

Please ensure you:

- ◆ Answer all the questions on this form as you will not be able to process without the necessary information provided.
- ◆ Complete this form in CAPITAL letters
- ◆ Use **black ink**
- ◆ Provide all the documents we request

### Your Personal Details

Title (MRS / MISS / MS / MR or other)	Surname or Family name:
First name:	Other/Previous name(s) known by:
House name / No.:	Tel (home):
Street:	Tel (work):
Town:	Tel (mobile):
County:	Email address:
Postcode:	Date of Birth:
Country:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Do you hold a current full UK Driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any endorsements? If yes, please give details:	
What job/s are you applying for?	

Next of kin	
Name:	Main contact number:
Relationship to you:	Email:

### Payment Details

National Insurance number:	
Please visit <a href="http://www.tfshealthcare.co.uk/tfs-healthcare/tfs-payment-options/">http://www.tfshealthcare.co.uk/tfs-healthcare/tfs-payment-options/</a> to select an umbrella company to work through.	
Do you wish to nominate an umbrella company?	Yes - _____ <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to work as a limited company? (PRIVATE ONLY)	Yes - _____ <input type="checkbox"/> No <input type="checkbox"/>
Please provide a copy of your: (please tick)	
VAT Certificate <input type="checkbox"/>	Company's Certificate of Incorporation <input type="checkbox"/>
Corporation tax details <input type="checkbox"/>	Certificate of Insurance <input type="checkbox"/>
Company bank details <input type="checkbox"/>	PAYE Registration Numbers <input type="checkbox"/>
<b>Professional Indemnity Insurance:</b>	
Insurance provider:	
Insurance policy number:	Expiry date:



**Your Registration Details**

NMC Pin Number:	NMC Expiry Date:
GMC Number:	GMC Expiry Date:
HCPC Number:	HCPC Expiry Date:

**Right to Work Details**

Do you hold a British / EU passport?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nationality:	
Passport No.:	Expiry Date:
I am eligible to work in the UK and do not require a work permit:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
I am already in possession of a work permit to work in the UK:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If other, please specify:	

**Your Clinical Details**

Which clinical area/speciality do you wish to work in?				
A&E <input type="checkbox"/>	ITU <input type="checkbox"/>	Medical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Theatres <input type="checkbox"/>
Midwifery <input type="checkbox"/>	Paediatrics <input type="checkbox"/>	Surgical <input type="checkbox"/>	Other (Please specify):	
<b>Professional Qualifications:</b>				
Qualification:		Location obtained:		Date to/from:
<b>Professional Appraisal:</b>				
Location of appraisal:		Date of appraisal:		Key outcomes:

**International English Language Testing System (IELTS)**

If you have completed your IELTS, please complete the below:		
Qualification:	Location obtained:	Date completed:

**Your Professional Conduct**

Have there been/are there any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details:



**Declaration of Criminal Record**

Due to 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.

Do you have any convictions, cautions or reprimands that are not "protected" as defined by the Rehabilitations of Offenders Act (amended 2013)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had disciplinary action taken against you? If yes, please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at present the subject of criminal charges or disciplinary action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to TFS Healthcare requesting a police check and any appropriate references on your behalf?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been police checked in the last three years? If so, by whom? (Please supply a copy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever had an Enhanced Disclosure and Barring Service (DBS) check?  
(formerly Criminal Records Bureau check or CRB) Yes  No

Disclosure Number:

Issue Date:

Is this Certificate registered with the DBS Update Service? Yes  No

Number:

**Work History and Professional References**

Please supply TFS Healthcare with a full and up-to-date copy of your CV. Please note that any gaps in your outlined work history must be clearly accounted for.

Please provide the names and contact details of at least 3 professional referees from you current and most recent employment. These must cover the last 5 years of employment / education. Referees must have worked in a more senior position to yourself. TFS Healthcare will be unable to continue with your registration or offer any work until satisfactory references have been received. Please note that TFS Healthcare is required to seek references on an annual basis.

Organisation:	Job title:
Dates employed <b>from</b> (Month/Year):	<b>To</b> (Month/Year):
Name, address and professional title of employer/hospital:	Capacity in which known:
Email:	Telephone:



Organisation:	Job title:
Dates employed <b>from</b> (Month/Year):	To (Month/Year):
Name, address and professional title of employer/hospital:	Capacity in which known:
Email:	Telephone:

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Dates employed <b>from</b> (Month/Year):	To (Month/Year):
Name, address and professional title of employer/hospital:	Capacity in which known:
Email:	Telephone:

### Declarations

**1) Confidentiality:**

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to TFS Healthcare, or any of its respective clients, or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement and / or engagement with TFS Healthcare.

**2) Data Protection:**

I agree that TFS Healthcare retains the right to hold this registration 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.

**3) Health and Safety:**

Each agency worker has a responsibility at the start of their first shift to become familiar with the Client's general policies including, without limitation, those relating to Crash Call Procedures, the Hot Spot Mechanism for alerting security staff that an individual is in trouble, Fire Policy and the Violent Episode Policy.

**4) Health Declarations:**

- All applicants must complete the enclosed health questionnaire (APPENDIX C) to enable us to establish your fitness for work. We would ask all OVERSEAS candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health Doctors to establish your fitness for work. Please sign the declaration below to allow TFS Healthcare to release your information for inspection.
- I consent to TFS Healthcare releasing my health and immunisation records for review to TFS Healthcare Qualified Occupational Health Adviser. I understand that based on this review I may be required to undergo a medical examination to establish my fitness for work. I confirm that I will immediately inform TFS Healthcare in confidence if I am HIV Positive, Hepatitis B Positive or if I have AIDS in accordance with the Department of Health guidelines. I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform TFS Healthcare should my general condition of health change. I will inform TFS Healthcare immediately if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to TFS Healthcare obtaining further information regarding my health from my GP or Occupational Health Department.



**5) Hepatitis B:**

I have been advised at registration with TFS Healthcare, 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.

**6) Working Time Regulations:**

For the purposes of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving TFS Healthcare not less than three months' notice at any time. In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.

I DO CONSENT

I DO NOT CONSENT

**Print Name:**
**Your Signature:**
**Date:**
**7) Personal Declaration:**

- I confirm that the information given in this registration is, to the best of my knowledge, true and that an attempt to gain placement by deception is a criminal offence.
- 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 an Enhanced Disclosure from the Disclosure and Barring Service (DBS). I give my permission for TFS Healthcare to carry out a status check using the Update Service on my DBS Certificate and may be asked to provide a written statement regarding any information revealed on my DBS Certificate.
- I undertake to inform TFS Healthcare immediately should I be convicted of an offence in the future and will reveal ALL information contained in any Enhance Disclosure or police check.
- I undertake to inform TFS Healthcare immediately, if by virtue of their introduction, I receive an 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 TFS Healthcare 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 contained within the Agency Workers Staff Handbook. Made available in hard copy or online as discussed.**
- I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I agree that my personal details including my DBS Enhanced Disclosure may be viewed by third party auditors and potential employers.
- I give permission for the processing of the personal data contained in this form for employment purposes.
- I have no registrations body / any investigations existing or pending.



**Registration Form Declaration:**

I declare that by signing this form I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

In addition, I confirm that all the information provided is true and accurate and that I received and agree to TFS Healthcare's Terms of Engagement and Agency Workers Staff Handbook.

I can confirm that I have read and have fully understood parts 1-7 of this Registration Form.

<b>Print Name:</b>	
<b>Your Signature:</b>	
<b>Date:</b>	

