**GPS WEB APPLICATION FORM**

Please complete the form and email to

**info@geehealthcare.co.uk**

Tick boxes when applicable

|  |
| --- |
| **SECTION 1: PERSONAL DETAILS** |
| **Title** | **Mr** |  | **Mrs** |  | **Miss** |  |  |
|  |
| **Shift** | **Fulltime** |  | **Part time** |  |  |
| **Gender** | **Male** |  | **Female** |  |
| **Car Owner** | **Yes** |  | **No** |  |
|  |
| **Are you licensed to drive** | **Yes** |  | **No** |  |  |
| **Do you have permission to work in the UK?** | **Yes** |  | **No** |  |
| **First Language:** |  | **Fluency** |  |
| **Second Language:** |  | **Fluency** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name**  |  | **Middle Name(s)**  |  |
| **Surname**  |  | **Home Telephone**  |  |
| **Date of Birth**  |  | **Mobile Number**  |  |
| **Place of Birth**  |  | **NI Number**  |  |
| **Nationality**  |  | **Passport Number**  |  |
| **Address**  |  |
| **Postcode**  |  | **Email**  |  |

|  |
| --- |
| SECTION 2: EMERGENCY CONTACT / NEXT OF KIN  |
| **Name of Next of Kin**  |  |
| **Address**  |  |
| **Telephone**  |  | **Relation**  |  |

**+SECTION 3: NURSING DETAILS**

 RGN **☐** RCN **☐** RMN **☐** RM **☐** RNLD **☐** ODP **☐** THEATRE **☐** HCA **☐**

|  |
| --- |
| Other (Please specify):  **NMC or HPC Number**. Expiry Date:  Other Professional Body Registration Number: Expiry Date:  Which part of NMC register are you entered?  **Union Name and Number:**  Expiry Date:  |

,

## SECTION 4: MEDICAL DETAILS

|  |  |
| --- | --- |
| **GP NAME**  |  |
| **Address**  |  |
| **Postcode**  |  |
| **Telephone**  |  |

**Do you have any physical disability or health concern that may affect your ability to carry out assignments at work? Yes** ☐ **No** ☐

**If YES, please give details** (continue a separate piece of paper if necessary)

 **Have you had treatment for any condition relating to the abuse or misuse of drugs or alcohol within the last 5 years? Yes** ☐ **No** ☐

###  Are you prepared to undergo medical examination? Yes ☐ No ☐

## SECTION 5: INFORMATION FOR CRB CHECK

**Does your CRB Disclosure display any Cautions or Convictions? Yes** ☐ **No** ☐ **If yes, please provide a statement below**

**Do you have any unspent criminal convictions?**

**Place of Birth:**

|  |
| --- |
|  |

 **(Please enter town / city names and county / district names in full as recorded on your Birth Certificate)**

**Were you born in the UK? Yes** ☐ **No** ☐

### If NO, please state country:

**Previous Address: If you have lived at your current address for less than 5 years then please provide your previous address (es) where you have lived in the last 5 years. Please use a continuation sheet if necessary.**

|  |  |
| --- | --- |
| **Address 1**   |   |
| **From (MM/YYYY)**  |   | **To (MM/YYYY)**  |   |

|  |  |
| --- | --- |
| **Address 2**   |   |
| **From (MM/YYYY)**  |   | **To (MM/YYYY)**  |   |

|  |  |
| --- | --- |
| **Address 3**   |   |
| **From (MM/YYYY)**  |   | **To (MM/YYYY)**  |   |

You will also need to complete DBS - Enhanced disclosure in the name of Gee Professional Services or have an update Check in place. The disclosure has to POVA (Protection of Vulnerable Adult) and/or POCA (Protection of Children’s Act) if applicable. Full Details is available at the Office on How to Perform an Enhanced DBS.

|  |  |
| --- | --- |
| **Surname at Birth (if Different)**   |   |
| **Used Until (YYYY**   |   |
| **Any Other Surnames Used From (YYYY)**  |   |
| **Used Until (YYYY)**   |   |
| **Any Other Forenames Used From (YYYY)**  |   |
| **Used Until (YYYY)**   |   |

## SECTION 6: EDUCATION HISTORY.

## Include in this section all the relevant qualifications. Please also indicate subjects currently being studied.

|  |  |  |
| --- | --- | --- |
| **Name of Institute**  | **From - To**  | **Qualification**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## SECTION 7: EMPLOYMENT HISTORY

Please give details of your employment over the last 5years and attach a copy of your CV explaining any gap in between.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer & address**  | **Period From to**  | **Duties**  | **Reason for leaving**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

## SECTION 8: BANK DETAILS

|  |  |
| --- | --- |
| **Account Holder’s Name**  |  |
| **Limited Company name**  |  |
| **E-Mail**  |  |
| **Registered Address**   |  |
| **Bank Name**  |  |
| **Bank Address**  |  |
| **Account Number**  |  |
| **Sort Code**  |  |
| **Building Society Ref.**  |  |

I authorise Gee Professional Services Ltd to pay my weekly earnings directly into the bank or building society whose details I have given above which is subject to no deduction of Tax and NI. I understand that I am responsible for filing my Tax Return to the Inland Revenue.

|  |  |
| --- | --- |
| **Signed**  |  |
| Date  |  |

## SECTION 9: EXPERIENCE

**Please tick if you have worked in any of the following facilities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community Hospital.** |  | **Prison**  |  | **Nursing Home** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ALS** |  | **ILS SKILLS** |  |
| **Endocrine**   |   | **Haematology**  |   |
| **PICU**   |   | **Birth**   |   |
| **Anaesthetics**   |   | **Cannulation**  |   |
| **Endoscopy**   |   | **Cardiac**   |   |
| **Gynae**   |   | **Catheterisation Lab**   |   |
| **Paeds**   |   | **HDU**   |   |
| **Plastering & Suturing**   |   | **Health Visitor**   |   |
| **Ante Natal**   |   | **IV’s**   |   |
| **CCU**  |   | **ECG**  |   |
| **Recovery**  |   | **Substance Misuse**  |   |
| **TSSU**  |   | **Medical**  |   |
| **ITU**  |   | **Scrub**  |   |
| **CDU**  |   | **Surgical**  |   |
| **Chemo**  |   | **NICU**  |   |
| **Dialysis**  |   | **Venepuncture**   |   |
| **Elderly**  |   | **Ventilation**  |   |
| **Peads Oncology**   |   | **Post Natal**  |   |
| **Outpatients**  |   | O**rthopaedics**  |   |

 *By selecting the above information, you are stating your clinical ability to work in those areas. Should it be found that you are clinically unable to work in those areas, you accept that the company may take disciplinary action against you.*

|  |  |
| --- | --- |
|  **Signed**  |  |
| Date  |  |

## LIMITED COMPANY

* If you have a limited company, please ensure you attach the following information:
* Proof of UK Limited Company Registration **(Certificate – paper copy)**
* Proof of Directorship of Ltd Company
* Proof of RCN / RCM Membership Signed Limited Company Contract (which Gee Professional Services Ltd will provide during the induction) Confirmation that the Ltd Company is either VAT exempt or that you will absorb the VAT % when **supplying** to clients that are VAT exempt.
* Proof of UK VAT Registration if relevant **(Certificate – paper copy)**
* Limited Company bank statement or letter of confirmation from your bank showing your bank details.

Email address for payment advice to be sent to

 If you do not have a limited company, please inform the office and speak to the office accountant who will be able to assist you to incorporate one.

**PROFESSIONAL INDEMNITY INSURANCE**

Do you hold current Professional Indemnity Insurance?

If Yes, which Insurance company is it with?

**SECTION 10: DECLARATIONS**

Please ensure that **all** declarations are ticked

# MEDICAL EMERGENCY

I understand that my GP may be contacted regarding my application and in case of a medical emergency.

|  |  |
| --- | --- |
| **Name** |  |
| **Signed**  |  |
| Date  |  |

# VARICELLA DECLARATION

I hereby declare that I have previously contracted Varicella (Chicken Pox) and / or Herpes Zoster (shingles)

|  |  |
| --- | --- |
| **Name** |  |
| **Signed**  |  |
| Date  |  |

# VARICELLA DISCLAIMER

I am unsure if I have previously contracted Varicella (Chicken Pox) and / or Herpes Zoster (shingles) and based on my personal beliefs / choice I choose not have a blood test to check anti-body levels for Varicella (Chicken Pox) and / or Herpes Zoster (shingles). I accept responsibility for my decision should I contract the illness from working in the healthcare environment. In my duty of care, I will also ensure I take every precaution, as per local policies and procedures, paying attention to sharps and the use of P.P.E to avoid contracting the illness.

## Fitness to Practice

*If you are applying for a post that requires professional registration you are required*

*to provide thefollowing information:*

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?

**Please provide details of any conditions / restrictions you may have below:**

# WORKING TIME REGULATIONS 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. You are under no obligation to accept any work offered, and you will not be compelled to work more than 48 hours per week, however you may choose to do so. A full explanation of the Working Times Regulations 1998 can be found in your Staff Handbook.

Please tick the appropriate box.

I do **NOT** wish to work more than 48 hours per week **DO** wish to work more than 48 hours per week

# PROFESSIONAL REGISTRATION AGREEMENT

You are expected to adhere to the NMC / HPC code of conduct and drug administration guidance. Are you fully aware of these and agree that you will apply them always during your employment?

|  |  |
| --- | --- |
| **Name** |  |
| **Signed**  |  |
| Date  |  |

**REHABILITATION OF OFFENDERS ACT AND UNSPENT CRIMINAL CONVICTIONS**

Due to the nature of the work you are applying for, this post is exempt from the provision of section

4 (2) the rehabilitation of offender’s act 1974 by the rehabilitation of offender’s act 1975 (exception) order 1975 applicants are therefore, not entitled to withhold information about convictions which for any other purpose are ‘spent’ or ‘unspent’ under the provisions of the act and in the event of employment. Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

Any information given will be completely confidential and will be considered only in relation to an application for the positions where the order applies and should be entered at the end of any you give in support to this application.

# STAFF HANDBOOK.

I have received a copy of the Staff Handbook and read through all content. I understand all the policies and procedures and will abide by the code of conduct always

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| Date: |  |

## EQUAL OPPORTUNITIES.

We are committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy always 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 of sex, sexual orientation, marital status, age, equally irrespective of sex, sexual orientation, marital status, age disability, race, colour, ethnic or national origin, religion, 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. Gee Professional Services Ltd 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. The agency 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. Gee Professional Services Ltd retains the right to hold this application and any other data required to process this application into (weather in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act. A copy of this can be requested in writing and is charged at a fee of **£10 per request**.

# TERMS AND CONDITIONS

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I hereby confirm that the information given is true and correct. I consent to my personal data and employment and educational history being forwarded to clients. I understand that should the information I have given be untrue I accept full responsibility for any consequences this may bring. I consent to references being passed onto potential employers. If, during a temporary assignment, the client wishes to employ me direct, I acknowledge that the agency will be entitled either to charge the client an introduction/transfer fee or agree to an extension of the hiring period with the client (after which I may be employed by the Client without further charge being applicable to the Client).

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|  |  |
| --- | --- |
|  **Name** |  |
| **Signed**  |  |
| Date  |  |