one, however it reflects the type of training and development needed to undertake your future roles and responsibilities.

I the undersigned hereby declare that I have read and understood the MedPure Induction handbook and that I am already trained in the NHS standards in all the areas as specified in the handbook. In the event that I require further training in any area I will inform MedPure without delay.

I will ensure my annual mandatory training is updated and will forward copies of my certification to MedPure.

I believe the above to be a true declaration and I fully understand that should it come to light following my employment with the prospective employer, that any of the information I have provided within this application proved to be false or a misrepresentation my employer may terminate my employment with immediate effect.

Print name _____

Sign _____

Date _____

16. Working Time Regulations

The Working Time regulations 1998 ("the regulations") require MedPure ("The Company") to limit your average weekly working time to 48 hours unless you agree with the company that the limit shall not apply to you. The company wished to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

1. The 48-hour limit on average weekly time will not apply to you.
2. You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at the company to whom you usually report 4 weeks' written notice. Under the regulations, the company must keep records relating to your working time. This is the case whether or not you reach an agreement with the company about waiving working time limits.

If you accept the Company's proposals, please sign below. This document will then be the record of agreement.

Print name _____

Sign _____

Date _____

MedPure
Nursing Recruitment Specialists

APPLICATION FORM

FAX: 0844 7745 958
EMAIL: timesheets@medpure.co.uk
TELEPHONE: 01908 375 468

17. IR35 & Criminal Finance Act Obligations

In accordance with IR35 & Crimminal Finance Act obligations, we are required to ensure that appropriate payroll deductions are being made on your behalf. As such, you sign to agree that assurance checks can be made in relation to your chosen payment method which include but are not limited to:

Print name _____

Sign _____

Date _____

18. Data Protection & GDPR

The information that you provide on this form and on any CV will be used by Medpure Nursing to identify suitable locum opportunities. 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 and other third parties as required including Framework Assurance Auditors. At all times, your personal data will be controlled in accordance with our GDPR obligations. A copy of our Privacy Statement is available on request or can be accessed via our website.

Print name _____

Sign _____

Date _____

19. Access to Medical Records

I the undersigned hereby give permission to MedPure, to have access to my medical records pertinent to my immunisation and blood test history.

Print name _____

Sign _____

Date _____

20. Declaration

I the undersigned hereby declare that the information I have given in this application form is true to the best of my knowledge and belief. I agree that if I have given any false or misleading information, or do not give relevant information now or in the future, this may result in the termination of an assignment without notice.

I acknowledge that I have been given a copy of the terms and conditions and access to the nurse induction handbook by MedPure and will abide by those terms and conditions. Furthermore I hereby consent to MedPure disclosing to the authority, or any person, firm or organisation duly authorised on the authority's behalf or NHS national framework, documentation for the proposed of an external audit required in accordance with the NHS national framework.

Print name _____

Sign _____

Date _____