



5 Grove Place Bedford MK40 3JJ
info@superior-healthcare.co.uk

Registration Form

Personal Details	
Date:	
Title:	
Forenames:	
Surname:	
Address:	
Post Code:	
Mobile Telephone No:	
Home Telephone No:	
Email Address:	
Date of Birth:	
National Insurance No:	
Gender:	
Nationality/Ethnicity:	
Marital Status:	
Driving Licence:	
Access to a Car:	

Emergency Contact Details	
Name:	
Relationship:	
Telephone No:	
Name:	
Relationship:	
Telephone No:	

Eligibility to Work Details	
Nationality:	
Passport No:	
Passport Expiry Date:	
Visa Type:	
Visa Expiry Date:	

NMC Registration	
NMC Registration No:	
NMC Issue Date:	
NMC Expiry Date:	

Professional Conduct	
Have you ever been the subject of a professional misconduct proceedings, disciplinary, suspension, dismissal or are such pending or threatened against you?	
If Yes, please give details:	

3 Year Work Reference History – Please provide details of people in a higher position than yourself that could provide a reference. We need a minimum 2 references and they need to cover the last 3 years

Name:		
Organisation:		
Job Title:		
Team/Ward:		
Email Address:		
Telephone:		
Dates:	From:	To:

Name:		
Organisation:		
Job Title:		
Team/Ward:		
Email Address:		
Telephone:		
Dates:	From:	To:

Name:		
Organisation:		
Job Title:		
Team/Ward:		
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Dates:	From:	To:

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Organisation:		
Job Title:		
Team/Ward:		
Email Address:		
Telephone:		
Dates:	From:	To:

Health Declaration	
Please state the date and place of your most recent medical/health screening and result.	
Have you had Chickenpox?	
Have you been in an environment where MRSA has been diagnosed?	

Tuberculosis BCG		Date:
Rubella		Date:
Polio		Date:
Tetanus		Date:
Hepatitis*		Date:
* Full Course	Booster	Titre Level

Any further information we may need to know (allergies, medical condition etc.):
If Yes, please give details:

I declare that the information given herein is true and correct and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which effect or limit my employment or performance. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, this may result in termination of assignment without notice, as well as a claim for recovery of any payments I have received together with a claim for loss of profits to Superior Healthcare.

Signature:	
Name:	Date:

Criminal Declaration
Due to the nature of the work for which you are applying the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. Applicants are therefore NOT entitled to withhold information about convictions which for the purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions may result in your removal from our register/assignment. The information given will remain confidential and only taken into account where, in the reasonable opinion of Superior Healthcare the offence is relevant the post for which you are applying.
The information that you provide in this Declaration will be processed in accordance with the Data Protection Act 1998 and will only be used for the purpose of determining your suitability for a particular vacancy.!!!

Have you ever been convicted of a criminal offence in the United Kingdom or in any other country?	
If Yes, please give details:	

Do you have any criminal proceedings pending?	
If Yes, please give details:	

Signature:	
Name:	Date:

Data Protection Consent Form

I am aware that personal data relating to myself (including, where relevant, sensitive personal data*), whether obtained from myself or from any other source, will be retained by Superior Healthcare for the purposes of providing me with temporary work and/or employment opportunities and/or training.

I acknowledge that this may require my personal data to be forwarded to other persons and lawful organisations for the purpose of conducting checks and references, to find me work and for other lawful purposes related to Superior Healthcare. Superior Healthcare will request references from my work, education and/or personal referees and in certain circumstances, with my consent, will obtain a credit reference from a credit reference agency and/or a Disclosure from the Criminal Records Bureau. Superior Healthcare will not request a reference from my current employer without my consent.

I acknowledge that without my consent to process my personal data in this manner Superior Healthcare is unable to assist me in my search for work.

I understand and agree to Superior Healthcare passing information contained within and resulting from my application (including references, credit checks and Criminal Record Disclosures received and all forms completed by me) to the client and/or the end hirer. This information may be used by the client and/or end hirer for the purposes of processing my application, ongoing personnel administration (where applicable), compliance and safeguarding audits undertaken by the client and/or end hirer, and other lawful purposes related to my temporary assignment at, or employment with, the end hirer. I hereby consent to Superior Healthcare passing such information to its clients and/or end hirers for the lawful purpose of seeking either temporary or permanent work, and when in assignment, complying with the requirements of the client and/or end hirer.

I hereby confirm that my personal data may be held and disclosed by Superior Healthcare and its clients and /or end hirers for the mentioned purposes and in the manner set out above.

!

Signature:

Name:

Date:

Equal Opportunities

Superior Healthcare is committed to a policy of equality in its employment practices. The following information will assist Superior Healthcare to ensure an effective Equality Policy. It will only be used for monitoring purposes and will be treated as confidential. Please note that you do not have to provide this information if you prefer not to.

Sex

Male	Female	Transgender	Transsexual
Sexual Orientation			
Heterosexual	Gay Man/Homosexual	Gay Woman/Lesbian	Bisexual
Marriage/Civil Partnership			
Married		Civil Partnership	
Religious Beliefs			
Do you actively practice a religion or belief? If yes, which do you practice?			

Maximum Weekly Working Time Opt Out

Under Regulation 4(1) of the Working Time Regulations 1998, an individual can only work more than 48 hours a week on average (including overtime and time worked for another Employment Business) if they agree to do so in writing.

Please sign the below to confirm that the weekly working time does not apply to you and that your working time can exceed an average of 48 hrs per week. Your contract of employment is deemed to be amended to this effect, but is otherwise unaffected.

You can end this confirmation of agreement at any time by giving 4 weeks' prior written notice. Otherwise it will continue.

After the end of the above period, any terms of employment affected by this confirmation of agreement will revert to those in force immediately prior to this confirmation of agreement. !

Signature:

Name:

Date:

Disability – Equality Act 2010

The definition of disability under the Equality Act 2010 is anyone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

The information assists the Company in making sure reasonable adjustments as are necessary for anyone who has a disability and enables the Company to respond positively to this responsibility!

Do you consider yourself to be covered by the Act?

Yes / No

Race Monitoring Categories

Please indicate one of the five categories that describes your nationality/ethnic/national origins.

White

British	Yes / No
Irish	Yes / No
White Other (please specify)	Yes / No

Mixed

White and Black Caribbean	Yes / No
White and Black African	Yes / No
White and Asian	Yes / No
Other Mixed (please specify)	Yes / No

Asian or British Asian

Indian	Yes / No
Pakistani	Yes / No
Bangladeshi	Yes / No
Other Asian (please specify)	Yes / No

Black or Black British

African	Yes / No
Caribbean	Yes / No
Other (please specify)	Yes / No