

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:	
Postcode:	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)

NMC Pin no:	NMC Registration:
Renewal Date:	
Are you currently under investigation by the NMC?	
Professional Indemnity Insurance Body:	
Policy Number:	
Expiry Date:	

3. Additional Details

	Yes	No
Do you currently hold valid right to work in the UK		
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 NISCC		
If yes, please provide your NISCC 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	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Intensive Care	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	Mental Health/Learning Disability	<input type="checkbox"/>
Theatres	<input type="checkbox"/>	Older Person Care	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>	Domicilliary Care	<input type="checkbox"/>
Subcategory/Extra Information:			

5. Current Employment & Employment History.

Full work history is required. Any gaps in employment, must be explained in the available section (start with most recent).

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: 	

Gaps in Employment (please explain)	
Date From – To:	Reasoning
Date From ___/___/___ – To: ___/___/___	
Date From ___/___/___ – To: ___/___/___	
Date From ___/___/___ – To: ___/___/___	
Date From ___/___/___ – To: ___/___/___	
Date From ___/___/___ – To: ___/___/___	

6. Rehabilitation of Offenders		
<p>The provisions of Section 4.2 do not apply to any employment that relates to the provision of health services and which enables the post holder to have access to persons in receipt of such services in the course of their normal duties. Therefore, applicants must declare any criminal convictions, including those which would otherwise be considered 'spent'.</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 police investigation?		
Are you aware of any reason you cannot work with children or vulnerable adults?		
If you have answered yes to any of the question section 8, please give more details.		

Please note, a criminal record will not, in itself, debar you from being appointed to a post.

As a standard requirement, all applicants will be requested to complete an Access NI Enhanced Disclosure 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.

7. Confidentiality and Consent		
	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.		
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		

In connection with your application to work with us or one of our clients, we need to collect, store and use the personal information you 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 best 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

Signed:

Date:

8. Working Time Regulations

The Working Time Regulations (Northern Ireland) 1998 provides that a worker shall not work in excess of 48 hours averaged over a 17-week period unless he/she agrees in writing that this limit should not apply. You may change your decision with one months' notice.

Please sign ONE of the following to state your preference:

Yes	
No	

9. 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?		
Are there any health & safety or medical issues we need to be aware of that might affect which assignment you could accept?		

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:

- i. A further follow up with our Occupational Health provider.
- ii. 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 3 points above have been read and understood:

10. References

Please give details of two referees (At least one must be from your present/last employer. Neither should be relatives).

Reference One

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

Do you consent to contact Staffline contacting this reference:

Reference Two		
Employer Name	Position in the Company	
Referee Name	Phone number:	
	Email address	
Do you consent to contact Staffline contacting this reference:		
11. 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 Ireland 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:	
12. Extra Information		
Where did you hear about Staffline	Friend/Colleague	
	Facebook	
	Instagram	
	Indeed	
	LinkedIn	
	Staffline Website	
	Other Please specify:	

Continuation Sheet/Extra information