

Application Form

Please complete all sections using CAPITAL LETTERS and return with required documents.

Personal Details

Surname:	Forenames:	Preferred Name:
Title:	Date of Birth:	Previous Names:
Home Tel:	Mobile:	Work Tel:
Email Address:	Nationality:	Professional Registration no: Are there any restrictions on your registrations? Yes No
Present Address		Postcode:
Driving License: Yes No	Country of License:	License No:
Passport No:	Visa Details (if applicable):	Expiry Date
Are you a British Citizen/EU National?	Yes No	
Are there any restrictions on your Passport to prohibit you working in the UK?	Yes No	
Are subject to work provisions? If yes, please provide a copy of the work permit	Yes No	

Next of Kin Details (in case of emergency, who would we contact?)

Name: Surname:	Forename:	Tel Day:
Address:		Tel Evening:
Postcode:		
Is the next of kin aware that you have provided PPRUK with their personal information: Yes No		Relationship:

Education and Training

University/Institution	Qualification	Date of Qualification

Employment History (please continue on a separate sheet if required)

Date From:	Date To:	Employer's Name and Address	Job Title and Description	Speciality	Reason for Leaving

Have you ever been subject to Disciplinary Action, Suspension or Dismissal?
 If yes, please outline: Yes No

Fit to Practice: Have you ever been subject to a Restriction or Suspension by your Professional Body?
 If yes, please outline: Yes No

What is your current grade and salary expectations?

Availability

When are you available?	From:	To:		
Are you interested in:	Long Term Mornings	Short Term Afternoons	Part Time Nights	Other Weekends

If Part-time, please indicate preferred days (tick where appropriate)

Mon	Tue	Wed	Thu	Fri	Weekends
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What is your closest main line or tube station?	How far would you travel? Hrs/miles	Do you own a car?
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Do you have any commitments that reduce your flexibility to work?
 If Yes, please state: Yes No

Bank Details

Please supply evidence that the account is in your name, e.g. bank statement (within the last 3 months)

Name of Bank:		National Insurance Number:	
Bank Address:		Postcode:	
Account Holder:	Sort Code:	Account No:	
P45 Enclosed?	Yes No	P46 required?	Yes No

Language Skills

	Written			Spoken		
	Fluent	Good	Fair	Fluent	Good	Fair
Are you competent in understanding and using both written and oral English?						
Yes No						
Do you speak any additional languages?						
Yes No						
If yes, please advise:						

References

In line with framework requirements, PPRUK are required to obtain references covering a three-year work history. Please supply the names and work email addresses of professional referees covering this period. One must be from your present or most recent employer, they must be working at a more senior grade/level or your immediate line manager and you must have worked for that person for a period of not less than three months duration.

1.		
Name:	Position:	Tel:
Fax no:	Email address:	Mobile No:
Work Address:		Postcode:
Dates of employment from:	Dates of employment to:	In what capacity and for how long has this person known you?
Can we apply for references from the above persons immediately?		Yes No
Is the referee aware that you have provided PPRUK with their personal/contact information?		Yes No

2.		
Name:	Position:	Tel:
Fax no:	Email address:	Mobile No:
Work Address:		Postcode:
Dates of employment from:	Dates of employment to:	In what capacity and for how long has this person known you?
Can we apply for references from the above persons immediately?		Yes No
Is the referee aware that you have provided PPRUK with their personal/contact information?		Yes No

3.		
Name:	Position:	Tel:

Fax no:	Email address:	Mobile No:
Work Address:		Postcode:
Dates of employment from:	Dates of employment to:	In what capacity and for how long has this person known you?
Can we apply for references from the above persons immediately?		Yes No
Is the referee aware that you have provided PPRUK with their personal/contact information?		Yes No

I confirm that I have provided the above referee details to PPRUK

Signed:	Print Name:	Date:
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Please include any further information that you feel is relevant to this application on a separate sheet.

PLEASE ENSURE YOU SIGN AND COMPLETE THE FOLLOWING SECTIONS

Declaration of Health (all questions must be answered, and the declaration signed and dated)

Do you have any medical conditions that could affect your abilities to cover the roles you are being employed for? If YES, please advise of details:	Yes	No
Do you suffer or have suffered from Mental or stress related illness? If YES, please advise of details:	Yes	No
Do you suffer or have suffered from a Drug or Alcohol related problem? If YES, please advise of details:	Yes	No
Do you ordinarily enjoy good health? If NO, please advise of details:	Yes	No
Have you ever left work for health reasons? If YES, please advise of details:	Yes	No
Are you returning to work after having been signed off? If YES, you must provide evidence of a 'fitness to work' certificate from your GP. We cannot place you in assignments if this is not provided as it could post a health risk and jeopardise insurance.	Yes	No
Have you travelled outside of the UK in the last 21 days? If YES, please advise of the location: Workers who have travelled to countries which have been affected by Ebola may undergo additional Occupational Health Risk Assessments.	Yes	No
I declare that I have answered the above questions fully and honestly. I am not aware of any physical or mental disability which will affect my working capacity. I consent to PPRUK disclosing emdical data to clients when required.		
Signed:	Print Name:	Date:

Rehabilitation of Offenders Act (all questions must be answered, and the declarations signed and dated)

Because of the nature of the work for which you are applying, the provisions of Section 4 (2) and further Orders made by the Secretary of State under the provisions of this section of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975 are not applicable, therefore applicants are required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you ever been the subject of a conviction, caution, reprimand or warning? If YES, please give details:	Yes	No
Do you have any criminal proceedings pending? If YES, please give details:	Yes	No
Do you have an Enhanced DBS Certificate? If YES, please supply a copy of your current DBS certificate.	Yes	No
Date of issue:		

It is a condition of proceeding with your application that PPRUK initiate an 'Enhanced' DBS Check annually. However, should you hold a DBS which is registered with the Update Service, PPRUK must view the original certificate.

Convictions and any other criminal record information obtained through the DBS checking service will not necessarily be a bar to employment opportunities. All circumstances will be taken into account. However, any inconsistencies when compared with the information given on this application may invalidate your application. A full copy of the DBS check will be forwarded to you directly by the DBS. A summary of results are provided to PPRUK.

I hereby confirm my understanding that a copy of the DBS Check will be retained by PPRUK and on occasions may be shared with framework auditors or clients. Should I have a registered DBS, I understand by signing below I authorise PPRUK to check the Update Service Website. The copy of my DBS is retained in order to produce to third party audit organisations for compliance and audit purposes. PPRUK may utilise date from the DBS Disclosure when sourcing work opportunities, in according with the DBS codes of practice. All sensitive information will be retained in secure place, and in full compliance with GDPR May 2018.

Signed:	Print Name:	Date:
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Declarations (all questions must be answered and the declaration signed and dated)

I declare that the details given by me on this application form are correct to the best of my knowledge and belief. I understand that if I withhold any relevant information or I have given any information which is false or misleading this may lead to my application being rejected, or if already appointed, to my dismissal. I understand that information given on this form will be processed by a computer and used for registration purposes under the Data Protection Act. I also authorise PPRUK to disclose any convictions declared above to any potential employers in accordance with the CRB Code of Practice and the Rehabilitation of Offenders Act. Please complete where applicable and sign below.

Equal Opportunities Declaration

I confirm that I have read and understand the equal opportunities policy and procedures to follow. Yes No N/A

Health and Safety Declaration

I confirm that I have read and understand my health and safety responsibilities Yes No N/A

Permanent Employment Declaration

I confirm that PPRUK may act on my behalf in identifying suitable permanent positions Yes No N/A

Payment deductions for PAYE workers

I confirm that PPRUK will deduct directly from my weekly PAYE, National Insurance contributions any other sums that may be due. Yes No N/A

Signed:	Print Name:	Date:
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Working Time Directive (WTD)

The Working Time Directive (WTD) is health and safety legislation intended to protect workers from risks that arise from working excessively long hours or long periods without breaks. You are entitled to work a maximum average working week of no more than 48 hours. However, if you would like to work for more than 48 hours on a regular basis you need to contact your recruitment consultant for more details.

Signed:	Print Name:	Date:
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Mandatory Training – MUST BE COMPLETED ANNUALLY and in line with Mandatory & Statutory Training ('Skills for Health' aligned CSFT)

Have you recently attended or completed any Practical and/or Online courses? If yes, please provide certification.	Yes	No
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I understand that all Mandatory training must be completed annually, and the training modules may be subject to change. I confirm that I will complete all Practice and Online training as required. I understand that, should I fail to attend or cancel/rebook any training without relative notice I will be charged.

Signed:	Print Name:	Date:
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Original Document Checklist

Copies of the following documents are required before we can place you in locum work. This is a contractual requirement of the National Framework Agreement for the Supply of Locums to the NHS. Please note in addition to the list below, you will be required to complete further compliance requirements and attend an interview to verify original documents.

Evidence of:	Evidence Required:	Enclosed Yes/No
Updated Curriculum Vitae – in day/month/year format	CV covering all work history from Schooling. Any gaps of 3 weeks or more must be explained on CV	
Right to work in the UK	Passport/Visa/BRP/Home Office letter if applicable	
Proofs of Address and Proof of NI Number	2 x Proofs of address dated within the last 3 months and proof of NI number	
Professional Registration	Proof of payment/renewal to professional body	
Qualifications/Training Certificates	Originals	
Two colour passport sized photographs	For ID badge purposes	
Payment for DBS if applicable	Or proof of DBS registered with Update Service	
Medical Vaccinations	Hep B, TB, MMR & Varicella	

CV's

PPRUK will endeavour to secure you suitable positions, we will retain your CV unless you specifically request we remove your information from our database. Please confirm your acceptance to PPRUK retaining your CV.	Yes	No
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I understand that any personal data held by PPRUK is liable to be inspected by NHS approved procurement partners as part of audit procedures.

Signed:	Print Name:	Date:
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I understand that I will be required to provide PPRUK, as and when requested, Payslips and corresponding bank statements showing net pay figures received from Umbrella Companies. Proof is required to ensure that appropriate PAYE & NI deductions are made in line with HMRC regulations and are part of the Framework external auditor requirements.

Signed:	Print Name:	Date:
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Right to Work Checks

I confirm that I agree that PPRUK can carry out Right to Work Checks as deemed necessary.

Signed:	Print Name:	Date:
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Handbook Declaration

I confirm that I have read the PPRUK Candidate Handbook, where I have understood the policies, procedures and guidance given.

Signed:	Print Name:	Date:
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Indemnity Insurance

All Qualified Health Professionals are required to hold individual Indemnity Insurance to the value of £3 million (please provide evidence of this)

Signed:	Print Name:	Date:
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If you do not hold Professional Indemnity Insurance, please sign the following statement:

I DO NOT CURRENTLY HOLD MEDICAL INSURANCE

Signed:	Print Name:	Date:
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Performance Appraisal

We need to have a record of your arrangements for annual appraisal by an appropriate practitioner. Can you please provide the date of your last appraisal and the date of your next appraisal along with details of your Appraiser.

Name of Appraiser:	Contact Details:	Date of Last Appraisal:	Date of Next Appraisal:
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