



APPLICATION FORM

PERSONAL DETAILS		
Title:	Surname:	
First name:	Middle name(s):	
Have you ever been known by another name? (e.g. Maiden Name, Previous surname/forename)		
Date of birth:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
House name or no:	Date of Residence:	
Street:	Tel Home:	
Town:	Tel Work:	
County:	Tel Mobile:	
Postcode:	Country:	
Email Address:		
National Insurance:		
What job/s are you applying for?		

Bank Details	
Account name:	
Sort Code:	Account Number:

EMERGENCY CONTACT/ NEXT OF KIN	
Name:	Tel Home:
Relationship to you:	Tel Mobile:
Email Address:	

PROFESSIONAL REGISTRATION DETAILS					
Are you registered with any Profession Body: <small>(Please tick)</small>	NMC	HCPC	GMC	GPHC	OTHER
Registration Number:					
Expiry Number:					
Revalidation date:					



PLEASE TELL US HOW YOU HEARD ABOUT US?	
NATIONALITY AND ELIGIBILITY TO WORK	
Do you hold a British/ EU Passport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nationality:	
Passport no:	Expiry Date:
If you do not hold a British/EU Passport, can you please confirm your Eligibility to work? (i.e Visa)	
Expiry Date:	

QUALIFICATIONS
Qualification:
Date Achieved: (To and from)
University/College Name:

PROFESSIONAL APPRAISAL <small>(List your most recent appraisal)</small>
Location of Appraisal:
Date of Appraisal: (mm/yyyy)
Completed by (name of Organisation):
Appraisers NMC Pin:
Upcoming Appraisal Date: (mm/yyyy)

INTERNATIONAL ENGLISH LANGUAGE TESTING SYSTEM (IELTS) <small>(Have you completed your IELTS? If yes, please complete the below)</small>
Qualification:
Place where obtained:
Date completed:



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PROFESSIONAL REFERENCES

Please note that we will need to obtain satisfactory references to complete your registration with Vivid Healthcare and before you are offered an assignment. Please provide contact details of referees that we may approach from each place of employment in the last 3 years.

Guide to acceptable reference contacts:

- Referees must have supervised your work and be of a more senior grade/band. If we are unable to gain an appropriate reference from a supervisor, we will approach HR.
- We can only accept references from a work email address.
- We can only accept references from employers that current work as your previous workplace.
- If you have worked for an agency, please provide their contact details as well as the client you have worked for.
- If you are currently in full-time Education or have been in Education in the last two years, please provide your tutor/lecturer as a reference contact.

Reference 1		
Organisation:		
Your Job title:	Ward/Dep.:	
Grade/ Band:	Dates of Employment (Month/Year):	
	From:	To:
Referee Name:	Referee Position:	
Work Email:		
Contact number:		
Capacity in which known (I.e. Manager):		
Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	Referee contact number:	

Reference 2		
Organisation:		
Your Job title:	Ward/Dep.:	
Grade/ Band:	Dates of Employment (Month/Year):	
	From:	To:
Referee Name:	Referee Position:	
Work Email:		
Contact number:		
Capacity in which known (I.e. Manager):		
Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	Referee contact number:	



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Reference 3		
Organisation:		
Your Job title:	Ward/Dep.:	
Grade/ Band:	Dates of Employment (Month/Year):	
	From:	To:
Referee Name:	Referee Position:	
Work Email:		
Contact number:		
Capacity in which known (I.e. Manager):		
Can we contact prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	Referee contact number:	

DECLARATION OF CRIMINAL RECORD		
To ensure the safety of our clients an enhanced DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position with Vivid Healthcare. If a check is returned and reveals any information, this will be discussed with the applicant. The director(s) will make a decision as to whether the offer of employment should be withdrawn.		
1. Do you have 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) by SI 2013 1198?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details:		
5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) Check? (Formerly Criminal Records Bureau check or CRB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disclosure no:	Date:	
Company that conducted the check:		
If you have signed up for the DBS Update Service, please provide the details of your DBS number:		



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Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986

We would draw your attention to the following statement: - "Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986.

Applicants are, therefore, obliged to disclose information about any convictions which for other purposes would be regarded as 'spent' under the provisions of the Act". Failure to disclose such convictions could result in dismissal or disciplinary action by the employing organisation. Any information given will be confidential and will be considered only in relation to any post to which the conviction applies.

WORKING TIME DIRECTIVE

The working time regulations 1998 state that you are unable to work in excess of an average of 48 hours per week (calculated over a 17-week period) unless agreed with the Vivid Healthcare personnel that this limit should not apply.

- I agree to limit my working week to no more than 48 hours
 I disagree to limit my working week to no more than 48 hours

DECLARATION

Candidate Handbook and Terms of Business

Please download and print the Candidate Handbook from our website. The link to the website is: <http://www.vivid-healthcare.com/>

- I can confirm that I received, read and understood each section of the Candidate Handbook and Terms of business.

Confirmation of Face to Face

- I can confirm that I have provided the original documents to Vivid Healthcare as part of the registration process.

General Data Protection Regulations (GDPR)

Please view our website for the full privacy policy. The link to the website is: <http://www.vivid-healthcare.com/>

- I can confirm that I viewed the privacy policy and I would like to continue subscribe to Vivid Healthcare mailing list including, communication, emails, phone calls, texts, shift availability, payment and compliance.

I can confirm that I have read this document fully and that all the information provided to Vivid Healthcare is correct and to the best of my knowledge. I give consent for Vivid Healthcare to share my personal information which includes my personal data and file with third party regarding any audits. Also, I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform Vivid Healthcare should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

1. I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform Vivid Healthcare.
2. I acknowledge that I have been given a copy of the terms and conditions of service issued by Vivid Healthcare, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them.
3. 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 Form
4. I acknowledge and confirm that Vivid Healthcare is authorised to apply for and obtain a Disclosure and Barring Service (DBS) check and references from any previous employers and educational establishments.
5. 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 that Vivid Healthcare may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to Vivid Healthcare.
6. I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Working Time Regulations 1998 shall not apply to working with Vivid Healthcare unless specified above.
7. I acknowledge that my personal details will be stored and handled correctly by Vivid Healthcare 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 - DBS, Occupational Health, References, Right to Work).
8. I give consent for my payslips and timesheets to be shared with third party for audit purposes only.



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9. 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 Vivid Healthcare.
10. 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 Vivid Healthcare.
11. 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 Vivid Healthcare, I must inform Vivid Healthcare immediately.
12. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform Vivid Healthcare if I am under investigation or suspended by my professional regulatory body or employer at any point while working for Vivid Healthcare.
13. I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Regulations) I will provide accurate information.

Print Name:

Signature:

Date: