



TemptopiaHealthcareRecruitment

Better Together

If you wish to register in a particular area of the country and are not local to us, we may be able to arrange a meeting and register you at a place convenient to yourself.

At interview stage you will be expected to bring along the following documents;

Trained Nurses will need the following to register;

- Enhanced DBS
- Passport (Rights to work in the UK)
- Two passport photos
- Statement of Entry or PIN Card
- Two references, email address, telephone numbers of two employers
- Mandatory Training (dated within the last 12 months)
- Immunisation details
- Proof of N.I. (N.I. cards, payslip, P45, P60)
- Proof of Address
- Proof of membership of UNISON/RCN

When registering, please bring with you any other certificates or qualifications that you may have obtained. If you have an up to date CV/Resume, please bring this with you

Healthcare Assistants and Support workers will need the following to register;

- Enhanced DBS
- Passport (Rights to work in the UK)
- Two passport photos
- Two references, email address, telephone numbers of two employers
- Mandatory Training (dated within the last 12 months)
- Proof of N.I. (N.I. cards, payslip, P45, P60)
- Proof of Address

If you have any certificates of training, Manual Handling, CPR, NVQ, Medication Training, Control and Restraint, Food and Hygiene, Safeguarding (Adults/Children), Infection Control, Fire Training, Health and Safety and a CV/Resume or any other certificate relevant to this industry, please bring them with you upon registration.

It is a requirement of the agency that you are able to read, speak and understand the English language.



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3. Employment history (Fill in or Attach C.V)

Current or most recent employer (including voluntary or unpaid work)

Employer Name.....
 Address.....
 Postcode.....

Job Title..... Salary

Date started..... Date appointed to present/last job Notice period.....

Date left (if applicable) Reason for leaving

When would you be free to take up work for us?.....

Brief description of your work:

Previous employment – please give details of all jobs held/work history, including part-time and unpaid work, starting with the most recent first and explain clearly any gaps in your employment history.

Employer name & address	Job Title & brief outline of duties & key achievements	Date position held from/to (month/year)	Reason for leaving



4. Education, Technical and Professional Qualifications

What formal education, vocational/professional qualifications and training do you have?
Please include everything you consider relevant. Continue on a separate sheet if necessary.

Name of schools, colleges and universities attended	Dates from/ to	Certificates, diplomas, degrees or other qualifications obtained or expected (please include results/ grades)

5. Healthcare Training

Please provide information about training attended plus certificates date

- Health and safety..... Yes No
- Basic first Aid.... Yes No
- Mental Health Act Yes No
- Moving and handling Yes No
- Prevention and Infection control..... Yes No
- Food Hygiene..... Yes No
- Medication..... Yes No
- Basic Life support..... Yes No
- Others..... Yes No



6. Do you have or have you ever suffered from any of the following? (If yes, please give details)

Asthma/Hay Fever	Yes / No	
Blood Disorders/Anemia/Hemophilia	Yes / No	
Dermatitis/Skin disorders/ Psoriasis/Eczema	Yes/No	
Tuberculosis/Bronchitis/Pneumonia/Pleurisy	Yes/No	
Anxiety/Depression/Mental Health problems	Yes/No	
Eyesight/Hearing/wear glasses or hearing aid	Yes/No	
Headaches/Migraines/Dizziness	Yes/ No	
Cardio-Vascular/BP/Circulation/Fainting	Yes /No	
Diabetes/Epilepsy	Yes/No	
Back Injury/Recurrent Infection	Yes/No	
Hepatitis/Jaundice/Kidney problems.	Yes/No	
Varicose veins/Foot problems	Yes/No	

7. Other Information

- Do you have a current full driving license? Yes No
- Do you have any endorsements? Yes No
- Do you have the use of a car for work? Yes No

8. Working Times Preferences (Please tick your preferred working time and place)

WORKING TIMES REGULATIONS DECLARATION

<input type="checkbox"/>	Days (Early & Late) Shifts	
<input type="checkbox"/>	Nights Shifts	
<input type="checkbox"/>	Early Shifts	
<input type="checkbox"/>	Late Shifts	
<input type="checkbox"/>	Weekends	

I am eligible for employment in the UK and I am physically and mentally fit for work. To my knowledge all the information I have provided on this application form is true and complete record. I also acknowledge that the contract of employment Act 1972 applies to this application.

Signature of Applicant.....

Date of Signature.....

All information provided is subject to our confidentiality policy and the Data Protection Act. If you do wish to work more than 48 hours per week, it is necessary to sign the form below to show that you are available.

I (name) _____ confirm that I want to be able to work more than 48 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.

Signed _____
Dated _____



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9. Rehabilitation of offenders Act 1974

You are advised that you are not entitled to withhold information about convictions which are regarded as “spent under the Act”. This is due to the nature of the work involved which renders the post exempt from sec.4 (2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975.

You are therefore required to give details of all convictions and cautions including spent one. All information is confidential and will be considered only in relation to this or similar position.

Have you ever been convicted of a criminal offence Yes/No

If yes, please give details of all convictions including spent convictions and cautions

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Disclaimer: Temptopia Healthcare Recruitment (THR) Limited will not assume responsibility for any false information supplied by the temp worker filling this form and therefore such responsibility will entirely be their responsibility and the consequences thereof. It’s a criminal offence for any persons to supply false information or documents with or without their knowledge.

10. Bank Details

NAME OF BANK.....
ACCOUNT NAME.....
ACCOUNT NO.....
SORT CODE.....
BANK ADDRESS
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11. Declarations

I can confirm that the information disclosed in this application form is relevant and correct and can be verified by references from previous employers and/or any professional bodies or character referees specified. I understand that information I have disclosed may be divulged to companies or agents as deemed necessary by Temptopia Healthcare Recruitment Limited in relation to my application for work. Whilst on assignment from Temptopia Healthcare Recruitment Limited I will ensure my timesheet is returned to the branch by 2pm on the Monday following the week of work. Whilst on assignment from Temptopia Healthcare Recruitment Limited I will regard all available information as confidential and I will not divulge it to any third parties plus I will comply with the health & safety regulations of all the companies/agents I am assigned to.

I also acknowledge that whilst working for Temptopia Healthcare Recruitment Limited, I will not provide a service, either on my own behalf or on behalf of any contractor to any individual or client of Temptopia Healthcare Recruitment Limited

At the termination of this agreement between myself and Temptopia Healthcare Recruitment Limited I will not provide a service either on my own behalf or on behalf of any other contractor to any individuals or clients of Temptopia Healthcare Recruitment Limited for whom I have provided a service during my engagement and for 6 months after the end of my contract with Temptopia Healthcare Recruitment Limited.

Print Name:.....

Signed:.....

Dated:.....