

APPLICATION PACK



PLEASE READ

Please note all fields with (*) are mandatory and must be completed, so you will not be able to progress without completing the mandatory parts. Use Black Ink Only. This form can be completed electronically and emailed to us from your personal email. NOTE: Form not compatible with iMac and MacBook

Personal Information (*)

Title:	First Name:	Middle name(s):	Surname:	
Date of Birth:				
Gender:	Male	Female		
House Name or No:				
Date of Residence:				
Street:	Town:	County:	Postcode:	Country:
Email:				
What job/s are you applying for?				

Emergency Contact (*)

Name:
Relationship to You:
Telephone Home:
Telephone Mobile:
Email:

Professional Registration(*)

Are you registered with any professional bodies? (Please tick)

<input type="checkbox"/> HCPC (formerly HPC)	<input type="checkbox"/> NMC	<input type="checkbox"/> GMC	<input type="checkbox"/> GPhC	<input type="checkbox"/> RCCP	<input type="checkbox"/> Other
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Professional Appraisal

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.

I hereby confirm that I have completed my annual appraisal. My appraiser's details are as follows.

Name of Appraiser:	
Position and Grade of Appraiser:	
GMC/NMC/HCPC/GPHC Number of appraiser:	Date of appraisal:
Position and Grade of:	Candidate Speciality
GMC/NMC/HCPC/GPHC number of candidate	
Signature:	Date:

Professional Indemnity Insurance

Insurance Provider: _____ :

Insurance Policy Number: _____

Expiry Date: _____

Emergency Contact (*)

Name: _____

Relationship to You: _____

Telephone Home: _____

Telephone Mobile: _____

Email: _____

Professional Registration(*)

Where did you hear about us? (Please specify where relevant)

IMPACT Care Services Website

Search Engine

Exhibition

Social Media /Magazine

Referral (please specify name):

Other (please specify):

Nationality and Eligibility to Work (*)

Do you hold a British/EU Passport / ID Card? Yes No

Nationality: _____

Passport Number: _____ Expiry Date: _____

If you do not hold a British/EU passport, do you hold any of the following?

Indefinite Leave to Remain in the UK

Ancestry Visa

Work Permit / Sponsorship (Tier 2)

Spousal/Partnership Visa

Student Visa (Tier 4)

Biometric Residence Permit

Working Holiday Visa/Youth Mobility (Tier 5)

Other (please specify):

Expiry Date: _____

Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in the NHS you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.

Professional Qualifications

List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide scanned copies/photocopies of all certificates

Qualification	Place where obtained	Date To/From	Certificate attached

Employment History (*)

Please ensure you complete this section even if you have a CV. Your employment history has to cover last 10 years (you can include education history if needed). Please ensure that the dates are continual and there are NO GAPS in your employment history. Any gaps longer than 14 days must be explained (e.g. holidays, sick leave, maternity leave, career leave, studies, etc.). Please use extra paper if required.

Experience 1

From (DD/MM/YYYY):

To (DD/MM/YYYY):

Job title:

Grade/Band:

Employer:

Address:

Main Responsibilities:

Experience 2

From (DD/MM/YYYY):

To (DD/MM/YYYY):

Job title:

Grade/Band:

Employer:

Address:

Main Responsibilities:

Experience 3

From (DD/MM/YYYY):

To (DD/MM/YYYY):

Job title:

Grade/Band:

Employer:

Address:

Main Responsibilities:

Professional References (*)

Reference 1

Organisation:

Job title:

Grade/Band:

Referee name:

Professional Title:

Ward/Dept:

Dates Employed (DD/MM/YYYY)

Email:

Telephone:

Capacity in which known (i.e. Manager):

Can we contact prior to interview:

Yes

No

Reference 2

Organisation:

Job title:

Grade/Band:

Referee name:

Professional Title:

Ward/Dept:

Dates Employed (DD/MM/YYYY)

Email:

Telephone:

Capacity in which known (i.e. Manager):

Can we contact prior to interview:

Yes

No

Reference 3

Organisation:

Job title:

Grade/Band:

Referee name:

Professional Title:

Ward/Dept:

Dates Employed (DD/MM/YYYY)

Email:

Telephone:

Capacity in which known (i.e. Manager):

Can we contact prior to interview:

Yes

No

Health Assessments for Night Workers

According to the Working Time Regulations 1998, we carry out the health assessment for the Night Workers.

Please Note: We will consider this form as part of your registration with us.

Do you have any health issues, that prevent you from working at night: Yes No

If yes, please specify your medical conditions below:

Are you taking any medication which would affect you from working at night: Yes No

Are you flexible / willing to work at night: Yes No

Declaration of Criminal Record (*)

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under this Act. Please tick.

1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?	Yes	No
2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?	Yes	No
3. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held.	Yes	No
4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation?	Yes	No
If Yes, please provide details:		
5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB)	Yes	No

DBS Certificate No:

Issue Date:

Company that conducted the check:

If you have signed up for the DBS Update Service: Yes No

IMPACT Care Services will undertake an Enhanced DBS check on your behalf. You will not be placed without having completed a current DBS check. IMPACT Care Services utilises the DBS e-Bulk service. Please contact your recruitment team to check the process for completing the DBS application online. Please enclose all ORIGINAL documentation (e.g. passport) as requested, not just photocopies. These will be returned to you immediately. Please note that at any stage whilst working for IMPACT Care Services we receive a DBS enhanced disclosure that highlights information you have not declared then you will be removed from your assignment.

Declarations (*)

Working Time Directive

The Working Time Regulations 1998 require IMPACT Care Services to limit your average weekly working time to 48 hours unless you agree with IMPACT Care Services that the limit shall not apply to you:

I agree to limit my working week to no more than 48 hours

I disagree to limit my working week to no more than 48 hours

Candidate Handbook

Please download, print and sign the Candidate Handbook from our website. You will need to return this with the application pack. The link to it is www.impactcareservices.co.uk/download/

I can confirm that I received, read and understood each section of the Candidate Handbook:

I can confirm that I have read this document fully and that all the information provided to IMPACT Care Services is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform IMPACT Care Services should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

1. I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform IMPACT Care Services.
2. I acknowledge that I have been given a copy of the terms and conditions of service issued by IMPACT Care Services, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them.
3. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Form.
4. I acknowledge and confirm that IMPACT Care Services is authorised to apply for and obtain a Disclosure and Barring Service (DBS) check and references from any previous employers and educational establishments.
5. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that IMPACT Care Services may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to IMPACT Care Services.
6. I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Working Time Regulations 1998 shall not apply to working with IMPACT Care Services unless specified above.
7. I acknowledge that my personal details will be stored and handled correctly by IMPACT Care Services in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - DBS, Occupational Health, References).
8. I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform IMPACT Care Services.
9. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform IMPACT Care Services.
10. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for IMPACT Care Services, I must inform IMPACT Care Services immediately.
11. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform IMPACT Care Services if I am under investigation or suspended by my professional regulatory body or employer at any point while working for IMPACT Care Services.
12. I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Regulations) I will provide accurate information.
13. I acknowledge that should I reach the 12 week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if IMPACT Care Services deem it necessary.
14. I confirm that whilst working for IMPACT Care Services I am willing to work through any of the brands/subsidiary companies that form part of IMPACT Care Services of companies. These include (but are not Limited to) IMPACT Care Services Healthcare, IMPACT Care Services Nursing, IMPACT Care Services Recruitment and Temps4Healthcare. I understand that I will be informed at the time of placement which company/ brand that I will be working for and will be provided with the relevant documentation to represent that company.