



Application Form						
Personnel Details						
Title (Mr/Mrs/Miss,	/Ms)		Date of Birth			
First		Middle			Last	
Name		Names			Name	
Relationship						
Home				Post Co	ode	
Address						
Home Telephone			Mobile Tele	phone		
Work Telephone		Other Telephone		hone		
E-mail address						
Preferred contact N	/lethod					
		•				
		_				
Nationality						
National Insurance	No					
Job Title		Speciality				
Do you hold a driving licence			YES □NO □			
•						
<b>Professional Regist</b>	rations/Meml	berships				

<b>Professional Registra</b>	ions/Memberships			
NMC PIN		NMC Expiry date		
RCN	MDU		Other	
Membership Number		Expiry date		

Qualification / Training		
Qualification	Grade	Date Qualified
Adult General Nursing		
Children's Nursing		
Mental Health Nursing		
Midwifery		



Learning Disability Nursing	
Critical Care Nursing	

	Certificate attached	YES □NO □
	Certificate attached	YES □NO □
	Certificate attached	YES □NO □
	Certificate attached	YES □NO □
NMC Test Part 1		
NMC Test Part 1 Date test taken		
1		
Date test taken		
Date test taken Test scheduled / Date		

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 of	a disability which may make it difficult for	YES □NO □			
you to carry out functions which	are essential for the role you seek?				
If you have a disability, what are	your needs in terms of reasonable adjustme	nts in order			
to access this recruitment service and to attend interview, or to take aptitude tests etc?					
Please specify					

Occupation health				
Please confirm you have had the following immunisations and provide recent serology reports				
НЕР В	Date			
HEP C	Date			
Rubella, Measles	Date			
BCG	Date			
HIV	Date			
Varicella	Date			

- English Language Requirements

  1. All applicants must also meet English language requirements, with an International English Language Test (IELTS) score of 7.0
  - 2. Any English Language Test (IELTS) taken more than 2 years ago will be invalid and candidates will have to retake this exam

English Language Test Result	Grade	Date Taken



<b>Employment Requirements</b>								
Country of Origin								
Please confirm with a   ✓ which	is applicable to	you						
2. Currently in the UK and will need a sponsor licence								
<ol><li>Currently outside UK a</li></ol>	nd will need spo	nsor licence						
Current Employment								
Current/Most recent employer		101		T				
Job Title		Annual Salary						
Start Date		Leave date (if app	licable)					
Address								
Position Held								
Referee details								
Please give the names and add	•	•						
contact immediately for a refe								
capacity for a minimum of 6 m			recent en	iployer.				
Primary referee (to be contact	ed immediately	<u>'</u> )						
Organisation Name								
Contact Name								
Contact e-mail								
Telephone Number								
Job Title within organisation								
Organisation address								
Length of time known	From		То					
Is this your current or previous	employer							
Secondary referee								
Organisation Name								
Contact Name								
Contact e-mail								
Telephone Number								
Job Title within organisation								
Organisation address								
_								
Length of time known	From		То					
Is this your current or previous	employer							
Are you happy for us to contact this referee immediately  YES □NO □								



Emergency Contact							
Title (Mr/Mrs/Miss/Ms)		Date of Birth					
First			Middle			Last	
Name			Names			Name	
Relationsh	Relationship						
Home				Post Code			
Address							
Home Tel	ephone		Mobile Tele	phone			
Work Tele	Telephone		Other Telephone				
E-mail add	dress						
Preferred	contact N	1ethod					

## **Data Protection / GDPR**

The information that you provide on this form and on any CV given will be used by Health First Medical Staffing Ltd. to provide you work finding services. In case of working with vulnerable persons and where professional qualifications / authorisations are required by law, we will offer to provide details of both your references and qualifications to the clients. 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.

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 other way permitted or required by law.

I consent to the Company processing the above personal data and Sensitive Personal Data for the following purposes:

- For the Company to provide me with work-finding services.
- For the Company to process with or transfer my personal data to their client/s in order to provide me with work-finding services.
- For the Company to process my data on a computerised database in order to provide me with work-finding services.
- For the Company to process my data using automated decision-making processes.
- Any other relevant purposes for processing personal data & sensitive data for me to meet the obligations/ requirement of my job and placement

I also consent to the Company processing my personal data with third parties including auditors, framework providers and contracts management companies for the purposes of internal audits and investigations carried out on the Company to ensure that the Company is complying with all relevant laws and obligations.

The consent I give to the Company will last for 7 years.

I am aware that I have the right to withdraw my consent at any time by informing the



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Company that I wish to do so in writing.	
YES □ I give my consent to Health First Medical Staffing Ltd.	

**Rehabilitation of Offenders** 

Convictions will not necessarily be a bar to o However, because of the nature of the work are applying, this post is exempt from the Section 42 of the Rehabilitation of Offend Applicants must declare information abocautions, reprimands and final warnings, for purposes are "spent" under the provisions of the	for which you provisions of ders Act 1974. ut convictions, or which other	YES □NO □			
Have you ever been convicted, cautioned, r given a final warning for a criminal offence?	eprimanded or	YES □NO □			
Are you waiting to hear about any pending prosec	utions?	YES □NO □			
Are you aware of any police enquiries under allegations made against you, which may hav your stability for this post?		YES □NO □			
Have you ever been subject of a disciplinary i proceedings by a previous employer?	YES □NO □				
Do you currently hold a police report from cou	ntry of origin?	YES □NO □			
Proof attached		YES □NO □			
Your 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 onto potential employers. I can confirm I have good use and command of the English Language.  If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Health First Medical Staffing Ltd. 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).					
applicable to the olienty.					
Signed	Date				

Returning your application form	
Please ensure you send your most recent CV with your application form to either:	
By Post	By E-mail
Health First Medical Staffing Ltd.	
Sandford Gate, East Point Business Park	info@healthfirstmedicalstaffing.co.uk
Sandy Lane West, Littlemore,	
Oxford, United Kingdom, OX4 6LB.	

