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| **JOB POSITION** | ***text in here*** | The contents of this form are **CONFIDENTIAL** |

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| 1. **EQUAL OPPORTUNITIES STATEMENT** |
| **Karpe Diem Healthcare Limited (‘KD Healthcare’) is committed to equal opportunities for all work seekers on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally and fairly irrespective of gender, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a trade union and we place an obligation upon all staff to respect and act in accordance with the policy.**  **KD Healthcare shall not discriminate unlawfully when deciding which candidate / temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. KD Healthcare will ensure that each candidate is assessed only in accordance with the candidate’s merits, qualification and ability to perform the relevant duties required by the vacancy.** |

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| **B. PERSONAL DETAILS** |

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| --- | --- | --- | --- |
| **Surname** | ***surname*** | **Forename(s)** | *first names* |
| **Previous surname(s)** | ***previous surname*** | **Title** | *select* ***title*** |
| **Marital status** | Select One | **Date of birth** | ***Example: 16 March 1990*** |

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| **Contact Details** |

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| --- | --- | --- | --- |
| **Home address (*include* *postcode*)** | ***home address*** | **Mobile contact number** | ***click or tap here to enter number*** |
| **Email address** | ***click or tap here to enter text*** | **Home number** | ***click or tap here to enter number*** |
| **Doctor’s Surgery**  **(*address*, *postcode & telephone number*)** | ***click or tap here to enter address, postcode & telephone number*** | **GP’s name** | ***click or tap here to enter text*** |

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| ***Emergency Contact Details*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | ***click or tap here to enter text*** | **Home telephone number** | *home* ***telephone number*** |
| **Their relationship to you** | ***click or tap here to enter text*** | **Work telephone number** | ***work telephone number*** |
| **Home address**  ***(including postcode)*** | ***click or tap here to enter text*** | **Mobile contact number** | ***mobile number*** |

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| **Relevant Information** (*please complete* ***as applicable*** *to you)* |

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| --- | --- | --- | --- |
| **NMC PIN** | ***NMC PIN*** | **HCPC PIN** | ***click or tap here to enter text*** |
| **NMC revalidation date** | *14 February 2020* | **HCPC current active registration period** | ***click or tap here to enter text*** |
| ***Smartcard No.*** | ***enter number*** | ***NHS latest pathways update*** | ***click or tap here to enter text*** |

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| **Do you have regular use of a car?** | ***click Yes or No on arrow here*** |
| **Do you hold a full driving licence?** | ***click Yes or No on arrow here*** |
| **Do you have any endorsements on your driving licence?** | ***click Yes or No on arrow here*** |
| **IF ‘YES’ please clarify the details** | ***enter details*** |

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| **C. QUALIFICATIONS** (Please list all relevant qualifications) |

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| --- | --- | --- |
| **QUALIFICATION** | **DATE OF AWARD (month / year)** | **AWARDING INSTITUTION** |
| ***click or tap here to enter text*** | ***date of award*** | ***awarding*** ***institution*** |
| ***click or tap here to enter text*** | ***date of award*** | ***awarding institution*** |
| ***click or tap here to enter text*** | ***date of award*** | ***awarding Institution*** |
| ***click or tap here to enter text*** | ***date of award*** | ***awarding institution*** |
| ***click or tap here to enter text*** | ***date of award*** | ***awarding Institution*** |

**To add more qualifications please go to the ‘Additional Information Page’** (**Section L**)

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| **D. RIGHT TO WORK CHECK** |

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| In line with Home Office guidance on the prevention of illegal working (under Section 8 of the Asylum & Immigration Act 2004), we are required to check that all employees are eligible to work within the UK.  We will need to verify and take a copy of your original ID and documentation evidencing your right to work in the UK if you are to be engaged by KD Healthcare for work. | |
| **Are you a British or EU National?** | *click here to make choices* |
| **Do you hold a valid visa?** | ***click Yes or No on the arrow here*** |
| **Visa number** | ***visa number*** |
| **Visa Type** | ***choose an item*** |
| **(***If y*ou chose *‘OTHER’, (a*nd / or if y*our VISA Type* is *not listed, then please give details on last page of this form)* | |
| **Please specify any work restrictions** | ***enter text here*** |
| **Nationality** | ***enter nationality*** |
| **Passport number** | ***passport number*** |
| **Passport expiry date** | 03 May 2020 |

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| **E. EMPLOYMENT HISTORY** |

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| **Is the CV provided, (*as part of this registration*),**  **accurate and up to date?** |
| ***click* *Yes or No on the arrow here*** |
| **Your CV must contain your employment history of at least the last 10 years or, if working for less than 10 years, going back to education** |

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| **If you have entered ‘NO’ and/or have employment gaps on your CV, please provide details (-*click and type in white box below)*** |

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| ***click or tap here to enter text*** |

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| **F. JOB FLEXIBILITY** |
| **Please provide preferred working times / schedule *(click and type in white box below)*** |

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| ***click or tap here to enter text*** |

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| **G. LANGUAGES** |
| **Please list any language (other than English) that you speak fluently, and whether you can read and write it also *(click and type in white box below)*** |

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| ***click or tap here to enter text*** |

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| **H. REFERENCES** |
| **Please provide details (below) of 3 (three) Referees of which one must be from your present, or most recent employer** |

**REFEREE 1**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Position you hold / held  ***click or tap here to enter text.*** | From *enter text* | To ***enter*** ***text*** |
| Referee 1 name  ***click or tap here to enter text*** | Referee 1 Job title  ***click or tap here to enter text*** | Length of time known to Referee 1  ***.click or tap here to enter text*** | |
| Company name and address  ***Click or tap here to enter text.*** | | Referee 1 work telephone number  ***click or tap here to enter text*** | |
| Referee 1 mobile number  ***click or tap here to enter text*** | |
| Referee 1 email address  ***click or tap here to enter text*** | |

**REFEREE 2**

|  |  |  |
| --- | --- | --- |
| Referee 2 name  ***Click or tap here to enter text.*** | Relationship to Referee 2  ***click or tap to enter text*** | Length of time known to Referee  ***click or tap here to enter text*** |
| Referee 2 address  ***click or tap here to enter text*** | | Referee 2 mobile number  ***Click or tap here to enter text.*** |
| Referee 2 email address  ***click or tap here to enter text*** |

**REFEREE 3**

|  |  |  |
| --- | --- | --- |
| Referee 3 name  ***click or tap here to enter text*** | Relationship to Referee 3  ***click or tap here to enter text*** | Length of time known to Referee 3  ***click or tap here to enter text*** |
| Referee 3 address  ***click or tap here to enter text*** | | Referee 3 mobile number  ***Click or tap here to enter text*** |
| Referee 3 email address  ***click or tap here to enter text*** |

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| Are you happy for us to contact your Referees *(as above)*  *click Yes or No on arrow here* If ‘NO’ please explain - ***Click or tap to enter text in the white box below*** |
| ***click or tap here to enter text*** |

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| **J. CHECKS Please read carefully** |

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| We, Karpe Diem Healthcare Limited (known professionally as ‘KD Healthcare’) are obliged by law to agree certain matters with you and to provide specific information to you, before we provide our services. When providing our services, please note that we will be operating as an employment agency (if you are seeking permanent employment with one of our clients), or an employment business, (if you are seeking work as an agency worker), as defined by section 13 of the Employment Agencies Act 1973 (as amended). |
| All candidates will be required to provide evidence of their right to work in the UK **prior** to commencement of direct employment with a client, or commencement of an assignment as an agency worker under contract with KD Healthcare. No employment or assignment offered can commence in the absence of provision of satisfactory evidence of your right to work in the UK. We will need to seek verification of your experience, training, qualifications and any authorisations which a potential employer considers are necessary or which are required by law or by any professional body for you to possess in order to work in the role that you are seeking. KD Healthcare is committed to supporting the Data Protection Act 1998. To enable KD Healthcare to process your application we will need to carry out the required checks which may include: |
| * Identity |
| * Enhanced DBS Certificate |
| * Qualification Verification |
| * Reference Checks |
| * Medical Declaration |
| * Professional Registration Check |
| * Occupation Health Checks (where applicable) |
| * List 99 |
| * ISA Adult First Check |
| It will be necessary to retain and process your personal data. By registering with us as a candidate for employment you consent to KD Healthcare processing data relating to you for work-finding, legal, personnel, administrative and management purposes and in particular, to the processing of any sensitive personal data (as defined in the Data Protection Act 1988) relating to you. KD Healthcare may make such information available to potential, or future employers, those who provide services to us, (such a professional advisers or payroll administrators), partner organisations, regulatory bodies and authorities and governmental organisations. By registering with us you also consent to the transfer of such information outside the European Economic Area in order to further your search for employment. |
| The work for which you are applying is exempt from the Rehabilitation of Offenders Act 1974. You are therefore required to declare details of any criminal record you may have, including details of 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). The information you give will be regarded as confidential and will only be disclosed in relation to teaching appointments. KD Healthcare will arrange for a check to be made with the police for the existence and content of any criminal record in your name. Any information received from the police will be kept in strict confidence and will be held and destroyed in line with our policy regarding the storage of CRBs. |
| The disclosure of a criminal record, or other information, will not debar you from appointment unless the agency considers, or is advised, that it renders you unsuitable for appointment. In making this decision the nature of the offence, how long ago and what age you were when it was committed, and any other factors, which may be relevant will be considered. |
|  |
| **Providing misleading information and/or failure to declare a conviction, caution or bind-over may well disqualify you from appointment or result in your appointment being terminated (without notice) when the discrepancy comes to light.** |

**Please choose the statement that applies:**

|  |  |  |
| --- | --- | --- |
| Do you have any convictions spent, or unspent to declare? | ***click Yes or No on the arrow here*** | |
| If ‘YES’ please set out the detail on the ‘Additional Information Page’ (Section L) | | |
| I give my consent to KD Healthcare checking my DBS certificate on the DBS Update Service website | | ***choose an item.*** |

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| **K. FINAL** **DECLARATION (Please read carefully before signing below)** |

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| I agree that any offer of employment is subject to satisfactory references, medical information and check (if required) and a probationary period.  I confirm that the information supplied by me on this form and all documents required, with this application are complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.  If my application for employment is successful, I agree to undergo a medical examination, if this is required), to ensure my suitability to carry out my duties, and for provision of medical information, as part of an occupational health scheme, or private medical insurance scheme. I have given my explicit consent freely. |

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| **L. ADDITIONAL INFORMATION PAGE**  *(Please add any other additional and relevant information that will support your Registration) -* ***Optional*** |

|  |
| --- |
| ***click or tap here to enter text*** |

I **confirm** that I have **read, understood** and **accepted** **all** the information / terms of registration and declaration as set out.

|  |  |
| --- | --- |
| YOUR NAME IN CAPITALS *(below)* | TODAY’S DATE |
| ***click or tap here to enter text*** | 27 April 2020 |

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| Please return completed Registration Form with any accompanying information to [compliance@kdhealthcare.co.uk](about:blank)  If you have any questions, or require assistance filling out this form, please call us on 01233 555 184 |

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| **M. OFFICE USE ONLY** |
| Please do **NOT** enter information in the shaded area |
| **For attention of KD Healthcare Compliance Team** |
| **Received by Name**  ***KD Healthcare Compliance*** |
| **Date**  *27 April 2020* |