

Please make sure you:

- Answer all the questions on this form Complete this form in CAPITAL letters

1. Your personal details

Title:		Address:	
First name/s:			
Name prefer to be known by:			
Surname:		Post code:	
Date of birth:		Day phone no:	
National Insurance Number		Mobile number:	
Do you have a full UK driving licence?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Email address:

2. Next of kin details

Name:		Emergency contact:	
Relationship to you:		Relationship to you:	
Post code:		Post code:	
Daytime phone number:		Daytime phone number:	
Mobile number:		Mobile number:	

3. Your professional details

NMC/HCPC/GPC number:		Expiry date:	
NMC Part(s) of register:			
Current band and speciality:			
HCA Qualifications:		NVQ Level/ Care Certificate:	

Are there any issues or investigations outstanding on your NMC/HCPC/GPC registration?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you currently on sick leave?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you currently on maternity leave?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Education:	Issuing College / University:
Degree/Diploma:	
Training and CPD:	

Appraisals

Have you had an annual appraisal including 360 ⁰ feedback?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date of last Appraisal:	
NHS Appraisal	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Non-NHS Appraisal	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Revalidation (Nurses only)

Have you completed your revalidation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	The date of your next revalidation:	
If yes what was the date of your revalidation:		Date of next appraisal:	
If "no" what date is your Revalidation due:		Name of Conformer:	
		NMC Number of Confirmer	

Indemnity Insurance

It is a legal requirement that all healthcare workers have professional indemnity arrangement.

Indemnity Insurance		Membership Number:	
Body:		Expiry Date:	

4. Your right to work

Your eligibility to work in the UK

Your nationality:			
I am eligible to work in the UK and do not require a work permit.	Yes: <input type="checkbox"/>	I have a valid work permit to work in the UK.	Yes: <input type="checkbox"/>
I have a valid biometric visa which permits me to work in the UK.	Yes: <input type="checkbox"/>	I need to obtain a work permit to work in the UK.	Yes: <input type="checkbox"/>

6. Your professional expertise

Please tick the boxes with the clinical areas you have worked in:
Please tick the skills you have:

<input type="checkbox"/> A&E	<input type="checkbox"/> Homecare	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Recovery
<input type="checkbox"/> Cardiac	<input type="checkbox"/> ITU	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Renal
<input type="checkbox"/> Clinics	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Diagnostic Imaging x-ray	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Community	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Surgical
<input type="checkbox"/> General Wards	<input type="checkbox"/> NICU/PICU/SCBU	<input type="checkbox"/> Elderly Care	<input type="checkbox"/> Medical
<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Gynaecology	<input type="checkbox"/> Palliative	<input type="checkbox"/> Anaesthetics
<input type="checkbox"/> HDU	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> ODP	<input type="checkbox"/> Triage
<input type="checkbox"/> Health Visitor	<input type="checkbox"/> Theatre	<input type="checkbox"/> Practice Nurse	<input type="checkbox"/> Urology
<input type="checkbox"/> Prison	<input type="checkbox"/> Oncology	<input type="checkbox"/> Radiology	<input type="checkbox"/> Residential Homes
<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Walk in Centre	<input type="checkbox"/> Outpatients	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Paediatric A&E	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Orthopaedics	

7. The work you want

Please give us information about the type of work you want so that we can find the right work for you.

When are you available to start?			Which areas do you wish to work?	
<input type="checkbox"/> Part time	<input type="checkbox"/> Days	<input type="checkbox"/> Weekdays		
<input type="checkbox"/> Full time	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends		
<input type="checkbox"/> NHS	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Homecare		
<input type="checkbox"/> Private Hospitals	<input type="checkbox"/> Community	<input type="checkbox"/> Other please specify		
Have there been any proceedings of medical negligence or professional misconduct against you?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Have you ever been suspended or dismissed	Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Are you aware of any professional conduct/competence enquiries being considered against you?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

If "YES" please supply details (use separate sheet if required):

8. Your professional conduct

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you aware of any professional conduct/competence enquiries being considered against you?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If "YES" please supply details (use separate sheet if required):		

REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 197 applies. Applicants are therefore 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 at any time been convicted of an offence?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If "YES" please supply details (use separate sheet if required):		

DBS

Have you had a DBS Enhanced Disclosure conducted in the last 6 months?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you a member of the DBS update service?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If "YES" please enter details below (use separate sheet if required)::		
Date:	Issuing body:	

I give my consent for Minerva Nursing to check that I am registered with the DBS update service and to check the status of my DBS. I have provided Minerva Nursing with my DBS information to verify online.

Print name:	Signature:	Date:
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9. Your referee details

- Please supply the names and work addresses of at least 2 clinical professional referees.
- All references must cover the most recent 3 years of employment

References must be provided by an employer or work colleague for work placements covering the last three years. If you have not worked before please give the name and address of a member of your school, college or university.

Do we have permission to contact your referees prior to an interview ?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Clinical Referee 1

Referee name:		Hospital:	
Position:			
Start date:			
End date:		Post code:	
Contact phone no:		In what capacity has this person known you:	
Email address:			

Clinical Referee 2

Referee name:		Hospital:	
Position:			
Start date:			
End date:		Post code:	
Contact phone no:		In what capacity has this person known you:	
Email address:			

Clinical Referee 3

Referee name:		Hospital:	
Position:			
Start date:			
End date:		Post code:	
Contact phone no:		In what capacity has this person known you:	
Email address:			

Clinical Referee 4

Referee name:		Hospital:	
Position:			
Start date:			
End date:		Post code:	
Contact phone no:		In what capacity has this person known you:	
Email address:			

Under the Conduct of Employment Agencies and Employment Business Regulations 2003, Minerva Nursing Limited may be required to make this reference confidentially available to prospective employers. Unless expressly stated otherwise, we shall assume that we have your permission to do so.

10. Your introduction to us

Referrals

How did you hear about us?	
If referred, please let us know who referred	

Recommend a friend

You may know someone who may be interested in working with us. Please ask for our company referral fee structure.

Name:	Grade/Spec:	Contact no:
Name:	Grade/Spec:	Contact no:
Name:	Grade/Spec:	Contact no:

11. Fatigue & professional practice

Under section 19 of the NMC code of conduct, it highlights all the relevant details regarding the management of risk. As an agency worker, you should consider at all times the impact of multiple jobs and your working hours on your ability to practice safely. If you do back to back shifts as an agency worker (one shift for one organisation and a second for another) it is our opinion you will be in breach of the NMC code and risk being referred to the NMC as your actions are not managing your level of risk to patient safety. We will not accept back to back shifts in our organisation and expect you at all times to be vigilant about the impact of fatigue on your professional practice.

I understand this and will at all times be mindful of the requirements under the NMC code in relation to this.	
Signature:	Date:

12. Bank details

We pay your wages directly into your bank account via BACS on a weekly basis.

Bank name:	
Account name:	
Name of Limited company (if applicable):	
Sort:	
Account:	
UTR (if applicable):	

I wish to be paid through a limited company (please enclose relevant details	Yes: <input type="checkbox"/>
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OR

I wish to be paid P.A.Y.E (Please enclose your P45 if we are your main employer)	Yes: <input type="checkbox"/>
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Read all the following statements carefully and tick the one box that applies to you.

A. This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension.	Yes: <input type="checkbox"/>
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OR

B. This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension.	Yes: <input type="checkbox"/>
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OR

C. I have another job or receive a state or occupational pension.	Yes: <input type="checkbox"/>
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13. Declarations

1. HEPATITIS B

I have been advised at the registration office of the importance of having the Hepatitis B vaccine. I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity. I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

Signature:	Date:
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2. TERMS & 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 references and an enhanced disclosure from the Disclosure and Barring Service (DBS).
I undertake to inform Minerva Nursing should I be convicted of an offence in the future.
I undertake to inform Minerva Nursing immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.
I am clear that Minerva Nursing cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.
I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy.
I will update Minerva Nursing if there is an investigation relating to my NMC/HPC/GPC registration immediately.

Signature:	Date:
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3. INDUCTION

I have received a copy of the induction information letter and can confirm that I have received, read, understood and will comply with the Agency Worker Handbook at all times. I am aware that the latest version of the Handbook is available on our website.

Signature:	Date:
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4. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signature:	Date:
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5. DATA PROTECTION

I agree that Minerva Nursing retain 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.
In accordance with the Data Protection Act to agree to allow Minerva Nursing Limited to send you regular updates of suitable vacancies & recruitment information/services whether by letter, email, text or telephone we must request that you indicate below your acceptance of these forms of communication. Also that you give permission to Minerva Nursing Limited to carry out a credit reference check via a credit agency where applicable.

AUDIT

I understand my documents will be audited for compliance by external auditors for relevant NHS frameworks and I consent to that. I also consent to my documents being audited under any sub-contracting arrangement to deliver services to a managed service provider for a relevant framework agreement.

Signature:	Date:
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6. CONFIDENTIALITY

As a Temporary Worker I agree to:

- keep confidential all information relating to Work Results, Intellectual Property Rights in the Work Results, and Minerva Nursing's, the Client's or any other Minerva Nursing client's business and affairs (including, for the avoidance of doubt, Payment Rates) ("Confidential Information") which may become known to me in connection with the supply of the Services;
 - not use any Confidential Information except for the purposes of performing the Services;
 - without delay enter into any and all assignments of Intellectual Property Rights (relating to the Work Results) or confidentiality undertakings that Minerva Nursing or the Client may require me to enter into;
 - not without the Client's express written permission remove from the Client's premises any material containing any Confidential Information; and
- On request, return to Minerva Nursing (or as Minerva Nursing may direct) all material in my possession or control and belonging to the Client or Minerva Nursing and/or containing Confidential Information.

Signature:	Date:
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7. RESPONSIBILITY OF COMPLIANCE

Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your file is in date at all times. If any of your compliance items lapse, we will not be able to offer you any work and may need to re-register you completely. By signing below you confirm that the information that you have provided in this form is complete and true and that you agree with the declarations above.

Signature:	Date:
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8. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving Minerva Nursing not less than one months' notice in writing. I understand that my registration with Minerva Nursing can be terminated at any time following unsatisfactory work reports.

Signature:	Date:
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9. UMBRELLA

I understand that for audits relating to NHS work, there may be a request from the auditor to see a copy of my payslip from my Umbrella Company. I agree and provide my consent that the Umbrella company can provide a copy of a payslip, for audit purposes only, once a written request from Minerva has been submitted to the Umbrella company.

Signature:	Date:
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14. Equal opportunities form

Minerva Nursing is committed to equal opportunity for all. To help us achieve this please complete the following questionnaire.

1 The postcode of my current address is:	
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2 Age Range: <input type="checkbox"/>	Under 20 <input type="checkbox"/>	20-29 <input type="checkbox"/>	30-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-59 <input type="checkbox"/>	60-65 <input type="checkbox"/>	65+ <input type="checkbox"/>
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3 Disability Do you consider yourself to have a disability as defined in the Discrimination Act 1995?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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4 Ethnic background. Please tick the box you feel most appropriately identifies your ethnic origin.				
Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Chinese <input type="checkbox"/>	Dual Heritage <input type="checkbox"/>	White <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>	White and Asian <input type="checkbox"/>	English <input type="checkbox"/>
Indian <input type="checkbox"/>	British <input type="checkbox"/>	Other <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>		White & Black Caribbean <input type="checkbox"/>	Scottish <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Other <input type="checkbox"/>	Welsh <input type="checkbox"/>
			<input type="checkbox"/>	Other <input type="checkbox"/>

5 My nationality is:	
I am a citizen of the European Union/UK <input type="checkbox"/>	Other (please state):

6 Gender - I identify as:	
Female <input type="checkbox"/>	Male <input type="checkbox"/>
Transgender <input type="checkbox"/>	Other <input type="checkbox"/>
	I prefer not to say <input type="checkbox"/>

7 Religion	
I would describe my religious background/belief as (please write in the box)	
I have no religious beliefs <input type="checkbox"/>	I prefer not to say <input type="checkbox"/>

8 Sexual orientation:	
Heterosexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>
Bisexual <input type="checkbox"/>	I prefer not to say <input type="checkbox"/>

Thank you for taking the time to complete this form.

15. Induction information

Welcome to Minerva Nursing.

Thank you for choosing to work with us. We have a reputation for supplying the highest quality of agency staff to a wide range of healthcare institutions and we recognise that our success depends on you.

Working together with you, we aim to make your experience with us a positive and rewarding one, one where you feel part of our valued team.

We have designed our Agency Worker Handbook to give you guidelines of what we expect from you and what you can expect from us. It sets out the standards you are expected to adhere to and it outlines the clear policies and procedures to follow.

Please read it carefully it and the information provided. It includes a number of guidelines and standards required under the Framework Agreements issued by the NHS. It is important you understand everything covered in it. If there are any points you do not understand or if you have any feedback on how we can improve the handbook please let us know.

Our Agency Worker Handbook and our Policy and Procedures are available on our website but some are summarised below:

- Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you are running late, you must ring us as soon as possible and advise us of this so that we can ring the client.
- You are our representative at the client. Please ensure that you perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
- Minerva Nursing will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Tuesday at 12 noon for payment on Friday.

If for any reason you are unhappy with any aspect of the service that Minerva Nursing please feel free to contact our HR Dept.

Please take some time out before starting your first placement with us to read your Terms and Conditions of employment. This information should provide you with all of the reference material you may require. Please feel free to ask your contact within the organisation if there is anything that you are unsure of, as we are always here to help, 24 hours a day.

Thank you and welcome aboard.
Minerva Nursing Team