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Pertemps Medical Professionals – Registration Form

Personal Details:

Personal Details

Forename:	Surname:
Title:	Date of Birth:
Nationality:	Gender:
National Insurance No.	Please Tick which type of work you are looking for: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/>
Job Grade/Band:	NMC/HCPC/GPHC Registered Body Number.....Expiry/.....

Current Address Details

Address:	
Home Tel:	Office Tel:
Mobile:	Other Contact:
Email:	

Next of Kin and/or Emergency Contact in the UK

Name:	Relationship:
Home Tel:	Mobile Tel:
Address:	

Transport

Do you hold a valid UK Driving Licence	Yes/No	*Do You Have Access to a Car?	Yes/No
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*If you work in the community, you may be asked to prove that you have relevant car insurance .

Surname at Birth:
 Have you used any other Forenames/Surname(s):
 If Yes, What Name(s):
 From: To:
 Nationality at Birth (if different from now):

If you have had a change of name, or if your name is not consistent with your historical documents such as primary degree or diploma, professional body registration, passport or visa, or other identity documents, then please provide us with documentation to support the changes to your official change of name.

Equal opportunities

Pertemps Medical Professionals are committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Pertemps Medical Professionals shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Pertemps Medical Professionals will ensure that each candidate is assessed only in accordance with the candidate’s merits, qualification and ability to perform the relevant duties required by the vacancy.

Working Time Regulations

In line with Government legislation under the terms of “Working Time Regulations” we recommend that your working hours should not exceed 48 hours per week (average over a 17-week period).

Should you wish to waive this right, please confirm below:

I confirm that I would like to opt out of the 48hr working time directive: **Yes/No**
 (Signature required at the end of this document)

Right to work details

Asylum and immigration act 1998

Section 8 of the Act makes it a criminal offence for employers to engage an individual who does not have permission to work within the U.K. Any offer of employment may be subject to you providing evidence of your right to work within the U.K. e.g., National Insurance number, passport or travel document endorsed to permit working in the U.K.

Passport:	Expiry Date: ___/___/___	
Right to Work (please state your right to work):		
Visa:	Type:	Expiry Date: ___/___/___

Pension Details

Pertemps Medical Professionals are not solely responsible for your Workplace Pension. If you are a PAYE worker please indicate if you wish to Opt in or Opt Out of the pension scheme

Opt In/Opt Out (delete as applicable)

If you have your own Limited Company, it is your responsibility to have your own pension. If you work via an Umbrella Company, it is their responsibility to have a pension scheme for you. Contact them for details about Opting In or Out and for further information.

DBS Information

Declaration of Criminal Record and Professional Conduct

Criminal Convictions (please circle clearly as appropriate)

Do you have any unspent* criminal convictions? **Yes/No**

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only considered where, in the reasonable opinion of Pertemps Medical Professionals, the offence is relevant to the post to which you are applying.

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.

A criminal record will not necessarily be a bar to obtaining a position. Disclosure information will not be used unfairly.

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations? **Yes/No** (If you have answered yes to the above, you will be asked to provide a statement)

Do you have a current Enhanced Disclosure and Barring Service (DBS) Certificate? **Yes/No**

Current DBS Number

Expiry Date ___/___/___

Is the DBS on the DBS Update Service **Yes/No** - If yes, please forward the original certificate with this application form. Please note that we will be unable to confirm you for an assignment without this certificate.

I consent to Pertemps Medical Professionals applying for an Enhanced DBS. I also give permission for Pertemps Medical Professionals to continually perform online verification checks as and when required where a legitimate business interest has been established (and record them on their database) if I have made the DBS document portable via the DBS update service. (Signature required at the end of this document)

Rehabilitation of Offenders

Convictions will not necessarily be a bar to obtaining a post. However, because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 42 of the Rehabilitation of Offenders Act 1974. Applicants must declare information about convictions, cautions, reprimands and final warnings, for which other purposes are “spent” under the provisions of the Act.

Have you ever been convicted, cautioned, reprimanded or given a final warning for a criminal offence? Yes/No
Are you waiting to hear about any pending prosecutions? Yes/No
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your stability for this post? Yes/No
Have you ever been subject of a disciplinary investigation or proceedings by a previous employer? Yes/No

If you have replied yes to any of the above, you will be asked to supply a written statement.
 (Signature required at the end of this document)

Occupational Health

I give consent to Pertemps Medical Professionals to have access to any medical/occupational or health records that may be held by you in accordance with the Access to Health Records under the Data Protection Act 1998 (Subject Access Request)

Please confirm you have had the following immunisations and/or provide recent serology reports:

HEP B	Date: ___/___/___
HEP C	Date: ___/___/___
BCG	Date: ___/___/___
Rubella, Measles	Date: ___/___/___
Varicella	Date: ___/___/___
HIV	Date: ___/___/___

Have you had an Influenza vaccination in the last 12 months. **Yes/No**

If so when: Date: ___/___/___

Covid 19 Immunisation:

Have you had Covid Vaccinations: **Yes/No**

If Yes, what brand of vaccination did you have:

1 st Dose: ___/___/___	2 nd Dose: ___/___/___
Booster 1: ___/___/___	Booster 2: ___/___/___

References

Professional Referees:

Please supply two recent professional referees from your current/last substantive post. If this is not possible, please contact us to discuss suitable alternatives.

Name:	Title:
Place of Work:	
Tel No:	E Mail Address:

Name:	Title:
Place of Work:	
Tel No:	E Mail Address:

Do you consent to us contacting your referees? **Yes/No**

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 service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability which may make it difficult for you to carry out functions which are essential for the role you seek. **Yes/No**

If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview or to take aptitude tests please specify:

Data Protection Statement

The information that you provide on this form and on any CV given will be used by Pertemps Medical Professionals to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients. Please note that your personal data will be stored, handled and disposed of in accordance with the requirements of the General

Data Protection Regulations and ISO 27001 data handling standards. We may check the information collected with third parties or with other information held by us.

We may also use or pass to certain third parties' information to prevent or detect crime, to protect public funds or in any other way permitted or required by law.

I have given Pertemps Medical Professionals consent to process my information for the purposes detailed above and understand that Pertemps Medical Professionals will enter my details into their secure central recruitment database. (Signature required at the end of this document)

Confidentiality

Any patient information obtained by you during the course of your duties is confidential and should not be disclosed to any third party if it is not legitimately in connection with their treatment or any other official investigation. Please take care with patient records when on assignment to ensure that they are not in undue danger of being accessed by unauthorised individuals. Patient's/client's information should only normally be shared with their consent – you should make sure patients/clients understand that their information may be shared with various members of the team providing care. It is a patient's/client's decision what information should be shared with their family or others. Where a patient/client is considered incapable of giving consent, please consult relevant colleagues. Where a patient/client has withheld consent, disclosures of information may only be made if:

- They can be justified in the public interest (normally where the disclosure is essential to protect the patient/client or someone else from risk of significant harm).
- They are required by law or court order.

You should act in accordance with local and national policies if there is an issue of child protection.

Candidate Declaration

I declare that I have read and understood the Pertemps Medical Professionals Limited Locum Handbook and Terms of Registration and I confirm that I will abide by the contents of both documents. I confirm that I am already trained to NHS standards in all areas of the job roles I intend to apply for. Should I feel I require further training in any area, I will contact Pertemps Medical Professionals immediately.

I confirm I understand that I am registering with Pertemps Medical Professionals. The information contained within this application is to the best of my knowledge, a true and complete account, including but not limited to my professional history, criminal convictions and my medical records.

In addition, I give permission to Pertemps Medical Professionals to have access to my medical records pertinent to my immunisation and blood test history.

I confirm that I have provided Pertemps Medical Professionals with original documentation necessary as part the registration and compliance process.

I duly authorise Pertemps Medical Professionals or its agents/nominated third parties to verify the information that I have provided, as required, and in the common interests of patient safety. In addition, I agree Pertemps Medical Professionals may forward to authorised recipients, and in strictest confidence, confidential details held on my file in relation to my registration, employment and/or Occupational Health Status. This will include any authority, client or framework provider to validate and ensure that safeguard and employment checks are being adhered to.

We collect and process sensitive/special categories of personal data only so far as is necessary and in compliance with all applicable legislation. By registering your details with us, you consent to us collecting and processing sensitive personal data supplied by you and disclosing all or any of this information to prospective employers and clients in connection with the recruitment process.

I agree that from time to time or as required by the client or authorised representative of the client or framework providers, that I consent to my file held by Pertemps Medical Professionals to be inspected/audited at any time.

I understand that my personal details will be processed in accordance with Pertemps Medical Professionals Data Protection Policy.

I confirm that I have received, read, understood and agree to Pertemps Medical Professionals Complaints and Malpractice Policy.

I confirm that I have received, read, understood and agree to Pertemps Medical Professionals Data Processing Policy and Data Retention Policy.

I declare that all of the information contained within this application is true and is not in any way intended to mislead.

I agree that any false or misleading information, or if I do not give relevant information now or in the future, may result in termination of an assignment without notice.

I declare that I will notify Pertemps Medical Professionals of any changes to my circumstances immediately, including but not limited to changes relating to any clinical complaints or my clinical competency, criminal investigations or changes to my occupational health or professional registration status.

If, during the course of a temporary assignment, the client wishes to employ me directly, I acknowledge that Pertemps Medical Professionals will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the client (after which I may be employed by the client without further charge being applicable to the client)

I give permission for Pertemps Medical Professionals to contact a third party for information needed for my file (i.e. Qualification Verification, Training Certificates, References, Immunisation reports and other documents that require verifying)

I also agree that Pertemps Medical Professionals may pass and share my details to potential employers and partner agencies inside or outside of the Pertemps Network Group of companies in respect of jobs that may be relevant to me now or in the future.

I agree that Pertemps Medical Professionals may use my personal data to contact me to discuss suitable job opportunities by:

*Telephone *SMS Text *Email

(Please tick as appropriate to ensure we have your expressed consent to engage with you through this method)
(*You have the right to withdraw this at any time)

Pertemps Medical Professionals are committed to operating under the 'Guidance for Employers' in relation to the sharing of appropriate and relevant information between healthcare organisations about the conduct or performance of a healthcare worker where there is an identified risk to public and/or patient safety and you agree to them sharing your details should communication be deemed necessary.

By signing this document, I agree to the statements I have written within this registration document:

- | | | |
|------------|---------------------------------|--------|
| • Page 2 | Working Time Regulations | Yes/No |
| • Page 3 | DBS Declaration | Yes/No |
| • Page 4 | Rehabilitation of Offenders Act | Yes/No |
| • Page 4 | Occupational Health Declaration | Yes/No |
| • Page 5 | Consent for Reference | Yes/No |
| • Page 5/6 | GDPR Data Protection | Yes/No |
| • Page 6/7 | Candidate Declaration | Yes/No |
| • Page 7 | Method of Contact | Yes/No |
| • Page 8 | Guidance for Employers | Yes/No |

Name:

Signature:

Date: ___/___/___

Address History

Please supply your address history for the past five years. Please continue on a separate sheet if necessary.

Address:

Date From: ___/___/___

Date To: ___/___/___

Address:.....

Date From: ___/___/___

Date To: ___/___/___

Address:

Date From: ___/___/___

Date To: ___/___/___

Address:

Date From: ___/___/___

Date To: ___/___/___

Address:

Date From: ___/___/___

Date To: ___/___/___