

APPLICATION FOR EMPLOYMENT

Please Note: All information given on this application form will be treated with the strictest confidence in Accordance with the <i>General Data Protection Regulation (GDPR) 2018</i> .	
Are you entitled to enter or remain in the UK and undertake the work in question? YES <input type="checkbox"/> : NO <input type="checkbox"/>	
RIGHT TO WORK STATUS:	
Which of the following applies to you? Please tick as appropriate. Willing to work as: Qualified Nurse <input type="checkbox"/> RGN <input type="checkbox"/> RMN <input type="checkbox"/> RPN <input type="checkbox"/> RNLD <input type="checkbox"/> Any Specialty / Preference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please give details	
NMC PIN No:	Expiry Date:
Are you a member of a union or Professional Organisation offering Indemnity Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Body Name:	
Policy Number:	Expiry Date:

Title	Surname	Maiden Name	
Previous surnames (if any)			
Forenames (in full)			
Address		Post Code	
Telephone	Home	Work	Mobile
Email address			
Date of Birth		Uniform Size	
SEX	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Available to Work from	How did you hear about us		
	If Referred Name of Referee		
May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/> Please ✓ as appropriate			
Do you have experience working in any of the Health and Social care setting listed below? HOSPITAL <input type="checkbox"/> NURSING HOMES <input type="checkbox"/>			
How many MONTHS / YEARS of Experience do you have working as a nurse?			

Driving licence: Do you have a current Driving licence: YES <input type="checkbox"/> : NO <input type="checkbox"/>:		
TYPE OF LICENCE	Any current endorsements? YES <input type="checkbox"/> NO <input type="checkbox"/>	Any motoring prosecutions pending? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, give details.	If yes, give details.

Full Employment history – Please explain any gaps between employment

Name and address of Employer	Dates of Employment		Position held and summary of duties and responsibilities	Reason for Leaving
	From MM/YR)	To (MM/YR)		

Full Details of Education and training including any Voluntary or Community services

Name of School / College / University	Dates of attendance		Qualification (s)	Grade
	From MM/YR)	To (MM/YR)		

Details of Additional Training or Courses Undertaken

Details of Training	Date From	Date to	Course Taken	Attainment

REHABILITATION OF OFFENDERS ACT / CRIMINAL RECORD

Generally, no-one needs answer questions about spent convictions. However, this general rule does not apply to specified professions, employments, and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his/her normal duties, or any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his/her normal duties.

As CLYN GROUP - Healthcare recruitment division engage workers in activities in above, workers of the agency are subject to the Health and Social Care Act 2008 and will be subject to a Police Record Check through the Access NI. Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions.

Please Note: As a Registered Body with Access NI, we abide by the following policies and procedures which can be found in our Recruitment Pack or can be emailed to you request:

- Access NI Code of Practice
- Rehabilitation of Offenders Act 1974
- The General Data Protection Regulation (GDPR) 2018.

Please declare all criminal convictions, whether spent or not, charges, whether proceeded with or not, and warnings and cautions in the space provided below. - Note:

(To protect the confidentiality of this information, please detail convictions on a separate sheet of paper included with your application pack. Place it in a sealed envelope with your name clearly visible and headed "Private and Confidential – Criminal Convictions" and attach this to your completed Application Form).

SIGNATURE and DECLARATION – IMPORTANT – READ BEFORE SIGNING

I declare that to the best of my knowledge and belief the information given by me in this application is true, and I understand that the above information forms the basis of my contract of employment. I understand that if any of the information supplied by me is found to be falsely declared, my contract may have been fundamentally breached and my employment may be terminated immediately.

I understand that I may not be offered a post until a satisfactory response has been received with respect to my Access NI check Register status, and that should I subsequently be offered a post, that offer will be subject to receipt of two satisfactory references, one of which must be from my previous employer, and that confirmation of the employment will be subject to a satisfactory criminal record check from the Access NI.

I understand that until a satisfactory response is received from the Access NI, my employment is not confirmed. If the post I have applied for is as a Registered Nurse, my confirmation of employment will also be subject to a satisfactory search of the **Nursing and Midwifery Council records and registers**. By my signature, I authorise CLYN GROUP Ltd to request an enhanced criminal records check from the Access NI register on initial employment and at any time during my employment thereafter. I undertake to inform my employer immediately if my Access NI Register status or criminal status changes at any time during my employment, such as by being charged with an offence (other than motoring offences), the administering of a warning, criminal conviction, referral to any register of barred Care workers, or withdrawal of any registration required by my employment status.

Signed:

Date:

References: At least one of your referees must be a professional who have known you in a **WORKING CAPACITY** as a Registered nurse and preferably be your last two employers / Line Manager. We need two references; however, you may wish to include a third referee to facilitate the process of your registration.

I hereby authorise you to contact the references below to obtain any information which, in your opinion, will attest to my suitability, qualifications and work history. **Tick here** []

REF1

Name: _____ Position: _____

Company/Organisation: _____

Address: _____

_____ Postcode: _____

Telephone No: (landline) _____ (Mobile) _____

E-mail: _____ Relationship to you: _____

REF2

Name: _____ Position: _____

Company/Organisation: _____

Address: _____

_____ Postcode: _____

Telephone No: (landline) _____ (Mobile) _____

E-mail: _____ Relationship to you: _____

REF3

Name: _____ Position: _____

Company/Organisation: _____

Address: _____

_____ Postcode: _____

Telephone No: (landline) _____ (Mobile) _____

E-mail: _____ Relationship to you: _____

Confidentiality Declaration

Registration implies acceptance of our code of confidentiality. In the course of your duties, you may have access to confidential information about your clients or the agency. On no account must information relating to identifiable client be divulged to anyone other than the Registered Manager of the agency. You should not disclose ANY information to your family, friends, or neighbours.

As a temporary worker with **CLYN group** you shall not disclose to third party companies, the details of our clients and nature of work completed. You shall not also discuss pay rates whilst working on site, with employees of the client.

If you are worried about any information, you have obtained and consider that you should talk about it to someone else,

MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read, and I understand the above and I agree to abide by the contents therein.

Signed

Date

Privacy notice

We process personal data relating to those who apply for job vacancies with us or who send speculative job applications to us. We do this for employment purposes, to assist us in the selection of candidates for employment, and to assist in the running of the business. The personal data may include identifiers such as name, date of birth, personal characteristics such as gender, qualifications, and previous employment history.

We will not share any identifiable information about you with third parties without your consent unless the law allows or requires us to do so. The personal data provided during an application process will be retained for a period of at least six months or, if required by law, for as long as is required.

This privacy notice does not form part of an employment offer or contract between us. If we make an employment offer to you, we will provide further information about our handling of your personal information in an employment context separately.

If you would like to find out more about our data retention policy and how we use your personal data, you want to see a copy of the information about you that we hold or have any questions or issues regarding data protection, please email us with the Subject "Data Protection Request".

Signed

Date

Declaration

I declare to the best of my knowledge that:

- The above information given, and the accompanying documents are correct.
- I am in good health & there is nothing further of which I am aware that should be considered when offering me work.
- I am eligible to work in the U.K. and I understand that, should anything prove to be inaccurate I am liable to dismissal.

I hereby give permission for

- Any enquiries that need to be made to confirm such matters as qualifications, experience, and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- The processing of the personal data contained in this form for employment purposes.

I understand that any false or misleading information could result in my dismissal.

Signed:

Date:

Dear Agency Service Provider SP2,

Thank you for the interest you have shown in working with CLYN group. We trust you will enjoy your experience working with us. Please find below the agency's Supporting Documents' Questionnaire.

Please complete the questionnaire and sign to confirm the documents which you currently have and bring the supporting documents to the interview stage.

Supporting Documents Questionnaire:		
Please confirm the documents included with your returning application by ticking the appropriate boxes		
	YES	NO
Completed and signed registration form	<input type="checkbox"/>	<input type="checkbox"/>
Updated CV including explanation on gaps in employment	<input type="checkbox"/>	<input type="checkbox"/>
Proof of identity (copy of passport and driving license if driving)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of National Insurance	<input type="checkbox"/>	<input type="checkbox"/>
2 Proof of address (utility bill)	<input type="checkbox"/>	<input type="checkbox"/>
Passport photographs (2 copies)	<input type="checkbox"/>	<input type="checkbox"/>
Permit to work	<input type="checkbox"/>	<input type="checkbox"/>
Access NI disclosure check form with 5-year address history and £33 ADMIN FEE	<input type="checkbox"/>	<input type="checkbox"/>
Education and Training certificates. (Proof of confirmation of ongoing training)	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory Training certificates (Basic Life Support, Manual Handling, SOVA / POVA Level 2, Infection Control, Health and Safety, Fire Safety – every 6 months, COSSH, RIDDOR, Safe Administration of Medicine, Food Safety Level 2, MCA & DOLs, Personal Care, GDPR, MAPA, Dysphagia).	<input type="checkbox"/>	<input type="checkbox"/>
Skill Competencies Questionnaires	<input type="checkbox"/>	<input type="checkbox"/>
NMC Statement of Entry for Qualified / Staff Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Professional Indemnity Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Union Membership	<input type="checkbox"/>	<input type="checkbox"/>
Names of 2 professional referees	<input type="checkbox"/>	<input type="checkbox"/>
Completed Confidential Disclosure Form	<input type="checkbox"/>	<input type="checkbox"/>
Completed medical Questionnaire with Medical fitness self-certification declaration	<input type="checkbox"/>	<input type="checkbox"/>
Completed Health and Safety Agreement Form	<input type="checkbox"/>	<input type="checkbox"/>
Completed Working time regulation – OPT-OUT agreement form	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Previous employment - P45 or P60	<input type="checkbox"/>	<input type="checkbox"/>
HMRC employee starter form	<input type="checkbox"/>	<input type="checkbox"/>
Employment Income management consent form	<input type="checkbox"/>	<input type="checkbox"/>
Completed Bank details (for payroll purposes)	<input type="checkbox"/>	<input type="checkbox"/>
Body size measurement for uniform specification	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please list as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
Declaration:		
I can confirm that I have enclosed the supporting documents as indicated above with my application form.		
Full Names:	Signature:	Date: