

**Capital Staffing Services Healthcare Registration Form**

*(the following information will be treated in confidence in accordance with the Data Protection Act 1998)*

**1 Personal Details**

Surname: \_\_\_\_\_ Title: Mr/Mrs/Miss/Ms: \_\_\_\_\_  
First names: \_\_\_\_\_  
Previous Surname if any: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ NI Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Other Contact Number(s) \_\_\_\_\_

**2 Next of Kin Details/ Emergency contact**

Surname: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_

**3 Qualifications**

Parts of the NMC register : \_\_\_\_\_ NMC pin no: \_\_\_\_\_ NMC pin Expiry Date: \_\_\_\_\_  
Extended Roles/Additional training: \_\_\_\_\_

**4 Additional Information**

Nationality: \_\_\_\_\_  
Type of passport held (i.e. UK/EU/Other) If Other – Please specify \_\_\_\_\_  
Languages spoken: \_\_\_\_\_  
Full driver license held:    Yes    No

**You will be required to complete a separate OCCUPATIONAL HEALTH form**





**7 References**

*These will need to be taken from your most recent employers (i.e. Healthcare bodies or other agencies). They must be relevant to each specialty in which you are to be placed, they will contain details of previous work under taken within these engagements. References must relate to your employment history and must include your last two employers (including current employer).*

Organisation: \_\_\_\_\_  
Referees Name: \_\_\_\_\_  
Work address: \_\_\_\_\_  
\_\_\_\_\_  
Post code: \_\_\_\_\_

Referees Position: \_\_\_\_\_  
*Must be Manager or Supervisor*  
Work Telephone No: \_\_\_\_\_  
**Email (Work only):** \_\_\_\_\_

Organisation: \_\_\_\_\_  
Referees Name: \_\_\_\_\_  
Work address: \_\_\_\_\_  
\_\_\_\_\_  
Post code: \_\_\_\_\_

Referees Position: \_\_\_\_\_  
*Must be Manager or Supervisor*  
Work Telephone No: \_\_\_\_\_  
**Email (work only):** \_\_\_\_\_

Organisation: \_\_\_\_\_  
Referees Name: \_\_\_\_\_  
Work address: \_\_\_\_\_  
\_\_\_\_\_  
Post code: \_\_\_\_\_

Referees Position: \_\_\_\_\_  
*Must be Manager or Supervisor*  
Work Telephone No: \_\_\_\_\_  
**Email (work only):** \_\_\_\_\_

Please confirm that you are content for us to apply for references from previous employers once you have submitted this form?                      Yes                      No

**8 Declaration of Criminal Record/Rehabilitation of Offenders Act 1974**

*Declaration and/or knowledge of a Criminal Conviction will not necessarily preclude you from any engagement by Capital Staffing Services Ltd as we consider all applicants for employment on their merits.*

Because of the sensitive nature of the duties you will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position. The post you have applied for is exempted from the *Rehabilitation of Offenders Act 1974*, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police?

Yes      No      If yes, please give details of offences, penalties and dates .....

Are you aware of any enquiries or investigations undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes      No      If yes, please gives details. ....

**PLEASE NOTE YOU WILL ALSO BE REQUIRED TO COMPLETE A CRIMINAL RECORDS BUREAU (CRB) DISCLSoure FORM & A SEPARATE PROTECTION OF CHILDREN & VULNERABLE ADULTS FORM**



**9 Working time regulations 1998 (48 Waiver)**

The working time regulations act 1998 ("the regulations") requires Capital Staffing to limit your average weekly working time to 48 hours unless you agree with Capital Staffing that the limit shall not apply to you. Capital Staffing wishes to have an agreement with you. it proposes an agreement (which shall apply until terminated by notice) on the basis that:

- 1. The 48 hour limit on average weekly working 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 3 months written notice.

Under the regulations, Capital Staffing 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 proposal, please sign below.** This document will then be a record of agreement between you and the company.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Please sign at the office!

**10 Ability to work**

Are you unable to work for any Nursing Agency, Hospital Trust or ward, or do you currently have any complaints that are under investigation from the NMC or any Nursing Agency, Hospital Trust or ward?

Yes No If YES please give details:

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**11 Declarations, Code of Conduct & Confidentiality Agreement**

1) I Have read and understood the professional code of conduct and I agree that, during the time I am engaged by Capital Staffing Services Limited when working in any capacity of care or social work, I will

- a) Not disclose to any person, any information obtained whilst attending an assignment, which is confidential.
- b) Hold in trust and confidence for Capital Staffing Services Limited all such information and never use it other than for the benefit of Capital Staffing Services Limited.
- c) Adhere to the code of conduct contained in the Staff Handbook at all times

2) The information given in this application form is correct to the best of my knowledge. I understand that any false statement or omission will automatically invalidate any contract issued to me and may result in legal action being taken against me. I understand it is a criminal offence to give false information in order to gain employment. I hereby authorize Capital Staffing Services Ltd

- a) to approach Government Agencies, former employers and referees I have provided for the purpose of verifying the information I have given.
- b) to divulge to a prospective employer any information provided by me or on my behalf for the purpose of employment
- c) to provide a reference on request as to my work history and ability on assignments.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Please sign at the office!



*(This portion of the Application Form will be retained separately from any information used in the selection process)*

**Equal Opportunities**

Surname ..... First Name .....

Date of Application .....

Capital Staffing Services Ltd believes in the principle of equal opportunity in employment and accordingly pre-selects applicants only on the basis of qualifications and experience.

Our policy is not only to adhere whole-heartedly to the law but also to the spirit behind the laws prescribed. (a copy of our policy is available on request)

In order to monitor our equal opportunity practices we would ask that you complete the following checklist.

**EQUAL OPPORTUNITIES MONITORING**

Gender Male      Female

Nationality/Racial Origin:

- |              |              |              |
|--------------|--------------|--------------|
| <i>Asian</i> | <i>Black</i> | <i>White</i> |
| Bangladeshi  | African      | British      |
| British      | British      | European     |
| Indian       | Caribbean    | other        |
| Pakistani    | other        |              |
| other        |              |              |

Disability:

Do you consider yourself to have a disability?    Yes    No

If yes state nature: \_\_\_\_\_

Are you registered disabled?    Yes    No

If yes, please state Reg. No. \_\_\_\_\_

