

Please complete the below form clearly. There is a continuation sheet at the end of the document, should you need to expand		
1. Personal Details		
Title:	Surname	
Forename (s):		
Address:		
Eircode:	D.O.B	
Email Address:		
Mobile Number:	Home number:	
Next of Kin name		
Next of Kin Relationship:		
Next of Kin Contact Number:		
2. Nursing Registration and Insurance (to be completed by Nurses only)		
NMBI Pin no:		
Renewal Date:		
Are you currently under investigation by the NMBI?		
Professional Indemnity Insurance Body:		
Policy Number:		
Expiry Date:		
3. Additional Details		
	Yes	No
Do you currently hold valid 'Right to Work' in Ireland?		
Do you have access to a car?		
Do you have a driving licence?		
Have you ever been involved in disciplinary/dismissal proceedings with an employer?		
If yes, please explain:		
Are you registered with CORU?		
If yes, please provide your CORU pin		
Have you ever been subject to investigations in the past?		
Have you ever been subject to safeguarding investigation?		
Do you work for another Nursing Agency?		
If yes to any of the above, please provide details:		
4. Specialism		
Please tick the areas that you have worked in, in the last 5 years. Tick all that apply. Should you have a subcategory within a specialist, please provide more information		
Private Care Home	<input type="checkbox"/>	Surgical
Medical	<input type="checkbox"/>	Intensive Care
Emergency Department	<input type="checkbox"/>	Mental Health/Learning Disability
Theatres	<input type="checkbox"/>	Older Person Care
Childrens	<input type="checkbox"/>	Domicilliary Care
Subcategory/Extra Information:		
5. Employment History.		
Full work history is required. Any gaps in employment, must be explained in the available section.		
Date From ___/___/___ – To: ___/___/___	Employer:	
Position Held:	Reason For leaving:	
Summary of Duties:		
Date From ___/___/___ – To: ___/___/___	Employer:	
Position Held:	Reason For leaving:	
Summary of Duties:		

Date From ___/___/___ – To: ___/___/___	Employer:	
Position Held:	Reason For leaving:	
Summary of Duties:		
Date From ___/___/___ – To: ___/___/___	Employer:	
Position Held:	Reason For leaving:	
Summary of Duties:		
Date From ___/___/___ – To: ___/___/___	Employer:	
Position Held:	Reason For leaving:	
Summary of Duties:		
<b>Gaps in Employment (please explain)</b>		
<b>Date From – To:</b>	<b>Reasoning</b>	
Date From ___/___/___ – To: ___/___/___		
Date From ___/___/___ – To: ___/___/___		
Date From ___/___/___ – To: ___/___/___		
Date From ___/___/___ – To: ___/___/___		
Date From ___/___/___ – To: ___/___/___		
<b>6. Garda Vetting</b>		
<p>The National Garda Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 provide a statutory basis for the vetting of persons carrying out relevant work with children or vulnerable persons. Therefore, Staffline must receive a vetting disclosure from the NVB in respect of your application.</p>		
	Yes	No
Do you have any convictions or cautions?		
Are you currently the subject of any criminal proceedings?		
Are you currently the subject of any Garda investigation?		
Are you aware of any reason you cannot work with children or vulnerable persons?		
If you have answered yes to any of the question section 8, please give more details.		
<p><i>Please note, a criminal record will not, in itself, debar you from being appointed to a post.</i></p> <p><i>As a standard requirement, all applicants will be requested to complete an application to be Garda Vetted as part of the recruitment process. Failure to do so will remove you from the recruitment process. Any change in criminal conviction, proceedings, or investigations status post-employment must be communicated to Staffline.</i></p>		
<b>7. Confidentiality and Consent</b>		
	Yes	No
I authorise Staffline Group PLC (and its subsidiaries**) to share my personal data for the purposes of work finding activities and during the course of an assignment as appropriate to the task required, without affecting my statutory rights.	<input type="checkbox"/>	<input type="checkbox"/>
I acknowledge that Staffline Group PLC (and its subsidiaries**) may need to contact me with information relevant to work finding services and/or to assist in fulfilling obligations in relation to performance of the contract and/or legitimate interests relating to its work-finding services	<input type="checkbox"/>	<input type="checkbox"/>

In connection with your application to work with us or one of our clients, we need to collect, store and use the personal information to provide on your application form. The personal information you provide may be used to:

- Assess your suitability for a role.
- Communicate with you about the recruitment process.
- Carry out background and reference checks (if relevant)
- Carry out health assessments or medicals and share with an appropriate medical assessor (if relevant)
- Keep records related to the hiring and payroll processes.
- Comply with legal or regulatory requirements.

Further details of how we will use your personal information and your rights are available on the following links:

<https://www.stafflinerecruit.com/privacy-policy>

Data may be shared within the EU and the UK accordingly with appropriate security measures taken in all cases. We will retain your personal information of 8 years after your application or the end of your last temporary assignment, whichever is latest, in line with the practice guidance.

Please sign and date to confirm that you have fully read and understood the privacy policy and give consent for Staffline Group PLC processing your personal data in accordance with this statement. *Note:* You have the right to withdraw your consent at any time. To withdraw your consent, please contact [DPOire@stafflinerecruit.com](mailto:DPOire@stafflinerecruit.com)

Signed:

Date:

### 8. Health and Disability

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment services and to find your needs in order to perform the position sought.

	Yes	No
Do you require any reasonable adjustments in order to access our recruitment services, attend interview, or complete any required assessments?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any health & safety or medical issues we need to be aware of that might affect which assignment you could accept?	<input type="checkbox"/>	<input type="checkbox"/>

In line with the role requirements and to ensure the environment you work in is safe in relation to the safety and wellbeing of yourself and others, an Occupational Health Assessment will be conducted. The outcome of this may lead to:

- A further follow up with our Occupational Health provider.
- Informing the client for their awareness of any reasonable adjustments agreed or any specific treatment that may be applicable in the case of an incident.

Please sign to confirm the 2 points above have been read and understood:

### 9. References

Please give details of three referees (At least one must be within the last 6 months, and one from your present/last employer from someone in a senior position. None should be relatives).

#### Reference One

Employer Name:	Position in the Company:
Referee Name:	Phone number:
	Email address

Do you consent to Staffline contacting this reference:

#### Reference Two

Employer Name:	Position in the Company:
Referee Name:	Phone number:
	Email address

Do you consent to Staffline contacting this reference:

Reference Three				
Employer Name		Position in the Company		
Referee Name		Phone number:		
		Email address		
Do you consent to Staffline contacting this reference:				
10. Declaration				
<p>i. I confirm that the information I have provided is correct and complete to the best of my knowledge.</p> <p>ii. I confirm that I will inform Staffline Recruitment (ROI) Limited of any change to the information detailed on this form.</p> <p>iii. I confirm that I have made no payment to Staffline or any third party in order to gain a work assignment with Staffline.</p>				
Please sign to confirm agreement with the 3 statements above:				
Signature:		Date:		
11. Extra Information				
Where did you hear about Staffline	Friend/Colleague			
	Facebook			
	Instagram			
	Indeed			
	LinkedIn			
	Staffline Website			
	Other Please specify:			

**Continuation Sheet/Extra information**