



JOB APPLICATION FORM

Please complete the form in **BLOCK CAPITALS** using **BLACK INK ONLY AS APPLICABLE TO YOU**

SECTION 1: PERSONAL DETAILS (ABOUT YOU & CONTACT INFORMATION)

Title MR MRS MS MISS OTHER.....

First Name(s)		Daytime Phone Number	
Preferred Name		Mobile Number	
Surname		E-Mail Address	
Full Address		Date of Birth	
Postcode		Do you hold a current UK driving license?	

SECTION 2: NURSING DETAILS (PROFESSIONAL QUALIFICATIONS)

Grade

RGN RMN RNLD HCA

Band

2 3 5 6 7 8

NMC Number.....

Expiry Date.....

SECTION 3: EMERGENCY CONTACT / NEXT OF KIN

Title MR MRS MS MISS OTHER.....

First Name(s)		Relationship	
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Surname		Mobile Number	
Address		Relationship	
Postcode			

- I am eligible to work in the UK and do not require a work permit
- I am already in possession of a work permit to work in the UK
- I need to obtain a work permit to work in the UK
- Other - please specify

.....

SECTION 4: INFORMATION FOR DBS CHECK

Does your DBS display any Cautions or Convictions? Yes No

If yes, please provide a statement (continue on a separate piece of paper if necessary)

.....

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Do you have any unspent criminal convictions? Yes No

If yes, please list your criminal convictions and their dates (continue on a separate piece of paper if necessary)

.....

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SECTION 5: EDUCATION HISTORY

Include in this section all the relevant qualifications. Please indicate subjects currently being studied

Subject / Qualification	Place of Study	Grade / Result	Year

SECTION 6: EMPLOYMENT REFERENCES

Please provide the full name and work address of two professional clinical referees. These should be your current / most recent employer and they must be able to comment on your ability to do the job you are applying for. Your referees must be a senior grade to yourself and you must have worked for the person for a period of more than three months.

Reference 1		Reference 2	
Full Name		Full Name	
Establishment		Establishment	
Position		Position	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email Address		E-mail Address	

Please sign in agreement for your referees to be contacted

Sign Date.....
 Print.....

SECTION 7: EMPLOYMENT HISTORY

Please give details of your employment over the last **10 years**. All gaps over 3 months must be accounted for. Include the month and the year, starting with your current or last job (continue on a separate piece of paper if necessary).

Section one Employment last resent

Date To	Date From	Employer's Name	Job Title	Reason for Leaving

Section Two Employment last previews

Date To	Date From	Employer's Name	Job Title	Reason for Leaving

Section Three Employment last 2nd Previews

Date To	Date From	Employer's Name	Job Title	Reason for Leaving

SECTION 8: EXPERIENCE

Please tick if you have worked in any of the following facilities:

Community Hospital Prison Residential Nursing Home

SKILLS / AREA

Please tick the area you have experience in:

- | | | | |
|--------------------------|---------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Nursing | <input type="checkbox"/> | ITU/HDU |
| <input type="checkbox"/> | Anesthetics | <input type="checkbox"/> | Midwifery |
| <input type="checkbox"/> | Ante Natal | <input type="checkbox"/> | Medical |
| <input type="checkbox"/> | Acute-Mental Health | <input type="checkbox"/> | Physiotherapist |
| <input type="checkbox"/> | Cannulation | <input type="checkbox"/> | Oncology |
| <input type="checkbox"/> | Cardiac | <input type="checkbox"/> | Orthopedics |
| <input type="checkbox"/> | Cardiac Cath Lab | <input type="checkbox"/> | Outpatients |
| <input type="checkbox"/> | Lab Technical | <input type="checkbox"/> | Pleas |
| <input type="checkbox"/> | Radio Grapier | <input type="checkbox"/> | Occupation Therapist |
| <input type="checkbox"/> | Chemo | <input type="checkbox"/> | Plastering & Suturing |
| <input type="checkbox"/> | Dialysis | <input type="checkbox"/> | Psych inpatient wards |
| <input type="checkbox"/> | Social Care | <input type="checkbox"/> | Recovery |
| <input type="checkbox"/> | Elderly | <input type="checkbox"/> | Scrub |
| <input type="checkbox"/> | Endocrine | <input type="checkbox"/> | Substance Misuse |
| <input type="checkbox"/> | Endoscopy | <input type="checkbox"/> | Surgical |
| <input type="checkbox"/> | Forensic Services | <input type="checkbox"/> | TSSU |
| <input type="checkbox"/> | Hematology | <input type="checkbox"/> | Venipuncture |
| <input type="checkbox"/> | Pharmacist | <input type="checkbox"/> | Ventilation |

By selecting the above information you are stating your clinical ability to work in those areas. Should it be found that you are clinically unable to work in those areas, you accept that the company may take disciplinary action against you.

Sign.....

Date.....

SECTION 9: BANK DETAILS

Title MR MRS MS MISS OTHER.....

Surname		National Insurance Number	
First Name(s)		Date of Birth	
Address		E-Mail Address	
Postcode			
Bank Name			
Bank Address			
Account Number			
Sort Code			

Paye Name (as it appears on your account)			
Tax Status	PAYE	No P45	Student
Form Attached	P45	P46	P38

Sign.....

Date.....

LIMITED COMPANY

If you have a limited company please ensure you attach the following information:

- Proof of UK Limited Company Registration (Certificate – paper copy)
- Proof of Directorship of Ltd Company
- Proof of RCN/RCM Membership
- Signed Limited Company Contract
- Confirmation that the Ltd Company is either VAT exempt or that you will absorb the VAT % when supplying to clients that are VAT exempt.
- Proof of UK VAT Registration if relevant (Certificate – paper copy)
- Limited Company bank statement or letter of confirmation from your bank showing your bank details.
- Email address for payment advice to be sent to

Please tick here if you would like more information on working with umbrella companies for tax efficient savings

SECTION 10: DECLARATIONS

Please ensure that **all** declarations are ticked

DATA PROTECTION

I agree that SCM Limited retains the right to hold this application and any other data associated to process it and pass on to any authorized third party the details held within, also to retain the details for as long as reasonably necessary in accordance with the Data Protection Act

WORKING TIME REGULATIONS 1998

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that is safe to work. The current limit is 48 hours per week. You are under no obligation to accept any work offered, and you will not be compelled to work more than 48 hours per week, however you may choose to do so. A full explanation of the Working Times Regulations 1998 can be found in your Staff Handbook. Please tick the appropriate box.

I do **DO NOT** wish to work more than 48 hours per week

DO I wish to work more than 48 hours per week

WORKING HOLIDAY ENTITLEMENT CLAUSE

Whilst working for the agency, the temporary worker will accumulate Holiday Pay calculated as a percentage of the hourly

rate of pay. We co-ordinate leave from April to April. All requests must be made within the correct time period. Should you request later than 31st March you will no longer be entitled to holiday pay for the previous year. If applying for holidays, the temporary worker must give a minimum of 1 weeks notice to the Registered Manager or Operations Manager at the agency. I have read, understand and will comply with the Working Holiday Entitlement Clause. For the purposes of your employment with SCM Limited, the holiday year will be the 12 month period commencing on the 6th April (and, if applicable, each subsequent 12 month period). All entitlement to leave must be taken during the course of the holiday year in which it accrues and none may be carried over into the next holiday year. The agency is not required by law to make any payment in lieu of unused holiday at the end of the holiday year. When making your holiday plans please observe the following: You should not normally plan to take more than two weeks at any one time although a longer period may be granted in special circumstances. Notice must be given of either 1 week or by the total length of the holiday, whichever is the greater. @SCM Limited

PROFESSIONAL REGISTRATION AGREEMENT

You are expected to adhere to the NMC / HPC code of conduct and drug and alcohol administration guidance. Are you fully aware of these and agree that you will apply them at all times during your employment?

YES NO

CONTRACT

I have read, understood and accept the 'Terms of Engagement for Temporary Workers' contract. This is provided as a separate document for you to keep for your records.

REHABILITATION OF OFFENDERS ACT AND UNSPENT CRIMINAL CONVICTIONS

Due to the nature of the work you are applying for, this post is exempt from the provision of section 4 (2) the rehabilitation of offenders act 1974 by virtue of the rehabilitation of offenders act 1975 (exception) order 1975 applicants are therefore, not entitled to withhold information about convictions which for any other purpose are 'spent' or 'unspent' under the provisions of the act and in the event of employment. 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. Any information given will be completely confidential and will be considered only in relation to an application for the positions where the order applies and should be entered at the end of any particulars you give in support to this application.

PERMISSION TO WORK IN THE UK

In line with UKBA 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 us for temporary work.

MEMBERSHIP OF PROFESSIONAL BODIES

If you are applying for a post that requires professional registration you are required to provide the following information:

Are you currently the subject of a fitness to practice investigation or proceedings by a licensing or regulatory body in the UK or in any other country?

YES NO

Have you been removed from the register or have conditions been made on your registration by a fitness to practice committee or the licensing or regulatory body in the UK or in any other country?

YES NO

If applicable, please provide details of any conditions/restrictions you may have.

Sending this form by Post Address to Administrator, SCM Limited, Heath Close, Headington, Oxford OX3 7NJ
Sending by Email jobs@scmlimited.org for more details www.scmlimited.org Tel +448006890862 Option 2

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Sign.....
Date.....

Print.....

