

Job Application Form

Please complete the form in **BLOCK CAPITALS** using **BLACK INK** **ONLY AS APLICABLE TO YOU**

**SECTION 1: PERSONAL DETAILS (ABOUT YOU & CONTACT INFORMATION)**

**Title** MR  MRS  MS  MISS  OTHER……………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name(s)** |  | **Daytime Phone Number** |  |
| **Preferred Name** |  | **Mobile Number** |  |
| **Surname** |  | **E-Mail Address** |  |
| **Full Address** |  | **Date of Birth** |  |
| **Postcode** |  | **Do you hold a current UK driving license?** |  |

**SECTION 2: NURSING DETAILS (PROFASSIONAL QOULIFICATIONS)**

**Grade**

RGN  RMN  RNLD  HCA

**Band**

2  3  5  6  7  8

NMC Number.…………………………… Expiry Date……………………………

**SECTION 3: EMERGENCY CONTACT / NEXT OF KIN**

**Title** MR  MRS  MS  MISS  OTHER……………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name(s)** |  | **Relationship** |  |
| **Surname** |  | **Mobile Number** |  |
| **Address** |  | **Email** |  |
| **Postcode** |  | | |

I am eligible to work in the UK and do not require a work permit

I am already in possession of a work permit to work in the UK

I need to obtain a work permit to work in the UK

Other - please specify

……………………………………………………………………………………………………………………………………………………………………………

**SECTION 4: INFORMATION FOR DBS CHECK**

Does your DBS display any Cautions or Convictions? Yes  No

If yes, please provide a statement (continue on a separate piece of paper if necessary)

………………………………………………………………………………………………………………………………………………………………

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Do you have any unspent criminal convictions? Yes  No

If yes, please list your criminal convictions and their dates (continue on a separate piece of paper if necessary)

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**SECTION 5: EDUCATION HISTORY**

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

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| --- | --- | --- | --- |
| **Subject / Qualification** | **Place of Study** | **Grade / Result** | **Year** |
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**SECTION 6: EMPLOYMENT REFERENCES**

Please provide the full name and work address of two professional clinical referees. These should be your current / most recent employer and they must be able to comment on your ability to do the job you are applying for. Your referees must be a senior grade to yourself and you must have worked for the person for a period of more than three months.

**Reference 1 Reference 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Full Name** |  |
| **Establishment** |  | **Establishment** |  |
| **Position** |  | **Position** |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone** |  | **Telephone** |  |
| **Email Address** |  | **E-mail Address** |  |

**Please sign in agreement for your referees to be contacted**

**Sign** …………………………………..………………... .                             **Date**……………………………………………………

**Print**…………………………………..………………... .

**SECTION 7: EMPLOYMENT HISTORY**

Please give details of your employment over the last **10 years**. All gaps over 3 months must be accounted for. Include the month and the year, starting with your current or last job (continue on a separate piece of paper if necessary).

**Section one Employment last resent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date To** | **Date From** | **Employer’s Name** | **Job Title** | **Reason for Leaving** |
|  |  |  |  |  |

**Section Two Employment last previews**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date To** | **Date From** | **Employer’s Name** | **Job Title** | **Reason for Leaving** |
|  |  |  |  |  |

**Section Three Employment last 2nd Previews**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date To** | **Date From** | **Employer’s Name** | **Job Title** | **Reason for Leaving** |
|  |  |  |  |  |

**SECTION 8: EXPERIENCE**

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

Community  Hospital  Prison  Residential  Nursing Home

**SKILLS / AREA**

Please tick the area you have experience in:

Nursing  ITU/HDU

Anesthetics  Midwifery

Ante Natal  Medical

Acute-Mental Health  Physiotherapist

Cannulation  Oncology

Cardiac  Orthopedics

Cardiac Cath Lab  Outpatients

Lab Technical  Pleads

Radio Grapier  Occupation Therapist

Chemo  Plastering & Suturing

Dialysis  Psych inpatient wards

Social Care  Recovery

Elderly  Scrub

Endocrine  Substance Misuse

Endoscopy  Surgical

Forensic Services  TSSU

Hematology  Venipuncture

Pharmacist   Ventilation

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| 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.  **Sign**…………………………………………………………………….. **Date**………………………………………………….. |

**SECTION 9: BANK DETAILS**

**Title**           MR          MRS          MS          MISS          OTHER……………………………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | |  | | **National Insurance Number** | |  | |
| **First Name(s)** | |  | | **Date of Birth** | |  | |
| **Address** | |  | | **E-Mail Address** | |  | |
| **Postcode** | |  | |  | |  | |
| **Bank Name** | | |  | | | | |
| **Bank Address** | | |  | | | | |
| **Account Number** | | |  | | | | |
| **Sort Code** | | |  | | | | |
| **Paye Name**  **(as it appears on your account)** | | |  | | | | |
| **Tax Status** | PAYE | | | | No P45 | | Student |
| **Form Attached** | P45 | | | | P46 | | P38 |

**Sign**…………………………………………………………………….. **Date**…………………………………………………..

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| **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 * 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   **Please tick here if you would like more information on working with umbrella companies for tax efficient savings** |

**SECTION 10: DECLARATIONS**

Please ensure that **all** declarations are ticked

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| **DATA PROTECTION**  I agree that SCM Limited retains the right to hold this application and any other data associated to process it and pass on to any authorized third party the details held within, also to retain the details for as long as reasonably necessary in accordance with the Data Protection Act |

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| **WO 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. Plea Please tick the appropriate box.  I do II **DO** **NOT** wish to work more than 48 hours per week  I **DO** I wish to work more than 48 hours per week |

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| **WORKING HOLIDAY ENTITLEMENT CLAUSE**  Whilst working for the agency, the temporary worker will accumulate Holiday Pay calculated as a percentage of the hourly rate of pay. We co-ordinate leave from April to April. All requests must be made within the correct time period. Should you request later than 31st March you will no longer be entitled to holiday pay for the previous year. If applying for holidays, the temporary worker must give a minimum of 1 weeks notice to the Registered Manager or Operations Manager at the agency. I have read, understand and will comply with the Working Holiday Entitlement Clause. For the purposes of your employment with SCM Limited, the holiday year will be the 12 month period commencing on the 6th April (and, if applicable, each subsequent 12 month period). All entitlement to leave must be taken during the course of the holiday year in which it accrues and none may be carried over into the next holiday year. The agency is not required by law to make any payment in lieu of unused holiday at the end of the holiday year. When making your holiday plans please observe the following: You should not normally plan to take more than two weeks at any one time although a longer period may be granted in special circumstances. Notice must be given of either 1 week or by the total length of the holiday, whichever is the greater. @SCM Limited |

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| **PROFESSIONAL REGISTRATION AGREEMENT**  You are expected to adhere to the NMC / HPC code of conduct and drug and alcohol administration guidance. Are you fully aware of these and agree that you will apply them at all times during your employment?  **YES**  **NO** |

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| **CONTRACT**  I have read, understood and accept the ‘Terms of Engagement for Temporary Workers’ contract. This is provided as a separate document for you to keep for your records. |

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| **TERMS AND CONDITIONS** |

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| **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 offenders act 1974 by virtue of the rehabilitation of offenders 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 particulars you give in support to this application. |

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| **PERMISSION TO WORK IN THE UK**  In line with UKBA guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by us for temporary work. |

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| **MEMBERSHIP OF PROFESSIONAL BODIES**  If you are applying for a post that requires professional registration you are required to provide the following 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?  **YES**  **NO**  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?  **YES**  **NO**  If applicable, please provide details of any conditions/restrictions you may have.  Sending this form by Post Address to Administrator, SCM Limited, 17 Benouvill Close Oxford OX4 2PW UK  Sending by Email [jobs@scmlimited.org](mailto:jobs@scmlimited.org) for more details [www.scmlimited.org](http://www.scmlimited.org) Tel +448006890862 Option 2  …………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………..……………….. |

**Sign**………………………………………………………………………….. Print……………………………………………………......

**Date**…………………………………………………..

