Doc2docs

Medical (Nursing) Locum Staff Application Form

In confidence

When completed please return this application form, in the strictest of confidence to:

Chedworth House
8 Lansdown
Stroud
Gloucestershire
GL6 7NY

www.doc2docs.com
1. **Personal details**

Title/surname: ____________________________________________________________
Forename(s): ____________________________________________________________
Address: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Postcode ________________________________________________________________
Telephone: __________________________ Fax: _______________________________
Mobile __________________________________ Email __________________________________
Date of birth: __________________________________________________________________

2. **Eligibility to practice as a Nurse**

The UKCC (NMC) has criteria that defines the eligibility of a nurse to practice in the UK.

PIN Number __________________________________________________________________

*Please enclose evidence of your eligibility to practice*

3. **RCN Membership**

RCN Registration Number: __________________________ Expiry date: ________________

Have you ever been the subject of professional misconduct proceedings or a suspension from a Hospital or General Practice, or are such pending or threatened against you?

Yes □ No □

If 'yes' please supply details: ________________________________________________

______________________________
continue on a separate sheet if necessary

*Please enclose a copy of your up to date/current RCN Membership certificate*

4. **On what basis are you entitled to work as a Nurse in the UK?**

EU Citizen □ Spouse of an EU citizen □ Right of abode in UK □

Admitted to the UK as a nurse before 1 April 1985 □ Work permit □

If entitlement is due to permit free status or work permit please enter expiry date __________________________
5. **Criminal Convictions**

To practice in the UK it is necessary for nurses to declare any offences for which they have been convicted, regardless of the seriousness of the offence and how long ago the conviction occurred.

Do you have any convictions?  
Yes ☐ No ☐

If 'yes' please supply details:________________________________________________________

________________________________________________________  continue on a separate sheet if necessary

6. **Work preferences**

Are you totally flexible about the location that you would accept work?  
Yes ☐ No ☐

If 'no' please indicate what geographical area you would like to work in____________________

________________________________________________________  continue on a separate sheet if necessary

Do you wish to do ‘Out of Hours’ work?  
Yes ☐ No ☐

If ‘Yes’ please state your preference  
Weekends? ☐ Weekdays? ☐ or both? ☐

What type of work are you interested in and capable of undertaking (eg. Emergency Nurse Practitioner, Triage Nurse, Practice Nurse)?____________________

________________________________________________________  continue on a separate sheet if necessary

7. **Tax declaration**

I, the undersigned, confirm that I am self employed and am assessed under schedule D for tax purposes. I also pay self employed National Insurance contributions. I will on occasions, provide my services to doc2docs in my capacity as a self employed nurse. I understand that all payments made to me by clients of doc2docs are made gross and do not take into account tax or national insurance contributions for which I am personally responsible for to the Inland Revenue on submission of my annual tax return.

Self employed Tax reference Number (UTR)  
1 __________________________________________________________

Tax office:________________________________________________________

Tax District Reference Number:__________________________________________

National Insurance Number___________________________________________

1Unique Tax Reference
8. **Financial details**

Name of bank or building society____________________________________________________
Address:________________________________________________________________________
______________________________________________________________________________
Account Number:______________________________Sort code___________________________


It is a requirement that, before any offer of work can be made, all candidates provide the Company with confirmation of their eligibility to work in the UK by providing ONE of the ORIGINAL documents detailed below.

- A document issued by a previous employer (eg payslip, P45 or P60) or the Inland Revenue, the Benefits Agency, The Contributions Agency or the Employment Service which contains a National Insurance Number (starting with TN or ending in E to Z is unacceptable) OR
- A full birth certificate issued in the United Kingdom or in the Republic of Ireland or a certificate of registration or naturalisation as a British citizen (that must include the names of parents) OR
- A passport [or a certified copy] which describes the holder as a British citizen or as having a right of abode in the United Kingdom or a passport or other travel document endorsed to show that the holder has indefinite leave to remain in the United Kingdom or has current leave to enter or remain in the United Kingdom and is not precluded from taking the employment in question OR
- A passport or identity card issued by a State which is a party to the European Economic Area agreement and which describes the holder as a national of a State which is a party to that agreement OR
- A letter or Immigration Status Document issued by the Home Office or the Department of Education and Employment indicating that the person named in the letter has permission to take the employment in question

All candidates must note that, unless one of the above original documents [or a certified copy thereof] has been produced, no offer of work will be made.

10. **Declaration**

1. I declare that the information provided above is true and correct
2. I have read and agree to the standard terms and conditions
3. I enclose a completed Pre-employment Health questionnaire

Signed _________________________________Date _______________________________

Registered No. 4270575 in England Registered Office Treetops, Oakridge Lynch, Nr Stroud, Gloucestershire GL6 7NY
Medical Services Agency