

APPLICATION FORM



Personal Details

Title:			
Surname: (as on register)			
Forenames: (as on register)			
Date of Birth:		Male:	
Address:			
Postcode:		Country:	
Home Tel No:			
Email Address:			
Next of Kin			
Name:		Relationship:	
Contact Tel No:			

Work Requirements

What position are you applying for?		
Do you require:		
Flexible agency work	Short term hours	Long term contract (1 yr+)
Full time hours	Part time hours	Ad hoc shifts
When are you available to start work?		
When are you available until?		
Where would you prefer to work (town/city)?		
Do you have a substantive post with the NHS?		YES NO

	Yes	No	If you do not hold a British/EU passport, do you hold any of the following?
Are you an EU citizen?			Spousal Visa
Hold British or EU Passport?			Ancestry Visa
			Residency Visa
			Working Holiday/Youth Mobility
			Student Visa (Tier 4)
			Work Permit/Sponsor (Tier 2)
			Other (please specify)

Please note: All passports and visa will be verified as part of MedicsPro recruitment process.

Professional Body Registration

Professional Body:			
Registration Number:		Expiry Date:	
Full/Provisional:		Specialist Register:	
Professional Body Membership (please provide details of any membership to professional bodies such as Royal Colleges:			

Annual Appraisal

Most recent appraisal date:			
Appraisal location:			
Name of Appraiser:			
Position of Appraiser			
Appraiser Prof. body Registration Number:			
Expiry Date:			
Next Appraisal due:			
Appraisal booked?	Yes	No	

Current and Previous Employment

Please list your last 10 years of employment, starting with your current or most recent employer. It is important that you explain any gaps in employment of over 3 months in duration. If necessary, please continue on a separate sheet.

Name and address of Hospital / Employer	Position	From Month/Year	To Month/Year

Professional Indemnity Insurance

MedicsPro strongly advises you to have your own Professional Indemnity Insurance. If you do not, MedicsPro strongly advises that you contact a suitable organization to arrange the relevant cover.

Do you already have Professional Indemnity Insurance in place?	Yes	No
If yes, and not included in the above, please state when and in what capacity:		
Have you ever worked for MedicsPro previously?	Yes	No

Professional Qualifications and Training

(including Post Graduate Diploma, training Courses etc)			
Qualification	Place obtained	From (month/year)	To (month/year)
Date of last Moving and Handling training			
Date of last Health and Safety Training			
Please provide documentary evidence of all of the above; all certificates will be verified			

Professional Referees

Please give the names and contact details of 3 professional referees from your current/previous employment. Referees must have worked in a senior position to yourself. Please be aware that MedicsPro are unable to offer you work until satisfactory references have been obtained, and the MedicsPro are required to obtain references for you on an annual basis.

Reference 1			
Organization:			
Dates employed:			
Referee name:			
Professional Title:			
Professional Work Address			
Email			
Telephone		Fax	
Capacity in which known:			
Can we contact immediately?	Yes	No	

Reference 2			
Organization:			
Dates employed:			
Referee name:			
Professional Title:			
Professional Work Address			
Email			
Telephone		Fax	
Capacity in which known:			
Can we contact immediately?			

Reference 3			
Organization:			
Dates employed:			
Referee name:			
Professional Title:			
Professional Work Address			
Email			
Telephone		Fax	
Capacity in which known:			
Can we contact immediately?			

Reference 4			
Organization:			
Dates employed:			
Referee name:			
Professional Title:			
Professional Work Address			
Email			
Telephone		Fax	
Capacity in which known:			
Can we contact immediately?			

Declarations

Criminal Records			
<p>The work you have applied for is exempt from the Rehab of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed. You are not entitled to withhold information about convictions, which for other purposes may be considered spent. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining work with MedicsPro. I consent to MedicsPro checking my status through the update service Please tick:</p>			
Have you ever been convicted by the courts of cautioned, reprimanded or given a warning by the police?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 50%; border: none;">NO</td> </tr> </table>	YES	NO
YES	NO		
Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 50%; border: none;">NO</td> </tr> </table>	YES	NO
YES	NO		
Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">YES</td> <td style="width: 50%; border: none;">NO</td> </tr> </table>	YES	NO
YES	NO		
If you have answered yes to any of the above, please give details below.			
Please note that if at any stage whilst working for MedicsPro we receive a DBS Enhanced Disclosure that highlights information you have not declared, then you will be removed from your assignment			
Declarations			
<p>Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct?</p> <p>YES NO</p> <p>I understand that if I am charged or cautioned after signing this declaration, I must inform MedicsPro. I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by MedicsPro, which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them. 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 Questionnaire. 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, which MedicsPro may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profit to MedicsPro. I acknowledge and confirm that MedicsPro is authorised to apply for and obtain a Criminal Records Check and references from any previous employers and educational establishments. I acknowledge that my personal details will be stored and handled correctly by MedicsPro 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 – CRB, Occupational Health, References) 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 MedicsPro. 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 MedicsPro. I hereby give consent for MedicsPro to check my Visa status via the Bio-Metric residence permit checking service. 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 MedicsPro, I must inform MedicsPro immediately. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. GMC / NMC / HPC / RPSGB) or being investigated by my current or previous employer. I will inform MedicsPro if I am under investigation or suspended by my professional regulatory body or employer at any point whilst I am working for MedicsPro I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.</p>			
Signed:	Date:		

PERSONAL/FINANCIAL DETAILS FORM

Please tick one of the statements below:

I am a new starter to MedicsPro	<input type="checkbox"/>
I wish to amend my existing personal/financial details	<input type="checkbox"/>

Personal Details

Title		Date of Birth	
Surname		NI Number	
Forenames Names			
Address			
Postcode			

NEW STARTERS: please fully complete this form EXISTING STARTERS: please only complete the sections that you wish to amend.

Bank Details

(Please note, if you wish to be paid via a Ltd Company, MedicsPro can only accept Ltd Company Bank Account Information)

Bank/Building Society	
Bank Address	
Post Code	
Account Name	
Sort Code (6 digits)	
Account number	
Roll No. (if applicable)	

I confirm the above information is correct:

Signed	
Date	
Payroll No. (office use)	

Are you subscribed to the DBS Update Service?	
Disclosure Number:	
Date of Issue:	
Workforce:	

If you are not subscribed then you will need to visit www.gov.uk/dbs for further information.

CRB APPLICATION FORM (should you need MedicsPro to apply for your DBS Certificate)

Surname:			
First Name:			
Middle Names:			
Have you been known by any other name?			
Previous Surname:		Previous Forename(s):	
From:		To:	
Previous Surname:		Previous Forename(s):	
From:		To:	
Date of Birth:		Gender:	
Town of Birth:		Country of Birth:	
Nationality at Birth:		Current Nationality:	

Address History (Minimum 5 years history with no unexplained gaps)

Current Address:			
From:			
Previous Address:			
From:		To:	
Previous Address:			
From:		To:	
Previous Address:			
From:		To:	

Are you working or intending to work with children?	
Are you working or intending to work with vulnerable adults?	
Have you ever been convicted of a criminal offence or received a caution reprimand or warning ?	

Declaration:	
Signed:	
Print:	
Date:	



MedicsPro

MedicsPro Ltd IR35 Compliance Declaration

As part of our contractual obligations with the NHS and Public Sector bodies, and to comply with the Criminal Finances Act 2017, MedicsPro are required to ensure that contractors are being paid in accordance with IR35 guidance and that the appropriate Income Tax and National Insurance deductions are being made.

To facilitate compliance with the guidance, we require authorisation to approach your current Umbrella Company and request copies of your payslips periodically, and in particular, if/when your file is selected for audit purposes. Under the Data Protection Act we require your permission to do this.

Should your payslip contain any sensitive information, we will naturally redact this and provide only evidence that appropriate Income Tax and National Insurance deductions are being made for the purposes of audit.

Please complete:

I, (Please enter your name) _____ **authorise**

(Please enter your Umbrella Company) _____ to

provide MedicsPro with copies of my payslips on request.

Signature _____

If you have any queries, please do not hesitate to contact us.

Yours sincerely

On Behalf of MedicsPro Ltd
0208 505 6600

EQUAL OPPORTUNITIES MONITORING

Medics Pro has an equal opportunities policy that complies with the provisions of anti- discrimination legislation and means that candidates are selected without discrimination.

In order to measure the impact of this policy, we would appreciate it if you could complete the following questions. You are under no obligation to provide this information, however it will greatly assist us in monitoring adherence to policy.

Please note that all responses will be handled in strictest confidence. They will only be used for statistical monitoring and will not form part of any job application. We may provide summary data to our clients to assist them with their own equal opportunity policies.

However, this data will remain anonymous and will be independent to any recruitment activity. In line with legislation, data is retained in accordance with the Data Protection Act.

ETHNIC ORIGIN			
White British		White – Irish	
White – other		Black / Black British - Caribbean	
Black / Black British - African		Black / Black British - Other	
Mixed – White & Black Caribbean		Chinese	
Asian / Asian British - Indian		Asian – Other	
Mixed – White and Black African		Asian / Asian British – Pakistani	
Mixed – Other		Asian / Asian British - Bangladeshi	
Mixed – White and Asian		Any other Ethnic Group	
GENDER			
Male		Female	
MARITAL STATUS			
Single	Married	Divorced	
Widowed	Separated		
SEXUALITY			
Gay woman/Lesbian	Gay Man	Heterosexual	
Bisexual	Other	Prefer not to say	
RELIGION			
Baha'l	Hindu	Buddhist	Jewish
Zoroastrian	Jain	Rastafarian	Christian
Muslim	Sikh	No religion	Other