



3 Spencer Parade, Room 6,
Spencer House, Northampton,
Northamptonshire, England, NN1 5AA

APPLICATION FORM

Position applied for :

• Complete this form in CAPITAL letters & Use black ink

By completing this application form you will be registered for work with B-Good Healthcare Ltd working in the healthcare sector.

A. YOUR PERSONAL DETAILS

Title (MRS, MISS, MS, MR or other title)

Surname or family name

First name(s)

Name preferred to be known by

All other surnames or family names (including maiden name + name changes)

Address (including postcode)

Postcode

Daytime phone number

Mobile number

E-mail address

Do you hold a current full UK driving licence?

Yes : ☐

No : ☐

Do you have any driving convictions or endorsement

Yes : ☐

No : ☐

(If yes, Please specify details) :

B. YOUR RIGHT TO WORK DETAILS

Asylum and immigration act 1998

Section 8 of the Act makes it a criminal offence for employers to engage an individual who does not have permission to work within the U.K. Any offer of employment may be subject to you providing evidence of your right to work within the U.K. e.g. National Insurance number, passport or travel document endorsed to permit working in the U.K.

National insurance number

Date of birth : / /

Your nationality

Please tell us about your eligibility to work in the UK

☐ I am eligible to work in the UK and do not require a work permit.

☐ I am already in possession of a work permit to work in the UK.

☐ I need to obtain a work permit to work in the UK

If other please specify





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C. YOUR EMPLOYMENT HISTORY

DATE FROM	DATE TO	EMPLOYER'S NAME AND ADDRESS	PRINCIPAL DUTIES	POSITION HELD	REASON FOR LEAVING
MM/YY	MM/YY				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				
/	/				

D. PROFESSIONAL / VACATIONAL QUALIFICATIONS

Qualifications Gained e.g NVQ,QCF,or Other relevant care qualification	Dates Obtained	Awarding/Statutory Body	Registration No.

Others Courses completed and Ongoing studies

Year :

NMC Registration (Nurses only)

Pin No :

DOB :

Expiry Date :





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E. REHABILITATION OF OFFENDERS ACT

Because of 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.

Have you at any time been convicted of an offence?

☐

YES

☐

NO

If "YES" please supply details:

F. YOUR BANK ACCOUNT DETAILS

We pay your wages directly into a bank account

Name of Bank

Branch Name

Account holder name

Address

Postcode

Sort code

Account Number

I wish to be paid through a Ltd. Company and enclose details

(You will be paid as P.A.Y.E until you provide all your documentation to B-Good Healthcare Ltd.

☐

YES or

I am on P.A.Y.E (Please enclose P45 if we are your main employer)

☐

YES

Read all the following statements carefully and tick the one box that applies to you.

A. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity

Benefit or a state or occupational pension

☐

YES or

B. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance

or Incapacity Benefit. I do not receive a state or occupational pension.

☐

YES

C. I have another job or receive a state or occupational pension

☐

YES

G. YOUR NEXT OF KIN DETAILS

Name

Relationship to you

Address (including postcode)

Postcode

Mobile phone number





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H. YOUR REFERENCE DETAILS

- Please supply the names and work addresses of at least 2 professional referees.
- One must be from your present or most recent employer and must be a senior grade to yourself.
- You must have worked for that person for a period of more than three months duration.
- 2nd needs to be a previous employer unless you have been employed more than 3 years then it must be someone from your current or most recent employer

May we contact your referees prior to an interview?

☐ YES☐ NO

Reference 1

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax Number

Email address

What was your professional relationship with this person?

Date: From: / / To: / /

Reference 2

Name

Position

Address (including postcode)

Postcode

Daytime phone number

Fax Number

Email address

Date: From: / / To: / /





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I. YOUR DECLARATIONS

1. COVID VACCINATION

I have been advised at the registration office of B-Good Healthcare Ltd of the importance of having the Covid 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

Signed

Date

2. TERMS & CONDITIONS

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. I consent to my information being made available for the purpose of audit to third parties.

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 am permitted to work in the UK.

I undertake to inform B-Good Healthcare Ltd should I be convicted of an offence in the future.

I undertake to inform B-Good Healthcare Ltd immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.

I am clear that B-Good Healthcare Ltd 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, of which I have been given a copy.

I will inform B-Good Healthcare Ltd immediately of any circumstances that may affect my work, such as changes to health, subsequent pending prosecutions or convictions, which may arise whilst I am registered for permanent or temporary work. I understand that B-Good Healthcare Ltd has the right to request a Criminal Records Bureau Disclosure and/or credit check where they consider it necessary and that any details from this, or any other police checks provided, may be forwarded to a potential employer.

I give permission for B-Good Healthcare Ltd to contact a third party for information needed for my file (I.e. Qualification Verification, Training Certificates, Immunisation reports etc.)

Signed

Date

3. INDUCTION

I have received a copy of the Induction information letter and can confirm that I have received, read, understood and will comply with the Agency Worker Handbook at all times.

Signed

Date

4. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week.

I understand that I may withdraw this consent by giving B-Good Healthcare Ltd not less than three months' notice. I understand that my registration with B-Good Healthcare Ltd can be terminated at any time following unsatisfactory work reports

Signed

Date

5. DATA PROTECTION

I agree that B-Good Healthcare Ltd retains the right to hold this application 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.

Signed

Date





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6. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed _____

Date _____

7. EQUAL OPPORTUNITIES

B-Good Healthcare Ltd are committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective sex, 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.

B-Good Healthcare Limited 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. B-Good Healthcare Ltd 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 particular vacancy

Signed _____

Date _____

8. CONFIDENTIALITY

Any patient information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation. Please take care with patient records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals. Patients'/clients' information should only normally be shared with their consent you should make sure patients'/clients understand that their information may be shared with various members of the team providing care. It is a patient's/client's decision what information should be shared with their family or others. Where a patient/client is considered incapable of giving consent, please consult relevant colleagues. Where a patient/client has withheld consent, disclosures of information may only be made if:

They can be justified in the public interest (normally where the disclosure is essential to protect the patient/client or someone else from risk of significant harm).

They are required by law or court order

You should act in accordance with local and national policies if there is an issue of child protection.

Signed _____

Date _____





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J. INDUCTION INFORMATION

Thank you for selecting B-Good Healthcare Limited as your agency of choice. Our team are committed to ensuring that your work requirements are met whenever possible.

B-Good Healthcare Limited is a professional organisation specialising in providing high quality locum Nurses and Healthcare Assistants to a wide range of health institutions.

B-Good Healthcare Limited continuing success depends on how well we work together. To achieve this, there have to be agreed rules, guidelines and standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policy and Procedures. Copies of these are available on our website.

The amount of work that we receive depends not only on us, but also on your performance. Therefore we have some basic expectations of you which are listed in your terms of engagement. I have taken time out to summarise some of these for you;

- Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you are running late, you must ring us as soon as possible and advise us of this so that we can ring the client
- You are our representative at the client; please ensure that you perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
- B-Good Healthcare Limited will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Monday 12.00pm for payment on Friday.

Please take some time out before starting your first placement with us to familiarise yourself with your Terms and Conditions of employment. This information should provide you with all of the reference material you may require; Please feel free to ask your contact within the organisation if there is anything that you are unsure of, as we are always here to help, 24 hours a day.

Thank you and welcome aboard.

B-Good Healthcare Limited

