

Registration form



Your personal details

Surname:	<input type="text"/>	Mr/Mrs/Ms/Miss/Dr:	<input type="text"/>
Forename(s):	<input type="text"/>	Previous surname(s):	<input type="text"/>
Sex:	<input type="text"/>	Date of birth:	<input type="text"/>
Profession:	<input type="text"/>	Speciality:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Home tel:	<input type="text"/>	Work tel:	<input type="text"/>
		Bleep/ext:	<input type="text"/>
Mobile/cell phone:	<input type="text"/>	Pager:	<input type="text"/>
Fax:	<input type="text"/>	Email:	<input type="text"/>
Nationality:	<input type="text"/>	Country of origin:	<input type="text"/>

Your requirements

To help us find the most appropriate work for you, please answer the following questions.

What are your preferred areas of speciality?

Are there any areas you would not consider?

What type of work are you looking for? (Please tick) Full time Part time Temporary Permanent

In which geographical area would you prefer to work?

Would you be prepared to live in hospital accommodation? (Please tick) Yes No

Do you hold a current driving licence and if so what type? e.g. British, international, etc.

Do you have your own means of transport? (Please tick) Yes No

If currently working full-time, how much notice are you required to give?

From what date will you be available to start work?

How did you hear of us? Internet Advertisement Recommendation Other (Please specify)

Which advert?

Your right to work documentation

Please tick one of the following

UK passport	<input type="checkbox"/>	Working holiday visa	<input type="checkbox"/>	Practising doctor in the UK 1985	<input type="checkbox"/>
Work permit	<input type="checkbox"/>	Accompanying spouse visa	<input type="checkbox"/>		
Spouse of permit holder	<input type="checkbox"/>	UK ancestry visa	<input type="checkbox"/>		
Permit-free training	<input type="checkbox"/>	Other passport	<input type="checkbox"/>	Which other country's passport?	<input type="text"/>



Your professional qualifications

Institution	Qualification	Date Commenced	Date Qualified

Are you a member of any professional UK bodies e.g. AODP/GSCC/HPC/GMC/NMC/RPSGB: Yes No

Please give details:

Professional UK body registration number (i.e. for AODP/GSCC/HPC/GMC/NMC/RPSGB)

Type: Expiry date:

For Nurses: NMC Pin number: Part of Register (1-15):

For Doctors: Are you on the specialist register? Yes No NTN/VNTN number:

Please give details of your medical defence organisation MDU/MPS etc.:

Organisation: Policy No.: Renewal date:

Your work history

Please supply up-to-date CV if possible. Details of present and two most recent jobs (starting with present)

Employer/Organisation	Dates (from/to)	Grade	Post	Area of responsibility

If you do not have a CV and require more space, please attach additional sheet, clearly marked work history.



Your training details

Health and Safety (please tick where appropriate):

Have you completed an approved lifting/manual handling programme? Yes No Date

Have you completed a course in Basic Cardiopulmonary Resuscitation? Yes No Date

Have you completed a course in Advanced Cardiopulmonary Resuscitation? Yes No Date

Have you completed a course in Control & Restraint Techniques? Yes No Date

Training courses attended

Please complete details.

Course name	Location	Date	Additional Information

Continued professional development

Please list below details of any relevant courses completed (please enclose copy certificates):

Course name	Location	Date	Additional Information

If you do not have a CV and require more space, please attach additional sheet clearly marked CPD.

Your professional referees

Please give the names and addresses of your referees. One referee should be your current or most recent employer. Please note: we will only contact your referees once we have your approval to do so.

Please tick if you require us to check with you before we do

Name:	Name:
Position:	Position:
Address:	Address:
Tel: Ext:	Tel: Ext:
Fax:	Fax:
E-mail:	E-mail:

Name:

Date of birth:



Your Health Record

How many days sick leave have you had in the last 12 months? Please give reasons and duration of each episode below.

Most recent chest X-Rays

Date	Result
1	
2	
3	

Do you smoke? Yes No Amount daily Amount weekly
Do you drink alcohol? Yes No Amount daily Amount weekly

Your vaccination record

Have you had any of the following vaccinations? (Please enclose documentary evidence).

Hepatitis B Vaccine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Hepatitis C Screen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Tuberculosis (B.C.G.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Positive Heaf Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Tetanus (most recent booster)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Rubella Screening Test	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Oral Polio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Typhoid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Diphtheria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>
Chicken Pox/Varicella	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date <input type="text"/>

Next of kin (or persons to be contacted in an emergency)

Name:
Address:

Phone:

Name:
Address:

Phone:

Data protection

Each of the Corinth Healthcare Limited group of companies (Corinth Healthcare Services Limited, Corinth Medical Services Limited, Corinth Medistaff Limited, Complementary Care Services Limited, JPM Services Limited) "Corinth" is registered within the Data Protection Commissioner as a "Data Controller" within the terms of the Data Protection Act 1998 for the purposes of the collection, storage and use of personal data for the purposes set out below. Personal information provided by you ("Your Data") is collected and used within the provisions of the Data Protection Act 1998. Personal data that is exempt from notification under the Data Protection Act 1998 is also processed. The foregoing companies will be Data Controllers in respect of Your Data. If you would like to know what personal information relating to you is being held by Corinth then please send a written request to The Data Controller, Corinth Healthcare, 5 Theobald Court, Theobald Street, Borehamwood, Hertfordshire WD6 4RN together with payment of £10 asking for a description of the personal data held. Your Data will be collected and retained in a database. This will be facilitated and managed by Corinth. It will be used to analyse and evaluate the information provided by you. It will be used for staff administration, advertising, marketing & public relations, accounts & records, consultancy & advisory services. Your Data will be disclosed to Corinth for the administration of your application and will be used to provide you with the service you registered for - to find you permanent or temporary work. Only current authorised Corinth employees will have access to this data. If Corinth wishes to send your application and personal details to a potential employer or third party in order to find you a new job, Corinth will contact you first and obtain your permission before your details are sent. In addition Your Data may be used for the promotion and delivery of Corinth's services. Your Data may also, from time to time, be disclosed to other reputable organisations and may be used for the promotion and delivery of their services. If you do not wish Your Data to be disclosed to such other organisations then please tick here. The accuracy and completeness of Your Data submitted is entirely your responsibility. Full Data Protection Policy on request.



Your health record

What is your height? What is your weight?

Do you currently or have you in the past suffered from any disorders relating to the following symptoms?

Respiratory (including asthma, pneumonia, breathlessness or allergies) Yes No

Cardiovascular (including high blood pressure or chest pains) Yes No

Gastrointestinal (including dysentery, typhoid or any gastric ailment) Yes No

Central Nervous (including headaches, migraine, fits or epilepsy) Yes No

Genito-urinary (including eczema, dermatitis or any skin infection) Yes No

Endocrinology (including diabetes, thyroid or gland disorder) Yes No

Haematological (including low red blood cell count) Yes No

Locomotor (including rheumatoid arthritis, prolonged backache or disc trouble) Yes No

Have you any known allergies? Yes No

Have you ever taken an overdose of drugs? Yes No

Do you have a history of mental illness? Yes No

Do you have a medical condition affecting sleep? Yes No

Is there any medical reason why you should not work at night? Yes No

Are you pregnant? Yes No

Have you had exposure to MRSA? Yes No

Have you any reason to believe that you should not work currently, for example:

Exposure to notifiable disease? Yes No

Are you currently under medical supervision or taking any medication? Yes No

Have you ever been treated for abuse or addiction to any substances? Yes No

If the answer to any of the above questions is yes or you are currently taking any medication, please give further details (please enclose additional sheet if required):

Have you had any illness or operation not mentioned other than childhood illness? Yes No

Please give further details (please enclose additional sheet if required):

Would you be prepared to attend a medical examination? Yes No

There may be times when we need further information from your Occupational Health

Department or GP, please tick here for your authorisation to do this. Yes No

Are you hard of hearing or do you wear a hearing aid? Yes No

Do you wear spectacles or contact lenses or have any defect of sight? Yes No



Professional Conduct

Rehabilitation of Offenders Act 1974 (All applicants)

Virtually all the assignments we arrange are with clients who are exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1985. Applicants are therefore not entitled to withhold information about any convictions which for other purposes are 'spent' under the provision of the Act. Any information given will be completely confidential and will be considered in relation to an application for the positions to which the order applies. Please sign your name below if you have no such convictions to declare. If not please contact us for advice.

Signed: Date:

Police checks (UK based applicants - Laboratory staff are exempt)

Most NHS Trusts and private hospitals now insist on checks by the Criminal Records Bureau. If you have not already applied for a CRB check, we strongly recommend that you do it now. Failure to do so could delay/prevent you from working in the future.

Do you have such a police check? Yes No

Police checks (Non UK based applicants - Laboratory staff are exempt)

If you are from overseas, you'll need to apply for a police check at home, then to the Criminal Records Bureau once you have arrived in the UK. Corinth will assist with enhanced level disclosures on your behalf - at no cost to you. If you reside in the UK please contact your nearest police station and request the following forms 'Data Protection Forms: Request for access to Information held on Police Computers'. Please complete and send to us together with this form.

Professional Misconduct (All applicants)

Have you ever been the subject of professional misconduct proceedings or suspensions from an employer, or are such pending or threatened against you either in the UK or abroad? If yes please give details (please attach additional sheet if required):

Yes No

48 Hour Working Week Opt-Out

The working Time Directive states that staff cannot be forced to work more than an average of 48 hours a week. You are free to accept as many or as few hours per week as you wish. However, in case you should wish to work more than 48 hours in any one week, please sign below to give your consent.

I hereby agree that the Working Week Limit shall not apply Yes No

Signed: Date:

Ionising Radiation (Doctors only)

There is a requirement for certain medical practitioners to be in possession of a certificate (the Popomet certificate) to administer radiation. Do you hold the Certificate in Ionising Radiation? (Please send us a copy of your certificate)

Yes No

AIDS/HIV infected healthcare workers (All healthcare professionals)

I confirm that I am aware of the Department of Health's current guidelines on AIDS/HIV infected healthcare workers and agree to abide by these recommendations. *For a link to these guidelines please see our website.*

Signed: Date:

Clothier Clearance (Beverly Allit Report)

I confirm that I am aware of the Department of Health's guidelines and agree to abide by these recommendations. *For a link to these guidelines please see our website.*

Signed: Date:

I declare that all the information I have provided above is correct and that I will immediately notify Corinth of any changes.

Signed: Date:

Equal opportunities

Corinth Healthcare is committed to equal opportunities and requires that none of its candidates are discriminated against or discriminate on the grounds of sex, race, colour, national origin, age or disability.