

Please complete and return the following items listed below to the following email address: info@teama5.co.uk

TO REGISTER WITH TeamA5 Healthcare, YOU WILL NEED TO BRING THE FOLLOWING:

- **2 x recent passport pictures.**
 - **Recent Enhanced DBS. (Or Fee if applicable at £66).**
 - **References** – 2 professional clinical are required. Please provide details of previous employers, including all contact details.
 - **Details of your immunization history. We require:**
 - TB – Certificate from your GP/ Occupational health department to say you have a scar or a positive skin test.
 - Mumps, Measles & Rubella – Certificate of vaccination or blood test results showing titre levels demonstrating immunity.
 - Varicella (chicken pox) – Certificate of vaccination or blood test results showing titre levels demonstrating immunity.
 - Hepatitis B – You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above, or antigen status if titre level is below 100lu/l.
 - Hepatitis B Surface Antigen – Proof of a negative result.
 - Polio, Tetanus and Diphtheria.
 - Certificates of Basic Life Support (C.P.R), Fire & Safety, Manual Handling within the last 12 months together with any other certificates that you have attained.
 - Proof of identity – passport, driving license, utility bill.
 - Proof of National Insurance number, i.e. N.I card, P45, P60, HMRC Letter.
 - A recently updated CV/ resume.
 - 2 x proofs of address (dated within the last 3 months) such as Utility Bill, Bank Statement, Council Tax Bill or Driving License
 - A copy of certificate of incorporation and articles of memorandum (Limited company only)
 - Bank account
-
- NMC statement of entry- nurses only

Professional Indemnity- nurses only

Mobile: 07398303939
Phone: 0208- 004-6575

Email: info@teama5.co.uk

PLEASE COMPLETE ALL SECTIONS:

Section 1 Personal Details:

Position Applied for: -----

Title: _____ Surname: _____

Forenames: _____ Maiden/Former Name: _____

Address: _____

Post Code _____ Date of Residence _____

NI Number::-----

Email address: _____

Home Telephone No: _____ Mobile Telephone No: _____

Country of Birth: _____ Nationality: _____

Next of Kin: _____ Emergency Contact No. Day/ Night _____

Relationship to you _____

Section:2 Professional Registrations

Section 2: Professional Qualification and Training Details

<u>Employer/address</u>	<u>Position</u>	<u>Brief description of duties</u>
	<u>Duration</u>	

Continue on a separate sheet

Areas of Expertise:

In order for us to obtain you work placements that are most appropriate, according to both your own and client requirements please state below your areas of personal expertise and the length of time you have spent working in these areas. Please include your CV if you have one or continue on a separate sheet if necessary.

Area Of Work (please indicate)

NHS Private Health Social Care

Area of expertise	Dates / Workplaces

Are you registered with other nursing agencies?

Please state agency

Salary Information

Hourly Pay

Declaration of Health / Immunisation requirements.

Please ensure you complete and sign the separate health declaration form enclosed with this application. Team A5 employs its own occupational health nurse and agency members are allowed access to this service on a regular basis. Please be assured that all health matters are dealt with on a strictly confidential basis.

IMMUNISATION INFORMATION REQUIREMENTS:

NB: In order to protect yourself and clients, up to date Immunisations are considered a good practice requirement for all agency staff. If you wish to work within NHS Trusts or Private Health Care, immunisations are mandatory requirements. Documentary evidence / photocopies of certificates of immunity will be required as indicated below for your agency file. These should be available from your GP practice or from occupational health services from a previous employer. We are unable to place agency staff into NHS Trusts without evidence of immunisations due to contractual reasons. We strongly advise you to read the requirements below and obtain the necessary immunisations / evidence at your earliest convenience to help your application proceed quickly.

If you require any further information please contact the office and we will be happy to help.

	information	Private sector requirements	NHS Trust requirements	Do you have this As required? Please indicate Yes or No
Polio	Boosters up to date Usually given in childhood	Considered good practice	Not mandatory. Good practice for documentary evidence to be in file if you have it.	
Tetanus	Boosters up to date Usually given in childhood	Considered good practice	Not mandatory. Good practice for documentary evidence to be in file if you have it.	
Hepatitis B	Full course and 5 yearly boosters for all health care workers recommended	Preferable for agency workers	Mandatory. Documentary evidence must be presented for file. Blood test showing antibodies present.	
Rubella	Usually given in childhood	Considered good practice	Mandatory. Documentary evidence must be presented for file. Blood test showing antibodies present.	
BCG (Tuberculosis)	Usually given in childhood	Considered good practice	Mandatory. Documentary evidence must be presented for file. Our occupational health nurse can record evidence of scar. If no scar present Heaf test may be needed.	
Varicella (chicken pox)	90 –97% of population already immune due to childhood exposure.	Declaration of having had chicken pox or shingles considered good practice.	Declaration of having had chicken pox or shingles required for file. Blood test and or vaccination may be required if you cannot declare.	

Section 4 Shift Preference

Please indicate your work preferences by placing a tick or comment next to the relevant box.

Long Days		Early		Late		Nights	
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Membership of Professional Organization / Trade Union:

It is strongly recommended that all **TEAM A5 Nursing** members have Membership of a professional

body and / or trade union. Evidence of membership will be required at interview.

Name of Organization	Membership details and renewal dates

Section 5 References:

A: IF YOU WISH TO WORK IN NHS TRUSTS:

Please supply the names and contact addresses from two referees who must be healthcare personnel from your two most recent engagements. (i.e. your line managers) who hold a position more senior to your own and can provide written references on your abilities and experience.

B: IF YOU WISH TO WORK ONLY IN CARE HOMES / PRIVATE SECTOR / HOME CARE

Please supply the names and contact addresses of two referees who must be nurses or healthcare professionals and preferably hold a position more senior to your own. One of these must be from your current or most recent place of employment.

First Referee:

Name	
Job Title	
Address	
Email Address	
Telephone Number	
Length of time known to you	

Second Referee:

Name	
Job title	
Address	
Email Address	
Telephone Number	
Length of time known to you	

Permission to work in the UK

Do you have permission to work in the United Kingdom?

Yes

No

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Team A5 for temporary work.

• **DBS Disclosure**

Please note that this application will require a criminal background check by the Disclosure and Barring Service, disclosure procedure is at enhanced level. It may be the case that you already have a DBS disclosure, we can use this providing it is at the enhanced level and was issued after June 2013 and you have registered to make it portable.

• *Criminal Convictions*

Do you have any spent or unspent* criminal convictions?

Yes

No

If your answer is **Yes** please provide details and dates below:

* 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 taken into account where, in the reasonable opinion of Team A5, the offence is relevant to the position of agency nurse. **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.**

Areas of Expertise:

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Area Of Work (please indicate)

NHS Private Health Social Care

Area of expertise	Dates / Workplaces

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Email: info@teama5.co.uk

Section 8: Data Protection Statement.

The information that you provide on this form and on any CV given, will be used by Team A5 to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerized database and consent to us transferring your personal details to our clients.

Section 9: Equal Opportunities Statement

Team A5 is 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 unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, color, ethnic or national origin, religion, 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.

Team A5 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.

Team A5 will ensure that each candidate is assessed only in accordance with the candidates' merits, qualification and ability to perform the relevant duties required by a particular vacancy.

Section 10: Final Statement and Declaration.

- I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed on to potential employers.

- I understand that if at any stage I am charged or cautioned after signing this Declaration I must inform Team A5 Healthcare .
 - I acknowledge that I have been given a copy of the Terms & Conditions of Service issued by Team A5 which is mine to keep and furthermore that I have read those Terms and Conditions and agree to abide by them.
 - I am not aware of any condition medical or otherwise which would affect or limit my employment or professional performance other than those declared in my Occupational/Health Declaration Form.
 - I acknowledge that Team A5 is authorized to apply for and obtain a Disclosure and Barring Service DBS check, and references from any previous or current employers and educational establishments.
 - I agree that the maximum weekly working time specified in Reg 4i and Regulation 2 of the Working Time Regulations shall not apply to working with Team A5 unless specified.
 - I acknowledge that all my personal details will be stored and handled correctly by Team A5 in accordance with the Data Protection Act 1998, however I agree that they may be made available for audit / review by relevant third parties. This will include all references, DBS and Occupational Health.
 - I confirm that I am not currently under investigation or currently suspended by any professional or regulatory bodies or being investigated by any current or previous employer at any point while working for Team A5.
 - I confirm that when asked about my working history I will provide accurate information.
 - I acknowledge that should I reach a 12 week qualifying period under Agency Workers Regulations I may be asked to send all information and Documentation as evidence of the Qualifying weeks.
- If during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that TeamA5 Healthcare 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 understand that acceptance on to the TeamA5 Healthcare register may only be granted after relevant checks are made, satisfactory references are received and I have attended an interview / Agency Induction.

Signed _____ **Date** _____

EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunity employer and positively encourage applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, religion or belief. To enable us to improve and monitor our employment processes, please complete the sections below and note that this information is confidential and will be used only for the purpose of monitoring.

SEX: (please circle your answer)

Male Female Transgender Undisclosed

NATIONALITY:.....

DISABILITY: (please circle your answer)

Date of Birth:.....

ETHNIC ORIGIN: (please circle your answer)

WHITE

English Scottish Welsh Irish

MIXED

White & Black Caribbean White & Black African

White & Asian

please specify:.....

ASIAN

Indian Pakistani Bangladeshi

please specify:.....

BLACK

Caribbean African

Other, please specify:.....

CHINESE

Chinese-----

The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities’.

Do you consider yourself to be a disabled person?

If YES, please give brief details of your disability:
.....

SEXUAL ORIENTATION: (please circle your answer) Other,

Bisexual Heterosexual Homosexual Undisclosed

Other, please specify:.....

RELIGION OR BELIEF: (please circle your answer) Other,

Anglican Catholic Other Christian

Protestant Buddhist Hindu

Jewish Muslim

Other, please specify:.....

Other, please specify:.....

ELIGIBILITY TO WORK IN THE UK:

Changes to the Asylum and Immigration Act 1996, which came into force on 1st May 2004, means we are now required to make basic document checks to ensure potential employees are eligible to work in the UK. If we invite you to an interview, we will be required to provide proof of your eligibility to work in the UK, by providing a valid passport, National Identity Card or a photo card driving license with counterpart registered at your address. If you do not have one of these, we will require a document giving details of your permanent National Insurance Number (e.g. P45, P 60, NI card), together with one of the following, birth certificate (issued in the UK), Certificate of Registration/Naturalization or a Home Office document stating eligibility to remain in the UK.

Are you able to provide documentary evidence of your legal right to work within the UK? (please circle your answer) YES

NO Other, please specify:..... YES NO UNDISCLOSED

Signed _____

Date _____

