



Registered Nurse and Operating Department Practitioner (ODP) Application Form

By registering with Minerva Nursing you will automatically be registered with Radley24 part of the Minerva Nursing group.

Please open this form and allow editing. Please ensure you answer all questions on the form marked with an asterisk (*).

How did you hear about Minerva Nursing?	
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Candidate Details

	Agency Branch	Minerva Nursing Ltd
*	Title Mr/Mrs/Miss/Ms/Dr	
*	Forename	
	Middle name	
*	Surname	
*	Address line 1 House name/ number and road name	
*	Address line 2 Town	
*	Address line 3 County	
*	Postcode	
	Country	United Kingdom

*	Email address	
*	Telephone Number	
	Mobile Number	

*	Professional Qualification	
*	Professional Pin Number	

Equality & Diversity Monitoring

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of:

- Their age and sex.
- Their race which includes colour, nationality, ethnic or national origin.
- Their religion or belief, including a lack of any belief.
- Their sexual orientation, be it bisexual, gay, heterosexual and lesbian.

The Equality Act 2010 also protects people who are married or in a civil partnership.

*	Please state your date of birth (Required for registration)	
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* Please indicate your gender (required for registration)	Male / Female
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Please indicate the option which best describes your marital status. Leave blank if you do not wish to disclose	Married/ Singled/ Widowed/ Divorced/ Separated/ Civil Partnership/ Other (please state)
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Please indicate your ethnic origin. Leave blank if you do not wish to disclose	
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* Please indicate your religion or belief. Leave blank if you do not wish to disclose	
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Equality Act 2010

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

Do you consider yourself to have a disability? Leave blank if you do not wish to disclose	Yes / No If yes, please state details:
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* Employment Scheme	Limited Company*/ Umbrella Scheme* (*please delete as applicable)
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* Name of Limited Company / Umbrella Company	
* Address of the Limited Company if different to candidate address above	
* Companies House Registration Number	
* VAT registration number of the limited company (if VAT registered):	
* Business Bank Account Holder Name	
* Sort Code (6 digits)	
* Account Number	
* Building Society Roll Number	

Indemnity Insurance Details – All registered practitioners are required to hold indemnity



insurance. Whenever you practise you are required to have an appropriate indemnity arrangement in place. You will be required prior to your first placement to provide evidence of indemnity insurance with evidence of annual renewal.		
*	Indemnity Insurance in place	Yes
	Policy No.	
	Issuing Insurer	
	Expiry Date	
You will be required to demonstrate your Certificate or evidence of indemnity plus evidence of annual or monthly payments.		

*	Nurses & ODPs - I confirm I will have an annual appraisal by a Practitioner with the appropriate level of Clinical experience (and where applicable, qualifications) Yes / No	
*	Date of last Appraisal	
*	Name of Appraiser	
*	Contact Details of Appraiser	
*	NHS/ Non NHS appraisal (please state)	
*	Date of last NHS 360 degree feedback (if applicable)	
*	Nurses only - Revalidation Date	
*	Nurses only - I confirm that I have a confirmer for revalidation with the appropriate level of Clinical experience (and where applicable, qualifications)	Yes*/ No* (*please delete as applicable)
*	Designated Body/Name for Revalidation	

*	National Insurance (NI) Number	
*	Eligibility to permanently live and work in the UK without restrictions	Yes*/ No* (*please delete as applicable)
*	Nationality	
*	Passport Number	
*	Issuing Country of passport	

*	Next of Kin full name	
*	Your relationship to NOK	
*	NOK Telephone Number	
*	NOK Mobile number	
*	NOK Address 1	
*	NOK Address 2	
*	NOK Address 3	
*	NOK Postcode	

*	Have you been granted British Citizenship or leave to remain in the UK?	Yes*/ No* (*please delete as applicable)
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*	If yes, unless you are from an exempt Country, can you provide evidence of	Yes*/ No*
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competency of the English language? E.G. IELTS, UK taught degree/diploma, >1 year employment in English speaking establishment. Please ask if you need further support. Exempt countries: Antigua and Barbuda, Australia, The Bahamas, Barbados, Belize, Canada, Dominica, Grenada, Guyana, Jamaica, New Zealand, Republic of Ireland (for citizenship only), St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Trinidad and Tobago, USA	(*please delete as applicable)
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* Do you hold a current valid driving licence?	Yes*/ No* (*please delete as applicable)
If yes, do you have access to a car?	Yes*/ No* (*please delete as applicable)

Specialities / Experience – Please tick as many that apply. These are areas where you are experienced and competent and would like us to place you. Do not tick any areas where you are not skilled to work.

Speciality/Experience	Tick	Speciality/Experience	Tick	Speciality/Experience	Tick
A&E		Nurse Practitioner		Recovery	
Cardiology (CCU)		Nursing Homes		Renal	
Community		Obstetrics		Surgical Wards	
District Nursing		Occupational Health		Theatre	
Endoscopy		Oncology		Travel Health	
Health Visiting		Psychiatric Intensive Care (PICU)		Urgent Care Centres	
Immigration Centre Nursing		Practice Nursing		Urology	
Intensive Care (ITU)		Prescribing		Walk In Centres	
Medical Wards		Prison Nursing		Other(s):	

Declaration of Conduct

*	Are there any restrictions on your practice imposed by your professional body? If yes, details must be given.	
*	Do you have any warnings or sanctions on your professional registration? If yes, details must be given.	
*	Have you ever been dismissed? If yes, details must be given.	
*	Are there any outstanding investigations underway by your current/past employer/Professional body? If yes, details must be given.	
*	Are there any disciplinaries or investigations underway by current or past employers/Professional body? If yes, details must be given.	

Criminal Convictions - Rehabilitation of Offenders Act 1974

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has

elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

Minerva Nursing Ltd aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity and marriage or civil partnership. The organisation undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

You are required to declare all current 'unspent' criminal convictions or cautions (including reprimands and final warnings). You are not required to disclose convictions or cautions which have become 'spent'.

As part of assessing your application, Minerva Nursing Ltd will only take into account relevant criminal record and other information declared which is relevant to the position being applied for.

Answering 'yes' to the question below will not necessarily bar you from appointment. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

Are you currently bound over or do you have any current 'UNSPENT' convictions, cautions, reprimands or final warnings that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? *

Yes/ No

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

The position you have applied for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and, in certain circumstances, the Police Act 1997. This means that when considering any such appointment, Minerva Nursing Ltd is permitted to request an enhanced disclosure through the Disclosure and Barring Service (known as a DBS check).

An enhanced DBS disclosure contains information about any convictions, cautions, reprimands and final warnings that are not protected (i.e. filtered) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Are you currently bound over, or do you have any convictions, cautions, reprimands or final warnings that would not be protected (i.e. filtered) as defined by the Exceptions Order 2013 - that have been issued by a Court or Court-Martial in the United Kingdom or in any other country? *

Yes / No

References

We require professional references from the last three years employment.
 Please supply the names and work addresses of at least two professional referees.
 One must be from your present or most recent employer and must be a senior grade to yourself.
 You must have worked for that person for more than three months.

The second needs to be a previous employer unless you have been employed more than 3 years then it must be someone from your current or most recent employer.

If you have been in the same role for the last three years you are only required to provide two references. If you have been in more than three posts in the last three years please continue on a separate page.

Professional Reference One	
Name of Referee	
Position Held	
Professional/ Company Address	
Daytime Telephone Number	
Email Address	
Relationship to you	
Can we contact referee prior to interview?	Yes*/ No* (*please delete as applicable)

Professional Reference Two	
Name of Referee	
Position Held	
Professional/ Company Address	
Daytime Telephone Number	
Email Address	
Relationship to you	
Can we contact referee prior to interview?	Yes*/ No* (*please delete as applicable)

Professional Reference Three	
Name of Referee	
Position Held	
Professional/ Company Address	
Daytime Telephone Number	
Email Address	
Relationship to you	
Can we contact referee prior to interview?	Yes*/ No* (*please delete as applicable)

*Terms and Conditions

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory professional references to cover the last three years employment.

Consent

I agree that Minerva Nursing retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act. I understand that all documents held by Minerva Nursing are subject to external audit. I hereby give permission for the Minerva Nursing to allow access, as a minimum, to my personnel files as part of any official audit, or Client compliance purposes, carried out by, but not limited to, NHS Buying Solutions and/or any person authorised by the NHS Authority. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

I give my permission for all data submitted to Minerva Nursing to be shared where required with the Client in line with any contract requirements between Minerva Nursing and the Client.

I understand that Minerva Nursing is an Equal Opportunities organisation and as such, undertakes to treat all Agency Workers fairly and not to discriminate on the basis of conviction or other information revealed. Having a criminal record will not necessarily prevent any individual from working with the company. Denial or nondisclosure of any conviction or caution, which is subsequently shown to exist, will lead to the immediate removal of the Agency Worker from the Minerva Nursing Register. Any Agency Worker with convictions/cautions will be asked to prepare a "Confidential" Statement of Events surrounding each conviction/caution. Positive Disclosures are reviewed by the Company's Directors. Due consideration is given to the nature of the role, together with the circumstances and background of any offence and overriding consideration is to the care, safety, and protection of Clients. Minerva Nursing is bound by the Disclosure body's Code of Practice and we guarantee that the information will be treated confidentially.

I give my consent for Minerva Nursing to hold a full copy of my enhanced DBS certificate and share with the client where requested or to disclose during an audit. I consent to Minerva Nursing Ltd to check my enhanced DBS online where applicable and to disclose convictions to the client where applicable.

I give my consent for Minerva Nursing to check my professional registration online and disclose any restrictions to my professional practice or any notifications on my professional registration where applicable.

I give my consent for Minerva Nursing to disclose to the Client any restrictions on my Fitness to Work Certificate (Occupational Health clearance) and that it is my responsibility to request the correct level of clearance for the work I undertake.

Agency Worker Handbook Receipt

I confirm I have been provided with a copy of the Agency Worker Handbook and understand that a revised copy will be sent to me electronically annually.



Radley24

Opt Out

I confirm I have opted out of the Working Time Regulations 1998.

I confirm that I agree with Minerva Nursing Ltd of Suite 418 Devonshire Business Centre, Hamilton House, 111 Marlowes, Hemel Hempstead, Hertfordshire. HP1 1BB that the limit in regulation 4(1) of The Working Time Regulations 1998 shall not apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with The Working Time Regulations 1998).

The agreement shall apply from the date of signing below until further notice.

I agree that I will comply with any and all policies of the Agency, from time to time in force, which relates to its maintenance of records of my hours of work.

The Opt Out agreement can be terminated by me giving three months' notice in writing to Minerva Nursing Ltd.

Agreement

In signing below I agree to all statements made in this application and declaration form and agree that all are made in good faith and to the best of my knowledge.

Signed Date

Thank you for selecting Minerva Nursing as your employer of choice.

Don't forget to follow us on Facebook, LinkedIn and Twitter

