

## Equal Opportunities

The Company is committed to a policy of equal opportunities and will adhere to the policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally and act in accordance with the policy.

## Criminal Record

In order to protect the public, the post for which you have applied is exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975. It is not therefore in any way contrary to reveal any convictions you have had which would otherwise be considered "spent" in relation to this application. Any such information will be kept in strict confidence and used only in consideration of the suitability of the application for a position where such an exemption is appropriate.

## NMC Code of Professional Conduct (2008)

I confirm that I am fully conversant with the NMC Code of Professional Conduct and will adhere to the standard of professional conduct required by the NMC in the exercise of professional accountability and practice.

## Proof of Eligibility to Work in the UK

In accordance with the amendment to the Immigration, Asylum and Nationality Act 2006, effective 29th February 2008, all prospective employees must provide documentary evidence of their right to work in the United Kingdom. For full details of the evidence required, please see the accompanying document.

## Disclaimer

I confirm that the information given about me on this form is correct. I understand this service is free to me and any employer to whom you introduce me, in either a temporary or permanent capacity, then has a legally binding contract to pay your charges. I will inform you immediately I am engaged through your introduction. I understand that being a party to any attempt to avoid payment of your charges could leave me open to criminal proceeding for fraud. I wish my application to be dealt with by you as I agree entirely with the principles of private employment agencies.

## 11. Confirmation

I confirm that I have read this document fully and that all the information given to Cheviot Recruitment Limited is correct to the best of my knowledge and belief.

Signature

Date

DD/MM/YYYY

Please ensure you enclose copies of the following documents when returning your registration form.

- |  |  |
|--|--|
| <input type="checkbox"/> NMC Membership card                               | <input type="checkbox"/> 2 x Passport photographs                                  |
| <input type="checkbox"/> Professional membership (RCN / MDU / Unison etc.) | <input type="checkbox"/> CRB check   |
| <input type="checkbox"/> Relevant nursing qualification certificates       | <input type="checkbox"/> Health declaration, immunisation history & current status |
| <input type="checkbox"/> Proof of eligibility to work in the UK            | <input type="checkbox"/> CV (please email to enquiries@cheviotrecruitment.co.uk)   |

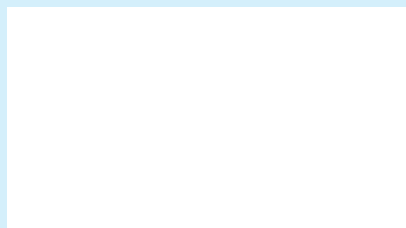
Finally, how did you hear about us?

- Website (please state which search engine, i.e. Google, MSN):
- Company reputation / consultant's reputation:
- Friend recommendation (please name if possible):
- Exhibition / Conference / Study Day:
- Associations (AOHNP / RCN group / OHN group):
- Nursing Times    OH Magazine    RCN Bulletin    Nursing Standard
- Other:

### Identity Badges



For security reasons, Cheviot Recruitment candidates may be required to wear identity badges whilst on placement. Please sign the peel off label on the right so that we can provide you with your personalised badge.



Photo

Please sign and date the back of your photograph?

## REGISTRATION FORM

Registration Date	DD/MM/YYYY	Interview Date	DD/MM/YYYY	Reference No	
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### 1. Personal Details

Title (Mr/Mrs/Miss/Ms/Other)				D.O.B	DD/MM/YYYY
Forename	Middle Name			Surname	
Maiden Name or Previous Name (if applicable)					
Address	Home		Work		
	Fax		Mob		
Postcode			Email		
Is this email	Personal <input type="checkbox"/>	Work <input type="checkbox"/>	Preferred method of contact		
NI Number			Nationality		
Do you hold a driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

### 2. Professional Memberships

NMC Pin No				Expiry date	
RCN	MDU	Unison	Other (Please Specify)		
Membership Number				Expiry Date	
Renewal by Direct Debit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

### 3. Qualifications

Which of the following qualifications do you hold? (Please tick all that apply and enclose copies of certificates)

Qualification Type	Qualification	Institution	Date	Part of NMC Register
<input type="checkbox"/> Degree OH/Diploma/Cert				
<input type="checkbox"/> Other Nursing Qualification				
<input type="checkbox"/> Health & Safety Qualifications				
<input type="checkbox"/> Other Relevant Qualifications				

Please give details of the sort of position you require / preferred environment / career plans?

## 4. Health & Disability

Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek? Yes  No

If yes, please specify

In order to be able to do this work, I may/I will need the following adjustments or equipment consisting of:

## 5. Employment Requirements

Are you (please select one) **Actively Looking?**  **Considering Options**

Type of position: (tick all that apply)

Permanent	<input type="checkbox"/>	Expected Salary	£	/annum
Contract/Long term Agency	<input type="checkbox"/>	Expected Salary	£	/hour
Ad hoc	<input type="checkbox"/>	Expected Salary	£	/hour

Are you currently (please select one) **PAYE**  **Limited Company**  **Sole Trader**

## 6. Availability

When are you available to work? (please select one) **Immediately**  **From (Date)** DD/MM/YYYY  **I need to give**  **weeks notice**

Are you available to work? (please select one)

**Full-time**  **Part-time (please specify)**  **Ad hoc/Peripatetic (please specify)**

Are you available at weekends? **Yes**  **No**  Are you prepared to work nights? **Yes**  **No**

How far are you prepared to travel to work?

**I want something local (10 miles)**  **I am prepared to travel 10-50 miles**  **I am willing to relocate**

Please indicate where you would be prepared to work (please give counties)

## 7. Current Employment

Current/most recent employer:			
Job Title		Salary per annum/hour	£
Start date		Leave Date	£
Address			
Reason for leaving			
Role			

## 8. Referees

Please give the names and addresses of 2 professional referees (at least one of whom we can contact immediately for a reference). Both referees must have known you in a professional capacity for a minimum of 6 months and one should be your most recent employer.

Primary Referee (please note that this referee will be contacted immediately):	
Company Name:	
Contact Name:	
Job title/position within company:	
Company Address:	
Telephone:	Email:
Relationship:	Length of time known:
Is this your:	Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/>
Secondary Referee:	
Company Name:	
Contact Name:	
Job title/position within company:	
Company Address:	
Telephone:	Email:
Relationship:	Length of time known:
Is this your:	Current employer <input type="checkbox"/> Previous employer <input type="checkbox"/>
Please indicate if you are happy for us to also contact this employer immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 9. Security Information

Do you have a criminal record?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details of any unspent convictions, subject to the Rehabilitation of Offenders Act (1974) Exemption Order 1975:	
Do you have CRB	Yes <input type="checkbox"/> If Yes Date Issued DD/MM/YYYY No <input type="checkbox"/>

## 10. Emergency Contact

Title	Forename	Surname
Relationship		
Address		
Daytime Tel	Evening Tel	Mobile