

Please complete all sections of the application form and return to the following:

**Harman House, 1 George Street, Uxbridge, UB8 1QQ or email to [compliance@medpure.co.uk](mailto:compliance@medpure.co.uk)**

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

## 1. Personal Details

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

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Other Names \_\_\_\_\_

National Insurance Number \_\_\_\_\_

## 2. Contact Details

Address \_\_\_\_\_

Town/City \_\_\_\_\_

Postcode \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

## 3. Emergency Contact Details

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Mobile \_\_\_\_\_

## 4. Immigration Status

Nationality \_\_\_\_\_

Type of visa held (if any) \_\_\_\_\_

Visa Expiry Date \_\_\_\_\_

Does your visa have a condition restricting your employment or occupation in the UK

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please provide documentary evidence)

## 5. Professional Details

NMC/HCPC Number \_\_\_\_\_

Registration Renewal Date \_\_\_\_\_

Name of Society/Union (RCN, Unison etc.) \_\_\_\_\_

Are you currently under investigation by the NMC/HCPC or any other organisation? (Yes/No) \_\_\_\_\_

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6. 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

Referee Name \_\_\_\_\_

Referee Job Title \_\_\_\_\_

Relationship \_\_\_\_\_

Hospital \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Can the referee be contacted prior to interview \_\_\_\_\_

## 7. Reference 2

Referee Name \_\_\_\_\_

Referee Job Title \_\_\_\_\_

Relationship \_\_\_\_\_

Hospital \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Can the referee be contacted prior to interview \_\_\_\_\_

**8. Education and Professional Training**

1. Subject/Qualification \_\_\_\_\_  
Place of Study \_\_\_\_\_  
Grade/Result \_\_\_\_\_  
Year Obtained \_\_\_\_\_

2. Subject/Qualification \_\_\_\_\_  
Place of Study \_\_\_\_\_  
Grade/Result \_\_\_\_\_  
Year Obtained \_\_\_\_\_

3. Subject/Qualification \_\_\_\_\_  
Place of Study \_\_\_\_\_  
Grade/Result \_\_\_\_\_  
Year Obtained \_\_\_\_\_

4. Subject/Qualification \_\_\_\_\_  
Place of Study \_\_\_\_\_  
Grade/Result \_\_\_\_\_  
Year Obtained \_\_\_\_\_

**9. Appraisal Management**

Name of Appraiser \_\_\_\_\_

Appraiser NMC/HCPC No \_\_\_\_\_

Date of your last NHS Appraisal \_\_\_\_\_

Please provide your next revalidation date? \_\_\_\_\_

## 10. Address History - last 5 years (Please ensure there are no gaps between address')

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 \_\_\_\_\_

## 11. Declaration of Criminal Record

### Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers

The organisation aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

As part of assessing your application, MedPure will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

\* Are you currently bound over or do you have any current 'unspent' convictions or cautions (including reprimands or warnings) that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? (Yes/No) \_\_\_\_\_

If Yes, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences.

\_\_\_\_\_

### Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you are applying for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended). Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please be aware that the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (S.I. 2013/1198) made amendment to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete the question(s) below please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at: [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)

Where the position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012) an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - see notes above. You also are not required to tell us about parking offences.

\* Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court or Court-Martial in the United Kingdom or in any other country? (Yes/No) \_\_\_\_\_

\*Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children? (Yes/No) \_\_\_\_\_

\*Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults? (Yes/No) \_\_\_\_\_

If YES, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. \_\_\_\_\_

\_\_\_\_\_

I confirm I give MedPure my authority to receive updated information (within the meaning of section 111A of the Police Act 1997) in relational to my criminal record certificates.

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

## 12. 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 Conviction: \_\_\_\_\_

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

If 'yes' please give details: \_\_\_\_\_  
\_\_\_\_\_

## 13. 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; firesafety; 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; Ionising 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 \_\_\_\_\_

## 14. 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 wishes 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 \_\_\_\_\_

## 15. IR35 & Criminal Finance Act Obligations

In accordance with IR35 & Criminal 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:

- Provision of Umbrella Company copy pay slip both from you as an individual and also the Umbrella Company you have chosen to operate through.
- Any and all reasonable checks required by MedPure Nursing to satisfy its legal and regulatory obligations under current and future IR35 & Criminal Finance Act legislation

You sign to agree that you will only engage the services of a third-party Umbrella Company provider who satisfies the regulatory HMRC conditions of use

Print name \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

## 16. 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 \_\_\_\_\_

## 17. 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 \_\_\_\_\_

## 18. 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 \_\_\_\_\_