

Attach 3 X Recent  
Passport Photos here.

## Registered Nurse Application Form

Please make sure you:

- Complete this form in CAPITAL letters
- Use black ink

<b>A. Personal Details</b>	
Title (Mrs, Mr, Ms, Dr or Other):	
Surname:	
Forename(s):	
Name preferred to be known by:	
Previous Name(s):	
Maiden Name(s):	
Address Line 1:	
Address Line 2:	
County/City:	
Country:	
Postcode:	
Email:	
Telephone:	
Mobile:	
Nationality:	
Date Of Birth:	
Immigration Status:	

<b>B. Nursing Details</b> (if applicable)	
NMC Pin Number:	
NMC Pin Expiry Date:	
NMC Part(s) Of Register:	



## E. Area of Expertise

Please tick up to 5 boxes.

<input type="checkbox"/> A&E	<input type="checkbox"/> CLINICS	<input type="checkbox"/> COMMUNITY
<input type="checkbox"/> CARE OF THE ELDERLY	<input type="checkbox"/> GENERAL	<input type="checkbox"/> GYNAECOLOGY
<input type="checkbox"/> HEALTH VISITING	<input type="checkbox"/> HOMECARE	<input type="checkbox"/> NURSE PRACTITIONER
<input type="checkbox"/> ITU	<input type="checkbox"/> LEARNING DISABILITIES	<input type="checkbox"/> MEDICAL
<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> MIDWIFERY	<input type="checkbox"/> NEONATAL
<input type="checkbox"/> NURSING HOMES	<input type="checkbox"/> OCCUPATIONAL HEALTH	<input type="checkbox"/> ORTHOPAEDICS
<input type="checkbox"/> PAEDIATRICS	<input type="checkbox"/> PRACTICE NURSING	<input type="checkbox"/> RENAL
<input type="checkbox"/> SURGICAL	<input type="checkbox"/> THEATRES	<input type="checkbox"/> UROLOGY
<input type="checkbox"/> MENTAL HEALTH PICU	<input type="checkbox"/> RECOVERY	<input type="checkbox"/> OTHER

## F. Professional Conduct

Has there been any proceeding of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?  YES  NO

If 'YES' please provide details below:

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## G. Rehabilitation Of Offenders Act

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 applies. 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.

Have you ever had any convictions?  YES  NO

*Please include spent convictions.*

If 'YES' please provide details below:

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## H. Bank Account Details

We'll pay your wages directly into a bank account.

Name Of Bank:

Branch Name:

Account Holder Name:

Bank Address:

Postcode:

Sort Code:

Account Number:

I would like to be paid through a ltd company.  YES  NO

If yes please provide your company details.

I am on P.A.Y.E  YES  NO

(Please enclose a copy of your most recent P.45 if we are your main employer.)

**Read all the following statements carefully and tick the one box that applies to you.**

**A.** This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.  YES or

**B.** This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's allowance or Incapacity Benefit. I do not receive a state or occupational pension.  YES or

**C.** I have another job or receive a state or occupational pension  YES

## I. Next Of Kin Details

1. Name:

Relationship to you:

Address:

Postcode:

Daytime Number:

Mobile:

2. Name:

Relationship to you:

Address:

Postcode:

Daytime Number:

Mobile:

## J. Reference Details

- Please supply the names and work addresses of two clinical professional referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months duration.

May We Contact Your Referees Prior To Your Interview?  YES  NO

### Reference 1

Name:

Position:

Address:

Postcode:

Daytime phone number:

Fax number:

Email address:

In what capacity has this person known you?

How long has this person known you?

### Reference 2

Name:

Position:

Address:

Postcode:

Daytime phone number:

Fax number:

Email address:

In what capacity has this person known you?

How long has this person known you?

## K. Pre-Employment Declaration Of Health

- Please answer all the following questions
- If you answer yes to any of these questions then please provide details in the space below.

### Basic health history

1. Do you have any impairment which may affect your ability to work safely?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you have any conditions of vision, hearing or speech which might affect your ability to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you have any difficulty in standing, bending, lifting or other movements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Are you currently or regularly taking any prescribed medication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you having any treatments or investigations of any kind at the moment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Is there any aspect of your medical history which an employer should or might wish to know?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are there any reasonable adjustments that an employer should make to enable you to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Have you ever suffered any stress related disorder, mental illness or psychological problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Have you ever had alcohol or drug problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Do you have any allergies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Have you any reason to believe you may be infected with a communicable or high-risk infection or disease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Have you knowingly been in contact with MRSA or worked within an MRSA environment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Do you now, or have you ever, suffered from or received treatment for:

14. Respiratory symptoms, disorders or diseases (including asthma, bronchitis, pleurisy, pneumonia or other chest illness)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Cardiovascular symptoms, disorders or diseases (including chest pain, high blood pressure, low blood pressure)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Epilepsy, frequent fainting attacks, giddiness or migraine	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Skin symptoms, disorders, diseases (including reactions to gloves and glove powder)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Any kind of back or joint problem (including pain, swelling or stiffness)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Tuberculosis (TB)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Diabetes, thyroid or other glandular problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Chicken pox	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. German measles	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Hepatitis A, B or C or jaundice	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. Any other serious illness / operations	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## L. Pre-Employment Declaration Of Health Continued

- In the following section, please give details of any of the questions  
Please continue on a separate sheet of paper if necessary.

Question Number	Details

## M. Vaccination History

The following items are required.

**Tuberculosis** - A certificate from your doctor's surgery or occupational health department of a positive scar or a record of a positive skin test.

**Mumps, Measles and Rubella** - A certificate of vaccination or blood test result showing your immunity levels

**Varicella** - A certificate of vaccination or blood test result showing your immunity levels

**Hepatitis B** - You must provide a copy of the most recent pathology or above, or antigen status if titre level is below 100lu/l.

**Hepatitis B Surface Antigen** - Proof of a negative result

	CAN YOU PROVIDE PROOF OF THIS VACCINATION OR TEST	DATE OF LAST TEST	TEST RESULT
<b>Tuberculosis</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/ /	
<b>Mumps, Measles and Rubella</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/ /	
<b>Varicella</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/ /	
<b>Hepatitis B</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/ /	
<b>Hepatitis B Surface Antigen</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	/ /	

## N. Declarations

### 1. HEALTH

I declare that the answers given with this Declaration of Health on this form are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from NursePlan.

I give NursePlan permission to contact my GP to obtain further information if necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 2. HEPATITIS B

I have been advised at the registration office of NursePlan of the importance of having the Hepatitis B vaccine.

I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.

I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 3. TERMS & CONDITIONS

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and enhanced disclosure from the Criminal Records Bureau.

I undertake to inform NursePlan should I be convicted of an offence in the future.

I undertake to inform NursePlan immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.

I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

I am clear that NursePlan cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 4. INDUCTION

I have received a copy of the Induction information letter and can confirm that I am aware that more detailed information on the Staff Handbook and Policy and procedures can be obtained directly from NursePlan.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 5. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week.

I understand that I may withdraw this consent by giving NursePlan not less than three months' notice. I understand that my registration with NursePlan can be terminated at any time following unsatisfactory work reports.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 6. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### 7. DATA PROTECTION

I agree that NursePlan Ltd retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## O. How To Complete Your CRB Form

Please find enclosed a CRB application form which you need to complete in order to work for NursePlan.

Mistakes on the application forms will cause delays in processing. Forms that are not completed accurately may need to be returned for amendments or additional information.

Here are some pointers to avoid making some of the most common errors:

- Use black ink throughout and write clearly in BLOCK CAPITALS only
- The compulsory sections that must be filled in are: A1-4, A6, A8-11, B13-14, C28 and H68
- Entries should be written clearly with only one character in each box
- If an error is made, a line should be put through the mistake and the correct information should be written clearly to the right of the crossed out information
- Correction fluid should never be used
- Always include your middle name (if you have one)
- You must provide a full and continuous five year address history
- All 'option' boxes should be marked with an X, not ticked
- When signing the form, the signature must not go outside the box
- If a section is not applicable, leave it blank. Do not write N/A or cross it through
- Do not write anything outside the boxes
- Do not complete sections E, F, X, Y or Z

## P. What To Do After Completing Your CRB Form

- Please bring your completed CRB application to your interview
- We will require £44 payment for the application (cash, postal order or cheque)
- Cheques are to be made payable to NursePlan.

## Q. NursePlan Contract Of Services

Temporary Worker together with any subsidiary or associated company as defined by the Companies Act 1985; "Agent" means NursePlan, St John's House, 54 St John's Square, London, EC1V 4JL. "Temporary Worker" means the Locum Nurse/HCA or other temporary worker who agrees to and is provided with a copy of this contract for services.

1.2 Unless the context otherwise requires, references to the singular include the plural and references to the masculine include the feminine and vice versa.

1.3 The headings contained in these Terms are for convenience only and do not affect their interpretation.

### 2. THE CONTRACT

2.1 These Terms govern the basis on which the temporary worker supplies their services to the client and they govern all Assignments undertaken by the Temporary Worker. However, no contract shall exist between the Client and the Temporary Worker between Assignments.

2.2 For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Agent and the Temporary Worker nor between the Temporary Worker and the Client. The Temporary Worker is engaged as a self-employed worker, although the Agent may be required to make statutory deductions from their remuneration in accordance with clause 4.2.

2.3 No variation or alteration of these Terms shall be valid unless approved by a director of the Agent in writing.

### 3. ASSIGNMENTS

3.1 The Temporary Worker agrees to provide their services to the Client during the Assignment in accordance with this Agreement.

3.2 The Temporary Worker acknowledges that the Assignment has been arranged by the Agent.

3.3 The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available. The Temporary Worker further agrees that suitability shall be determined solely by the Agent and that the Agent shall incur no liability to the Temporary Worker should it fail to offer opportunities to work.

3.4 For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on an Assignment, the start date for the relevant averaging period under the Working Time Regulations shall be the date on which the Temporary Worker commences the first Assignment.

3.5 The Temporary Worker shall not be obliged to accept any Assignment arranged by the Agent.

3.6 The Temporary Worker may not under any circumstances introduce any other person to supply services in place of the Temporary Worker.

3.7 If during the course of an Assignment or within certain periods after the end of an Assignment or after an introduction where no assignment took place the Client

wishes to employ the Temporary Worker direct (or assist another body to employ the Temporary Worker direct), the Temporary Worker acknowledges that under certain circumstances the Agent will be entitled either to charge the Client an introduction fee or a period of extended hire.

### 4. REMUNERATION AND OBLIGATIONS

4.1 The Temporary Worker be supervised, directed and controlled by the Client during the Assignment.

4.2 The rate payable to the Temporary Worker by the Client shall be indicated as on the pay rate sheet as in force at the time of the Assignment. Although the Client shall be responsible for paying the Temporary Worker's remuneration and agreed expenses this, and accounting for PAYE and NI contributions, shall be dealt with on behalf of the Client by the Agent.

4.3 The Temporary Worker shall during the Assignment:-

- Use all reasonable skill and care in the provision of their services
- Co-operate with the Client's staff and accept the direction, supervision and instruction of any person in the Client's organisation to whom he is responsible
- Conform to the Client's rules and regulations and normal hours and standards of work and practice
- Take all reasonable steps to safeguard their own safety and the safety of any other person who may be affected by their actions
- Avoid conduct detrimental to the interests of the Client

### 5. STATUTORY LEAVE

5.1 For the purposes of calculating entitlement to paid annual leave pursuant to Working Time Regulations 1998, the leave year commences on 1st October annually.

5.2 Under the Working Time Regulations 1998, the Temporary Worker is entitled to 28 days paid leave per leave year. All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next year.

5.3 Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Temporary Worker on Assignment during the leave year and is calculated according to the previous 12 weeks worked.

5.4 In the course of any assignment during the first leave year the Temporary Worker is entitled to request leave at the rate of one-twelfth of their total holiday entitlement in each month of their leave year. Where the Temporary Worker wishes to take any leave to which he is entitled, he should notify the Agent in writing of the dates of their intended absence. The Agent requires four weeks' written notice of intention to take holiday. This is to be sent to the manager at NursePlan.

5.5 None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Worker's status as a self-employed worker.

5.6 Temporary Workers who provide their services via an intermediary organisation or on a self-employed tax basis are not entitled to holiday pay.

5.7 No person shall be able to work for the Client whilst on annual leave.

### 6. SICKNESS ABSENCE

6.1 The Temporary Worker may be eligible for Statutory Sick Pay provided that he meets the relevant statutory criteria.

### 7. TIMESHEETS

7.1 At the end of each week of an Assignment (or at the end of the Assignment where it is for a period of one week or less or is completed before the end of a week) the Temporary Worker shall deliver to the Agent a time sheet duly completed to indicate the number of hours worked during the preceding week (or such lesser period) and signed by an authorised representative of the Client. Failure to submit a time sheet for hours worked may delay payment for those hours. Failure to co-operate in the Employment Business' timesheet process may constitute a breach of this contract for which damages might be claimed.

7.2 For the avoidance of doubt and for the purposes of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods during which he is carrying out activities or duties for the Client as part of the Assignment. Time spent travelling to the Client's premises, lunch breaks and other rest breaks shall not count as part of the Temporary Worker's working time for these purposes.

### 8. CONDUCT OF ASSIGNMENTS

8.1 The Temporary Worker is not obliged to accept any Assignment offered but if he/she does so, during every Assignment and afterwards where appropriate, they will:-

- Co-operate with the Client and/or the Client's staff, accept reasonable instructions and accept the direction, supervision and control of any responsible person at the Client's organisation;
  - Be present at such times as may be stipulated by the Client and unless arrangements have been made to the contrary, to conform to the normal hours of work agreed at the premises where the assignment is to be carried out;
  - Observe any relevant rules and regulations of the Client's establishment (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain;
  - Take all reasonable steps to safeguard their own health and safety and that of any other person who may be present or be affected by their actions on the Assignment and comply with the Health and Safety policies and procedures of the Client;
  - Not engage in any conduct detrimental to the interests of the Client;
  - Not at any time divulge to any person, nor use for their own or any other person's benefit, any confidential information relating to the Client's or the Agent's employees, business affairs, transactions or finances;
  - Act in a professional and courteous manner;
  - Be responsible for the provision of any necessary equipment.
- 8.2 If the Temporary Worker is unable to attend work during the course of an Assignment he should inform the Client and the Agent by no later than 7.30am on the first day of absence to enable alternative arrangements to be made.

### 9. TERMINATION OR COMMENCEMENT

9.1 Before commencing any assignment the Temporary Worker must provide the Client, via the Agent, with confirmation that he has not been convicted of or cautioned in relation to any criminal offence. In the event that the Temporary Worker is charged with or cautioned in relation to any criminal offence he must inform the Agent immediately and provide regular reports about the progress of proceedings.

9.2 The Temporary Worker will fully co-operate with the Agent in relation to any criminal record checks which the Client is required to carry out.

9.3 Before commencing any assignment the Temporary Worker must inform the Client, via the Agent, about any complaint made against him/her that is relevant to their professional competence, standing or conduct. In the event that the Temporary Worker becomes the subject of a complaint he/she must inform the Client, via the Agent, immediately and provide regular reports about the progress of proceedings.

9.4 The Agent will inform the Temporary Worker about any complaint made against him/her that is relevant to their professional competence or conduct.

9.5 Where the Temporary Worker wishes to raise any complaint about any matter, he/she should do so in accordance with the Agent's complaints procedure.

9.6 Unless otherwise agreed the Temporary Worker or the Client may, without prior notice or liability, terminate the Assignment at any time.

9.7 If the Temporary Worker does not inform the Client or the Agent should they be unable to attend work during the course of an Assignment this will be treated as termination of the Assignment by the Temporary Worker unless the Temporary Worker can show that exceptional circumstances prevented informing of the absence.

9.8 If the Temporary Worker is absent during the course of an Assignment and the contract has not been otherwise terminated the Client will be entitled to terminate the contract in accordance with clause 9.6 if the work to which the absent worker was assigned is no longer available.

### 10. SPECIAL PROVISIONS

10.1 The Temporary Worker must provide the Agent with all requested proof of qualifications, references, recent photographs (for identification purposes), access to health records and medical registrations as may be requested in order for the Agent to satisfy itself that the Temporary Worker is fit to be supplied to Clients. The Temporary Worker accepts that the Agent is or may be required to handle/process this (and other personal information as reasonably requested from time to time) and may need to share such information with its agents or third parties as part of performing its duties. The Temporary Worker recognises such obligations on the Agent and hereby consents to the handling, processing and divulging (whether in the UK, the European Union or elsewhere) of such information as may be necessary for the Agent (or its agents) to perform its duties.

10.2 In the situation where the Temporary Worker has professional qualifications and relies thereon for agency work, he must ensure full and current compliance with the appropriate professional requirements.

10.3 The Temporary Worker is strongly recommended to effect professional indemnity insurance cover.

10.4 The Temporary Worker should advise the Agent immediately if offered any employment or engagement by the Client or any third party to whom he is introduced by the Client and is also requested to provide details to the Agent of any remuneration offered.

10.5 The Temporary Worker is required to advise the Client, via the Agent, of any medical condition or any change in state of health that could impact upon the ability to carry out Assignments or their eligibility for Assignments.

10.6 The Temporary Worker must follow and co-operate fully with the formal induction procedure of the Client and undertake any training specified by the Client.

10.7 Throughout each Assignment, the Temporary Worker must comply with the Client's policies and/or procedures.

10.8 The Temporary Worker recognises the Agent's obligations under The Conduct of Employment Agencies and Employment Businesses Regulations 2003 (the Regulations) and hereby agrees to disclosures of personal information about the Temporary Worker as required in order for the Agent to comply with the Regulations.

### 11. LAW

These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales. 7927/1108

## R. Your CRB Disclosure

**It is a condition of proceeding with your application that you apply for an “enhanced” CRB disclosure or produce a disclosure which you have already obtained. Convictions and any other criminal record information obtained through the Criminal Record Bureau’s Disclosure service will not necessarily be a bar to employment.**

All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application. It is a condition of engagement that clients will be informed of details of criminal convictions so that they may make an informed decision as to whether or not to engage a candidate on a temporary assignment.

## S. What Next?

1. Once you have completed the application form and gathered together the required paperwork please telephone us to organise an interview on 0845 003 5342. Interviews can also be arranged by emailing [registration@NursePlan.co.uk](mailto:registration@NursePlan.co.uk)
2. You should also be in possession of a blank CRB application which must be fully completed and brought to your interview (with payment) along with the rest of your paperwork. This can be the biggest delay so please ensure that the form is completed accurately.
3. Once we have met you and collected the required paperwork we will do everything we can to get you cleared and out working with NursePlan. It does help if you can provide fax and email addresses for your referees. Anything you can do to help us help you is appreciated.
4. If for some reason you are asked to forward any documents please post them to:  
NursePlan  
St John's House,  
54 St John's Square,  
London,  
EC1V 4JL.  
Or  
Fax them to 0845 003 5343
5. Now that we have your interest in joining NursePlan we don't want to lose you. We are committed to keeping in regular contact with you and from time to time you will receive chasing calls and emails as we are keen to move you smoothly through the process. At the same time we don't want to push you and if we don't hear from you after four attempts we will archive your application until you are ready to proceed.
6. When your registration has been completed NursePlan will send you an ID badge and time sheets in the post. A NursePlan consultant will then contact you to discuss your work availability and answer any questions that you may have.