



# Shift Employment

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## Application Form

flexible high quality staffing solutions for the  
healthcare sector



Anytime-Anywhere

Please  
attach a  
passport  
size photo  
here

# Confidential

## Application for Employment

- Please type or print clearly in black ink to aid photocopying
- CVs will not be accepted

### PART 1 PERSONAL DETAILS

Surname:			Mr/Mrs/Ms/Miss:	
Forename(s):				
Previous Names:				
Address:			Post Code:	
Date Of Birth:				
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Married/Civil Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Not Disclosed	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Tel (Home):				
Tel (Work):				
Tel (Mobile):				
Email:				
National Insurance No:				
Profession: (RN/RGN/RMN etc.)			Professional Membership Reg No:	
Do you hold a current driving licence?				

#### Please give details of the person you would like to be contacted in the event of an emergency

Name:			Relationship:	
Address:				
Phone:			Email:	

### PART 2 – NATIONALITY & VISA DETAILS

#### Please enclose a copy of your passport & copies of any UK entry stamps or certificates

Nationality:			Country of Origin:	
Do you require a work permit:				
VISA Status:	<input type="checkbox"/> EU Passport <input type="checkbox"/> Right of Abode	<input type="checkbox"/> Working Holiday Visa <input type="checkbox"/> Ancestral Visa	<input type="checkbox"/> Student Visa	
VISA Expiry date:				

We supply agency nurses & support workers to healthcare organisations



### PART 3 – EDUCATION & TRAINING

From:	To:	School/College/University/Training/ Membership of professional bodies etc.:	Qualifications & Grades obtained:

### PART 4 – CURRENT EMPLOYMENT

Name of Current Employer:	
Address (including postcode):	
Job Title:	
Date Started:	
Outline of Duties:	

### PART 5 – PREVIOUS EMPLOYMENT

Name:	Address:	Job Title/Duties:	Period:	Reason for Leaving:



## PART 6 – TRAINING

**Do you hold training certificates in any of the following? (Please tick and provide proof)**

Moving & Manual Handling: <input type="checkbox"/>	Health and Safety: <input type="checkbox"/>	Basic Life Support: <input type="checkbox"/>
Prevention and Infection Control: <input type="checkbox"/>	Handling of Violence & Aggression: <input type="checkbox"/>	Mental Health Act: <input type="checkbox"/>
Other (Please state): <input type="checkbox"/>		

## PART 7 – REFERENCES

Please give the names of two people from whom we may request references. If employed these must be your current and most recent employer. If not employed, please give your two most recent employers. If you have no previous employer then references from college tutors, volunteer projects etc may be suitable. Do not use friends, colleagues or relatives as referees. **We are likely to email your referees to request a reference.**

Reference 1	
Name:	
Address:	
Position held and relationship:	
Email:	
Telephone:	

Reference 2	
Name:	
Address:	
Position held and relationship:	
Email:	
Telephone:	

Reference 3	
Name:	
Address:	
Position held and relationship:	
Email:	
Telephone:	

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## PART 8 – EQUAL OPPORTUNITIES MONITORING FORM

SHIFT Employment is committed to pursuing a non-discriminatory recruitment policy. In order to ensure that we are treating everyone fairly and equally we need to collect and monitor certain information about all applicants. We would be grateful if you could help us with this by completing the following questions.

**Any information you give to Shift Employment on this page will be treated in the strictest confidence.**

- Please complete all parts of the form by ticking the appropriate boxes.

Ethnic Origin – do you consider yourself to be:	
White/British	<input type="checkbox"/>
White/Irish	<input type="checkbox"/>
White/Other	<input type="checkbox"/>
Dual Heritage	<input type="checkbox"/>
Gypsy/Romany/Irish Traveller	<input type="checkbox"/>
Asian/Indian	<input type="checkbox"/>
Asian/Pakistani	<input type="checkbox"/>
Asian/Bangladeshi	<input type="checkbox"/>
Asian/Other	<input type="checkbox"/>
Black or Black British/Caribbean	<input type="checkbox"/>
Black or Black British/African	<input type="checkbox"/>
Black or Black British/Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>
Prefer not to state	<input type="checkbox"/>

Disability – do you consider yourself to be disabled:	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Faith – do you consider yourself to be:	
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
None	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to state	<input type="checkbox"/>

Gender – do you consider yourself to be:	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>

Sexuality – do you consider yourself to be:	
Gay/Lesbian	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to state	<input type="checkbox"/>

**If you have chosen not to complete this section, your application will not be affected in anyway.**



## PART 9 – HEALTH

Please provide us with the following general health information, if you answer yes to any of the questions in this section please provide details.

Have you attended your GP in the last year? **Yes**  **No**

If yes, why?

Are you currently taking any prescribed medications? **Yes**  **No**

If yes, what medication and why?

Do you have any condition which may affect your abilities to perform your duties? **Yes**  **No**

If yes, what?

**Do you have or have you ever suffered from any of the following medical conditions:**

Condition	Yes	No	Details/ Dates
Blackouts / Epilepsy / Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	
Heart / Circulatory Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma / Bronchitis / Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	
Eczema / Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Major Operations / Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatism / Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (Including Latex)	<input type="checkbox"/>	<input type="checkbox"/>	
Back, Upper limb or Neck injury	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous / Mental Illness or Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Disorders / Anaemia / Haemophilia	<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever been screened for Varicella/Rubella/Tuberculosis/Hepatitis B? **Yes**  **No**

I provide my permission for SHIFT Employment Limited to obtain my personal occupational health records and/or similar data from third parties such as NHS Trusts or GP Doctors for the purpose of registration and clearance for LOCUM work with the NHS.

Signature: .....

Date: .....

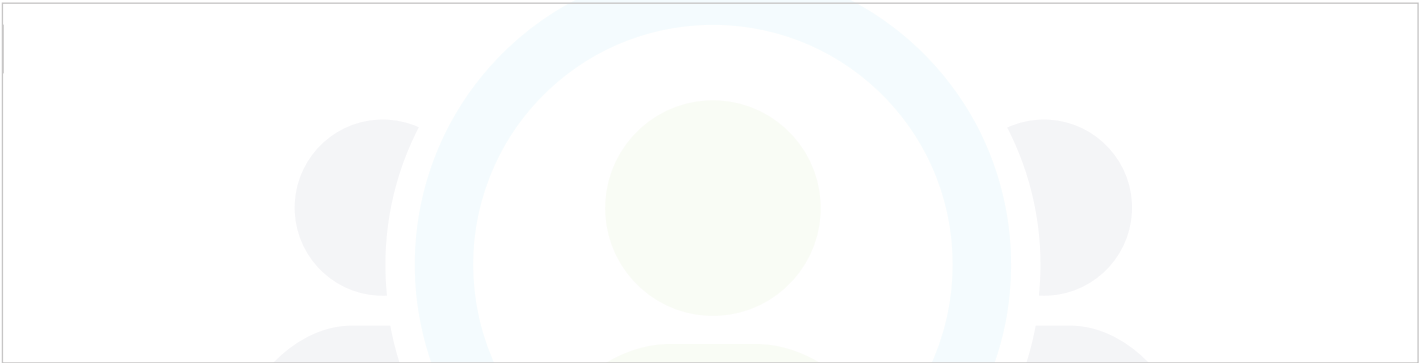
## PART 10 – DECLARATIONS

### Rehabilitation of offenders and criminal disclosures

Because of the nature of Shift Employment's work with vulnerable adults, successful applicants for most posts will be asked to complete a self-disclosure form of any convictions and an application for a disclosure to be carried out by the Disclosure and Barring Service (formerly known as Criminal Records Bureau).

Do you have any convictions or cautions? **Yes**  **No**

Please detail below all convictions and cautions **regardless of the seriousness of the offence and how long ago the conviction occurred:**



### Disclosure and Barring Service (DBS)

All recruitment agencies and NHS bodies are required by law to ask all applicants to apply for an Enhanced CRB Disclosure, as the job for which you are applying may involve access to children and vulnerable adults. It is therefore exempt from the Rehabilitation of Offenders Act 1974.

In order to secure work for you, we require an Enhanced DBS Check that was issued within the last year. If you already hold a DBS check which is current (within the last year), please forward us the original document and sign the declaration below. Your Disclosure will be handled securely and returned to you via special delivery. In addition, we will also need to apply for an Enhanced DBS Check for you in our own company name. Full details regarding this process will be provided to you by your Recruitment Consultant or our Compliance Team in a separate communication.

Do you have your own copy of a DBS check? **Yes**  **No**

*If yes - please enclose the original*

### Working hours

**In compliance with the implementation of the working time regulations, SHIFT Employment Limited recommend that working time should not exceed 48 hours per week (averaged over a period of 17 weeks.) however, should you wish to waive this right, please indicate this preference by ticking below:**

Yes I wish to work more than 48 hours per week

You can change your chosen option at any time by giving appropriate notice in writing to Shift Employment Limited. Working time shall include only the period of attendance at each individual assignment through Shift Employment Limited. It shall not include travelling time unless specifically agreed by the Shift Employment Limited Manager.

If you have any other information not covered on this application form, please state it below:



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## Declaration

I declare that I have read, understood and accept SHIFT Employment Limited's terms & conditions. I have completed this form in full and all the information that I have provided is correct and true. I will notify Shift Employment Limited of any changes to my professional conduct record, fitness to practice and criminal convictions status. By signing this declaration I agree to everything herein. As required by the Data Protection Act, I consent to SHIFT Employment Limited storing, processing and providing potential employers with my personal information for the purpose of finding me work placements. I understand that any personal data held by SHIFT Employment Limited is liable to be inspected by NHS Government Procurement Services (GPS) and other third party organisations as part of audit procedures and provide my permission for SHIFT Employment Limited to disclose all or any element of my personal data for this purpose.

I agree and certify that the information declared in this application is true and can be verified

Signature: .....

Date: .....

## PART 11 – CHECKLIST

- ID Verification (*passport, driving licence, identity card or birth certificate*)
- National insurance card, inland revenue document or payslip showing NI number
- 2 x Passport sized photos (*or email one to: info@myshifts.work*)
- NMC Original statement of entry – *Where applicable*
- Certificates for all stated qualifications & training
- Original valid DBS Certificate
- Police check from country of origin – *if you have been in the UK less than 6 months.*
- 2 x Original, recent proofs of address
- Health information details (*Occupational health/immunisation*)
- Proof of professional registration
- Evidence of the right to work in the UK - *Original proof of immigration status*
- Signed SHIFT Employment terms of engagement



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## **Shift Employment**

Tel: 0330 030 0031 | Fax: 0330 030 0032

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