



# CAREPLUS

HEALTHCARE SERVICES LTD

“Valuing each person as an individual”

THE UK'S LEADING  
HEALTHCARE RECRUITER

## New Candidate Application Form



Please complete all sections of the application form as the information provided will be used as part of the selection process.

## 1. Professional details

Profession  Doctor  Nurse  AHP/HSS  Other Main Specialty.....  
Secondary Specialty.....  
Grade.....

### 1a. Personal Details

Title..... Gender.....  
First Name..... Date of Birth.....  
Surname..... Other Names.....  
Current Address..... Day Telephone.....  
..... Night Telephone.....  
..... Ext. or Bleep.....  
..... Mobile.....  
Post Code..... E-mail Address.....

## 2. Emergency Contact Details

Next of Kin..... 1st Contact No.....  
Relationship..... 2nd Contact No.....  
Address.....

### 2a. Your General Practitioners Details

Name.....  
.....  
Address..... Post code.....  
..... Telephone.....

## 3. Right to Work

British/EC National Yes  No  Issued at.....  
Passport No..... Type of visa held (if any).....  
Expiry Date..... Expiry date.....

## 4. Proof of Identification

Do you hold a current Driving Licence (if so, please forward a copy) Yes  No   
Do you have your own transport Yes  No

**Please provide two document copies as proof of identification (e.g. household bill showing address, passport, etc). Plus two passport size photographs of yourself, signed on the back with details of your Registration number.**

## 5. Professional Society/Union\*

Name of Society/Union..... Are you aware of or currently under an investigation by the GMC or any other organisation Yes  No

.....

Type of Membership..... Have you ever been investigated by the GMC or any other organisation Yes  No

e.g. GMC

Renewal Date..... If yes, please give details.....

Membership No.....

\* It is the responsibility of the applicant to inform CarePlus Healthcare of any changes or restrictions to their registration.

## 5a. Professional Indemnity Insurance\*

Name of Insurer..... Policy No.....

\*A legible copy of the certificate must be supplied

## 6. Education and Training including Post Qualification Experience\*

University / Institution / Training:	Qualification:	Date Graduated:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Are you on the specialist register	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....	Mandatory Training	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....
Indicate grading of RITAS	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....	Manual Handling	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....
Do you hold Section 12	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....	Control and Restraint	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....
Certificate of Ionising Radiation	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....	First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/> Date.....

\*Copies of certificates are to be supplied

## 7. Your Availability to Work

Dates from..... Full Time.....Yes  No

Desired location..... Long Term.....Yes  No

Nights.....Yes  No  Willing to travel

Odd Days.....Yes  No  0 - 50 miles

Holidays.....Yes  No  51 - 100 miles

Weekends.....Yes  No  101 - 150 miles

Are you a car owner Yes  No

Do you have an NHS Smartcard Yes  No

Are you registered with any other agencies Yes  No

If yes, which.....

## 8. References (please provide two references)\*

Name.....	Name.....
Address.....	Address.....
.....	.....
Post code.....Ward.....	Post code.....Ward.....
Employed from..... to.....	Employed from..... to.....
Telephone.....	Telephone.....
Fax.....	Fax.....
E-mail.....	E-mail.....

\*Both references must be from within the past twelve months and one must be from your most recent/current employer.

## 9. Declaration of Criminal Record

Please provide evidence of police clearance from your country of origin if you have entered this country within the past six months.

### Rehabilitation of Offenders Act 1974 (exceptions) Order 1975.

Due to the nature of the work for which you are applying, the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 does not apply by virtue of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. Applicants are therefore NOT entitled to withhold information about convictions which for purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions will result in your removal from our register. Any information you

may give will, of course, remain strictly confidential. CarePlus Healthcare may contact you for your permission to disclose such details if relevant to the position you are applying for.

Have you ever been police checked ..... Yes  No

If so, by whom .....

Date you were last police checked .....

Have you ever been convicted of a criminal offence .....

If 'Yes', please complete Section 12 'Details of any convictions'

## 10. Details of any convictions

Offence:

Date of conviction:

Sentence:

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## 11. DBS Update Service

Are you subscribed to the DBS Update Service Yes  No

Do you give permission to CarePlus Healthcare to carry out status checks to see if the information on your DBS online profile has changed Yes  No

If you do give permission, CarePlus Healthcare will notify you of any changes made that may affect your existing status.

## 12. Tax Status

Which of the following applies to you:

The Terms of engagement applicable to the tax status you select, can be found in the Locum Induction Handbook. Please advise your tax status as soon as possible. CarePlus Healthcare will be unable to process any payments to you until this is supplied.

### 1. PAYE

NI Number.....

P45 enclosed Yes  No

Which of these statements applies to you

A  B  C

### 2. Limited Company/PSC

Company Name.....

.....

- Enclose Certificate of Incorporation
- Enclose Ltd Co Bank Statement

### 3. Self Employed Professional

NI Number.....

UTR Number.....

If no UTR number is available, please confirm in writing that you are registered as self employed with the Inland Revenue giving your tax office address.

A. This is your first job since last 6 April and you have not been receiving Taxable Jobseeker's Allowance, Employment and Support Allowance, Taxable Incapacity Benefit, State Pension or Occupational Pension.

B. This is your only job, but since last 6 April you have had another job, or have received taxable Jobseeker's Allowance, Employment & Support Allowance or taxable Incapacity Benefit. You do not receive state or occupational pension.

C. You have another job or receive a state or occupational pension.

Payment method

Direct  To be confirmed  Agent/Umbrella

Name of Umbrella (if applicable) .....

VAT Registered Yes  No

VAT Registration number .....

If Yes, include a copy of your **VAT registration certificate**

Self-billing

To ensure a smooth accounting process, CarePlus Healthcare offers a Self-billing service. Contractors who are self-employed or work through PSC's are classified as a "supplier" to CarePlus Healthcare. This allows us to pay 'gross' without deducting PAYE or National Insurance. However, the law requires that you issue a vatable invoice which if you sign up to self-billing we can do on your behalf.

If you do not complete a Self-billing Agreement you will need to submit a valid invoice for the amount due to the hours you have worked plus VAT, if you are registered for VAT. Please refer to the CarePlus Healthcare Induction Handbook for more details.

A Self-billing Agreement is attached.

### 13. Bank Details (if applicable)

Bank Name.....

IBAN (if applicable) .....

Account Name.....

SWIFT/BIC (If applicable).....

.....

Branch Address.....

Account No.....

.....

Sort Code.....

.....

Reference (if applicable).....

Post code.....

### 14. Working Time Regulations

The Working Time regulations 1998 ("The Regulations") require CarePlus Healthcare to limit your average weekly working time to 48 hours unless you opt-out so that the limit shall not apply to you. CarePlus Healthcare wishes to have an agreement with you for the following:

Do you agree to opt-out of the 48-hour limit on average weekly time Yes  No

*You may terminate the agreement (so that the 48 hour time limit would apply to you) by giving your CarePlus Healthcare representative to whom you usually report 4 weeks' written notice. Under the Regulations, CarePlus Healthcare must keep records relating to your working time.*

### 15. Access to Medical Records

Please advise by selection whether you give permission to **CarePlus Healthcare, 7200 The Quorum, Oxford Business Park North Garsington Rd Oxford Ox4 2JZ** to have access to your medical records pertinent to your immunisation and blood test history.

Do you give permission for CarePlus Healthcare to have access to your medical records Yes  No

### 16. Mandatory Induction, Information & Training Declaration

I the undersigned hereby declare that I have read and understood the CarePlus Healthcare Induction Handbook and that I am already trained to the NHS standards in all areas. In the event that I feel I require further training in any area I will inform CarePlus Healthcare without delay. I will ensure my annual Mandatory Training is updated and I will forward copies of certification to CarePlus Healthcare.

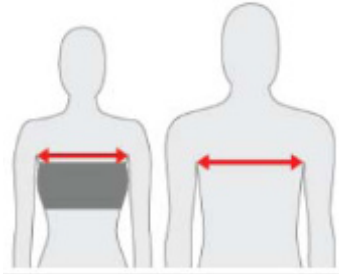
### 17. Uniform Disclaimer

Some specialties will be required to wear uniform. If this relates to you please complete this section. Please ensure you have read and fully understand the terms and conditions in The Induction Handbook in relation to ID badges and Uniform.

Please be aware that you may be in breach of CarePlus Healthcare's contractual and or Legal Requirements if you do not abide by these conditions. Any known breach may result in disciplinary action being taken. CarePlus Healthcare ensures that all its workers adhere to contractual and legal requirements at all times.

If at any time you need clarification, please endeavour to contact your CarePlus Healthcare representative who will be happy to discuss these with you.

Ladies sizing		
UK Size	Bust (inches)	Tick
8	31	
10	33	
12	34	
14	36	
16	38	
18	40	
20	42	
22	44	
24	48	



Measure the chest around the fullest part, placing the tape close up under the arms and ensuring it is well up at the back across the shoulder blades.

Men's sizing		
UK Size	Chest (inches)	Tick
S	32-34	
M	36-38	
L	44-46	
XL	48-50	
XXL	52-54	

Other sizes are available on request. What size (not shown above) do you require .....

## 18. Required Documents

The following is a list to assist you in completing the application process. In order to avoid any unnecessary delays to your registration process please ensure you enclose original documents where requested. Please note: We will retain copies of all documentation for auditing purposes.

### Please tick to confirm documents enclosed

- A full, current CV** covering the last 10 years of employment.
- Two recent passport photographs**  
Authenticated as an accurate resemblance of yourself when checked against your original passport.
- Verified Personal Identification**  
Please provide the original of your passport and/or birth certificate.
- Immigration Status/Eligibility to Work**  
Original employment status and associated right to work documentation, including your work permit number if applicable.
- Registered Higher Qualifications**  
Original documentation, to include professional qualifications, e.g. FRCP, MBBS and additional supporting documents to substantiate your CV.
- Professional Body Registration Certificate**  
Original registration certificate and annual retention certificate or letter of confirmation are both required.
- Professional Indemnity Insurance Certificate**  
 Copy of your **Basic Life Support certificate** or higher.
- UK DBS Enhanced Disclosure**
- 2 forms of identification** to include your current address. These documents must be dated **within 3 months**.
- Police check from country of origin**  
Original police check dated within 3 months of registration is required if you have become resident in the UK within the last six months or intend to become resident. This is in addition to the UK DBS Enhanced Disclosure.
- Immunisation reports**  
Original UK serology reports which evidence immunity to MMR, Varicella, Hepatitis B Antibody levels and Tuberculosis (Also HIV, Hepatitis C and Hepatitis B Surface Antigen results are required for candidates performing Exposure Prone Procedures). All serology reports MUST be IVS approved (Identity Validated Samples).
- VAT Registration Certificate** (VAT registered only)
- Signed Self-billing Agreement** (Where applicable VAT registered applicants only)
- Copy of your **Certificate of Incorporation** (Ltd Co/PSC applicants only).
- Copy of your **Ltd Co Bank Statement** (Ltd Co/PSC applicants only).
- Copy of your **P45** (PAYE applicants only, where available)

## 19. Declaration

**WARNING: It is an offence under The Fraud Act 2006 to deliberately make, or cause to make, a false or misleading statement, or conceal circumstances in relation to an application.**

### Please read the following carefully before signing:

- I declare that the information I have supplied in this application form is complete, truthful and correct in every detail.
- I have read the information in the Induction Handbook and the Terms of Engagement as applicable to me (in accordance with my tax status is Section 13 above) and I accept the Terms of Engagement.
- I acknowledge that if my tax status is as a limited company/PSC by signing this application for I will be signing on behalf of the limited company/PSC and I confirm that I am authorised to do so.
- I acknowledge and agree that by commencing an assignment (as defined in the Terms of Engagement) I will be confirming that I am willing to work in the position set out in the relevant Confirmation of Assignment Form and I acknowledge that the Terms of Engagement will be deemed to have been accepted by me upon my commencing an assignment.

- I acknowledge and agree that if my tax status at Section 13 changes I will notify CarePlus Healthcare and I will refer to the Induction Handbook for the Terms of Engagement applicable to my new tax status. I agree that by commencing an assignment following my change of tax status I will be deemed to have accepted the Terms of Engagement relevant to my new tax status upon my commencing the assignment.
- I understand that my selection against Access to Medical records at Section 16 will give/refuse permission for CarePlus Healthcare to have access to my medical records pertinent to my immunisation and blood test history.
- I understand that it is my responsibility to undergo an annual appraisal and to supply CarePlus Healthcare with relevant information in relation to this.
- I understand the annual training requirements and the need to keep my employment file compliant and up to date.
- I acknowledge that it is my sole responsibility to update CarePlus Healthcare in the event of any disciplinary action, investigation or changes to my professional registration.
- I understand CarePlus Healthcare may collect, use and disclose my personal information to the authority, or any person, firm or organisation duly authorised on the authorities behalf for the purpose of Audit undertaken within the Framework agreements or otherwise in accordance with the Data Protection Act 1998 and I consent to the provisions of paragraph 1.5 of the Induction Handbook relating to use of my personal data.
- I agree that if I have given any false or misleading information, or do not give relevant information (including any change to the information I have previously provided) to CarePlus Healthcare now or during the course of an assignment, this may result in the termination of the assignment with immediate effect.

If any information supplied is later found to be false or misleading then CarePlus Healthcare may terminate employment with immediate effect and refer the matter to the relevant regulatory and or professional bodies.

All CarePlus Healthcare related companies ("CarePlus Healthcare") including CarePlus Healthcare Group Ltd, Recruitment Express Ltd (trading as The Locum Consultancy), and Group 24 Ltd are each separate legal entities but are related through common ownership. Each specialises in temporary recruitment.

By signing this declaration, you agree to the Terms of Engagement for the purpose of temporary recruitment and the declaration laid out above for CarePlus Healthcare. This enables you to have access to work through all CarePlus Healthcare related companies.

Signed..... Print Name .....

Date ..... For and on behalf of (name of PSC, if applicable): .....

## What's Next?

Thank you for completing your application with CarePlus Healthcare. Please return this form and all supporting documentation to your dedicated CarePlus Healthcare recruitment consultant by hand, post, scan or email.

**T:** 0800 669 6712

**E:** info@careplushealthcare.uk

**W:** www.careplushealthcare.uk

### Always open

CarePlus Healthcare provides a 24/7 service to its candidates and clients, meaning we're always available by phone - 24 hours a day, 7 days a week, 365 days a year.

The information provided will be used as part of the selection process. All information and documentation provided will now be processed through our Compliance department. Following this your dedicated recruitment consultant will be in contact with you to provide the best opportunities to suit your requirements.

## Notes

A series of horizontal dotted lines for taking notes.