

Personal Details	
Title:	Surname:
First Name:	Middle Name(s):
Date of Birth:	Gender:
House Name or No:	Start of Residence (Date):
Street:	Tel Home:
Town:	Tel Work:
County:	Tel Mobile:
Postcode:	Country:
Email:	
Title of Job You Are Applying For:	

Emergency Contact	
Name:	Tel Home:
Relationship to You:	Tel Mobile:
Email:	

Professional Registration	
Are You Registered with Any Professional Bodies? (Please Tick)	
<input type="checkbox"/> HCPS (formerly HPC) <input type="checkbox"/> NMC <input type="checkbox"/> GMC <input type="checkbox"/> GPhC <input type="checkbox"/> RCCP <input type="checkbox"/> N/A	
Registration Number:	Expiry Date/Renewal:

Nationality & Eligibility to Work	
Do You Hold a British/EU Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:	
Passport Number:	Expiry Date:
If You Do Not Hold a British/EU Passport, Do You Hold Any of the Following?	
<input type="checkbox"/> Indefinite Leave to Remain in the UK	<input type="checkbox"/> Ancestry Visa
<input type="checkbox"/> Work Permit/Sponsorship (Tier 2)	<input type="checkbox"/> Spousal/Partnership Visa
<input type="checkbox"/> Student Visa (Tier 4)	<input type="checkbox"/> Biometric Residence Permit
<input type="checkbox"/> Working Holiday Visa/Youth Mobility (Tier 5)	<input type="checkbox"/> Other (Please Specify):



## Professional Qualifications

Qualification	Place where Obtained:	Date to/From:	Certificate Attached?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

## Professional References

Please give the names and contact details of 2 professional references from your current and most recent employment/education. Referees must have worked in a senior position to yourself. Please be aware that Exceed Healthcare are unable to offer you work until satisfactory references have been obtained.

### Reference 1

Organisation:	
Job Title:	Ward/Dept.:
Grade/Band:	Dates Employed (Month/Year):
Referee Name:	Professional Title:
Email:	Telephone:
Capacity in Which Known (i.e. Manager):	

### Reference 2

Organisation:	
Job Title:	Ward/Dept.:
Grade/Band:	Dates Employed (Month/Year):
Referee Name:	Professional Title:
Email:	Telephone:
Capacity in Which Known (i.e. Manager):	

## Declaration of Criminal Record

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare your prosecutions or convictions, including those that are '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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with the current guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had a Police Check in another country within the last 6 months? If so, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been suspended or are you currently under investigation by the NHS Trust, professional body or any other organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclosure Number:	Date:
Company that Conducted the Check:	
If you have signed up do the DBS Update Service, please provide details of the DBS number:	
Exceed Healthcare will undertake an Enhanced DBS check on your behalf. You will not be placed without having a current DBS check. This process will be explained, and will be completed if your application is successful.	

## Declarations

### Working Time Directive

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

I agree that I may work for more than an average of 48 hours a week. If I change my mind I will give Exceed Healthcare at least 3 months' notice in writing to end this agreement.

I can confirm that I have read this document fully and that all the information provided to Exceed Healthcare 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 Exceed Healthcare 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 General Data Protection Regulations (GDPR).

1. I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform Exceed Healthcare.
2. I acknowledge that I have been given a copy of the terms and conditions of service issued by Exceed Healthcare 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 Exceed Healthcare 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 Exceed Healthcare 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 Exceed Healthcare.
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 Exceed Healthcare unless specified above.
7. I acknowledge that my personal details will be stored and handled correctly by Exceed Healthcare 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 Exceed Healthcare.
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 Exceed Healthcare.
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 Exceed Healthcare, I must inform Exceed Healthcare 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 Exceed Healthcare if I am under investigation or suspended by my professional regulatory body or employer at any point while working for Exceed Healthcare.
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 Exceed Healthcare deem it necessary.

Signature (Typing Name is Acceptable):

Print Name:

Date: