

Registration Form *(Please complete where applicable)*

Personal Details

Title: Gender: Male Female
First Name(s): Surname:
DOB: NI Number:
Telephone: Mobile:
Address:
Post Code: Date Moved in:
Email: DBS Number:
Driving Licence: Yes No Car Owner: Yes No

Emergency Contact Details

In case of an emergency – Please provide details of your next of kin:

Full name: Relationship:
Contact Home: Contact Mobile:

Declaration of Permission to Work in the UK

Are you a British/EU National : Yes No Nationality:
If 'no please state your nationality: tick the appropriate box of your right to work status
 Tier 1 Tier 2 /Sponsorship Visa Tier 4 / Student Visa
 Tier 5/Working Holiday/Youth Mobility Spousal/Partner Visa
 EEC Family Member Indefinite Leave to Remain Other, please specify

Revalidation Details

Please provide details of the formal arrangements you have made to be regularly appraised as required by the NMC *(if any)*

Name of appraiser: NMC No:
Date of Last Appraisal: Date of Next Appraisal:
Revalidation Due Date:

Education and Professional Training

University/College:

Qualification:

Date Completed:../../....

Professional Indemnity

We recommend that you take membership of a Medical Defence Organisation. If you are a member please provide details of your membership with a copy of your certificate.

Defence Body:

Policy Number:

Expiry date:../../....

Professional Registration

Please provide your NMC Pin Number:

Payment Details

For Ltd Company - Please provide a copy of your: Companies certificate of incorporation

Proof of bank account name, sort code, account number:

VAT Registration Certificate (if applicable)

Proof of Companies Address

PAYE (only paid via a verified umbrella company)

Declaration of Criminal Record

Because of the nature of the work for which you are applying, the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). Applicants are, therefore, not entitled to withhold any information about convictions, which for other purposes are, then 'spent' under provision of the Act. In the event of employment, failure to disclose a criminal offence, having been bound over or cautioned or that you are currently the subject of criminal proceedings which might lead to a conviction, an order binding you over or a caution, or fitness to practice proceedings undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, removal from our register, and referral to the General Medical Council or General Dental Council for consideration if such discrepancy came to light.

Any information given will completely confidential and will be considered only in relation to an application for positions to which the order applies and will not debar from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the conviction, action, how long ago it took place and any other factors that may be relevant.

- 1) Have you been convicted of a criminal offence, been bound over or cautioned:
 Yes No
- 2) Are you currently the subject of any police investigation, which might lead to a conviction or order binding you over or a caution in the UK or any other country? Yes No
- 3) Have you been or are currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country? Yes No
- 4) Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing or ability to locum work?
 Yes No

If you have answered yes to any of the above questions please provide further information on the personal declaration form. I understand that if at any stage I am charged or cautioned after signing this declaration, I must inform Esteem Plus Ltd personnel immediately.

Mandatory Training

Have you ever had initial training in the following? Where you have answered yes, please give dates of training and provide copies of your certificates.

- | | |
|--|---|
| <input type="checkbox"/> Fire and Safety Date/...../..... | <input type="checkbox"/> RIDDOR Date/...../..... |
| <input type="checkbox"/> Health and Safety Date/...../..... | <input type="checkbox"/> Infection Control Date/...../..... |
| <input type="checkbox"/> Moving and Handling Date/...../..... | <input type="checkbox"/> Complaints Handling Date/...../..... |
| <input type="checkbox"/> COSHH Date/...../..... | <input type="checkbox"/> Risk Incident Reporting Date/...../..... |
| <input type="checkbox"/> Equality and Diversity Date/...../..... | <input type="checkbox"/> Food Hygiene Date/...../..... |

Equality and Diversity

Locum People is an equal opportunities employer. Our policy is to recruit candidates based on merit and monitor this closely. In order to assist us in monitoring our equality and diversity policy please provide the following information:

Age group: 16-20 21-35 36-49 50+

Would you consider yourself to have a disability? Yes No

If you have answered yes, please provide further details:

Please ensure you read all the categories listed below and tick the appropriate box that best describes your ethnic origin. As this could be the origin of your antecedents, it is not necessarily the same as your nationality.

- White Black-Caribbean Indian Bangladeshi Mixed
 Black-African Black-other Pakistani Chinese Other

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:

Yes No

I am charged or cautioned after signing this declaration, I must inform Esteem Personnel immediately.

Referee Details

Current Employment

Dates worked from:.../.../....

Dates worked to:..../.../....

Hospital:

Grade/Specialty:

Referee Name:

Referee Email:

Most recent previous position

Dates worked from:.../.../....

Dates worked to:.../.../....

Hospital:

Grade/Specialty:

Referee Name:

Referee Email:

Access to Medical Records

I hereby consent to Esteem Plus having access to any occupational health records that you hold on file for in order for them to be able to complete my registration with and to be used as part of any audit requirements

Signed:

Print Name:

Date:.../.../....

Immunisations

Have you been inoculated against the following:

Rubella/German Measles: Yes No Date:../.../... Tetanus: Yes No Date:../.../....

Hepatitis B: Yes No Date:../.../... Tuberculosis: Yes No Date:../.../....

Polio: Yes No Date:../.../... Other: Yes No Date:../.../...

Have you lived outside the U.K. for a longer than 6 months within the last 5 years? Yes No

If yes, please give details:

Places of residence: _____ Date:../.../.... To: ../.../....

Note: I certify that the above information is correct and hereby give permission for a further report to be requested to my GP for clarification if required.

Signed: Date: ../.../....

GP Name: _____

GP Address: _____ Post Code _____

GP (Telephone Number): _____

Declaration of Health

Have you attended hospital as either an in-patient or outpatient during the last 5 years? Yes No. *If yes, please give details:*

Please tick the answer to the following questions :

Do you have any physical disability, which will affect your working ability? Yes No

Are you currently taking medication for any mental or physical conditions? Yes No

Have you ever been refused employment due to mental or physical conditions? Yes No

If you have answered "Yes" to any of the above, please give details:

Do you smoke? Yes No

Number of cigarettes per day:

Do you drink alcohol?: Yes No

Number of units per week:

Have you ever had, or currently have, problems associated with the following areas/conditions:

- | | |
|--|---|
| Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Gall bladder/Jaundice: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Anaemia: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Headaches/Migraine: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Anxiety: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Heart Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Arthritis: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Hepatitis A/B/C: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Hernia: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Bronchitis: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Back/Neck-pain: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Insomnia: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Blood Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Kidney/Urine : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Cancer/Tumour : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Epilepsy : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Chest pains: : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Polio: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Diabetes : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Rheumatism : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| ENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Tuberculosis(TB) : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... |
| Fainting spells : <input type="checkbox"/> Yes <input type="checkbox"/> No Date: .../.../... | Weight loss/gain in the last six Months |
| Are you pregnant: : <input type="checkbox"/> Yes <input type="checkbox"/> No | Due Date: .../.../... |

PLEASE READ BEFORE SIGNING

Working Time Directive Opt Out Agreement

Regulation 4 of the Working Time Directive requires that a temporary worker's average working time must not exceed 48 hours per week unless the temporary worker agrees in writing to exceed the limit. If temporary workers are to lawfully work more than 48 hours, they must sign an opt-out agreement to this effect.

If you are prepared to work more than 48 hours per week, please sign and return the agreement below as soon as possible in order that we may lawfully employ you even if your hours exceed this.

Please tick one of the following boxes:

- I agree to opt-out of Regulation 4 of the Working Time Directive.
- I don't agree to opt-out of Regulation 4 of the Working Time Directive.

Signed:
Print Name:
Date: .../.../...

Candidate Handbook

I declare that I have received, read and understood the Esteem Plus Induction Handbook/Information pack and agree to abide by the terms and conditions detailed within the handbook.

I consent to Esteem Plus requesting a Disclosure and Barring Service (DBS) check and understand that any fees associated are payable by myself. I consent to Esteem Plus requesting a DBS status update on my behalf.

I consent to Esteem Plus requesting appropriate references on my behalf.

I declare that the information I have given in this application form is true and not in any way intended to mislead. I agree that if I have given false or misleading information or if I do not give relevant information now or in the future, this may result in termination of an assignment and removal from Esteem Plus register without notice.

I consent to Esteem Plus to make available my information to third parties for the purpose of audit.

I acknowledge that if any of my details stated on the Application Form change, or my circumstances change in any way which may affect my ability to work for Esteem Plus. I must inform Esteem Plus immediately.

I understand that I need to keep any relevant training up to date and should I feel I require further training in my specialty, I will inform Esteem Plus immediately. I understand that any fees associated are payable by myself.

I confirm that I am not currently under investigation, or currently suspended by any professional regulatory bodies or being investigated by my current or previous employer. I will inform Esteem Plus immediately if I become under investigation or suspended by any professional regulatory body or employer at any point whilst working for Esteem Plus.

I declare that by signing this form I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority if I have secured permission to work. I also acknowledge that if it is found that I am working without the relevant permission, my engagement with Esteem Plus will be terminated with immediate effect, and all details passed to the relevant authorities.

I understand it is my responsibility to engage in the revalidation process including participating in annual appraisals.

Signed:
Print Name:
Date:../../...