



Vasco medix

Application Form

Individual Information

Title: Surname:

Forename(s):

Maiden name / other names known by, (if applicable):
.....

Permanent Address:
.....
.....
.....
.....

Post Code:

Tel Number (Home):

Tel Number (Mobile):

Email:

Nationality:

NI Number:

NMC Pin:

HCPC Number:

Relative Information

Title: Surname:

Forename(s):

Tel Number (Home):

Tel Number (Work):

Tel Number (Mobile):

Relationship:

The Job for You

Position applying for:

Preferred area:

Work time:

Eligibility to Work in UK

Entry date into UK:

Please tick the documents you possess:

- EU / British Passport
- Indefinite Leave to Remain
- Limited Leave to Remain
- Spouse / Dependant
- Student Visa
- Asylum/Refugee

Other (please specify):

Visa Expiry Date:

Date Passport Issued:

Passport Expiry Date:

Passport Number:

Pin/HPC Numbers:

Pin/HPC Expiry Date:

Have you ever been suspended from work or are you under investigation currently? (Please provide details separately in a paper if yes.)

- Yes No

List the agencies you are currently registered with:

1.

2.

3.

4.

Are you a member of a recognised union?

- Yes No



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Reference

Provide details of at least 3 professional individuals of senior grade, including present and most recent employer as reference (*relatives or friends is not acceptable*) who can provide credible information on your experience and ability.

(Fill in the details in the table by typing in the information.)

PLEASE NOTE: Professional contact details of referees should be provided.

Name:	Job Title:
Organisation:	Relationship with the Applicant:
Address:	
.....	
Post code:	Email Address:
Tel Number:	Fax Number:
Type of Reference (Employer or Other):	

Name:	Job Title:
Organisation:	Relationship with the Applicant:
Address:	
.....	
Post code:	Email Address:
Tel Number:	Fax Number:
Type of Reference (Employer or Other):	

Name:	Job Title:
Organisation:	Relationship with the Applicant:
Address:	
.....	
Post code:	Email Address:
Tel Number:	Fax Number:
Type of Reference (Employer or Other):	

Criminal Records

(Resent DBS certificate should be attached to this application form)

Do you have a current DBS disclosure?

- Yes No

Issue Date: Disclosure Number:

Is this DBS registered with the update service?

- Yes No



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DBS Update Service Consent

The DBS update service enables you to keep your certificate up to date and 'portable'. Meaning it can be used for multiple jobs/roles.

By signing below, you give ongoing consent to carry out a status check (DBS and Regulated Activity) on you each time it is necessary, in accordance with the DFE and DBS guidelines.

If you wish to withdraw your consent, please provide our Central Recruitment Team written notice of your withdrawal.

Sign:

Working Time Regulations

In accordance with the Working Time Regulations 1998, workers are not required to work more than 48 hours per week. This is averaged over a 17 week period. This means that a worker might work more than 48 hours in one week, and less in another during a 17 week period – as long as the average is not more than 48 hours. Workers can opt out of this restriction on weekly hours. This is not a guarantee that you will be offered work in excess of 48 hours in any week. This is just an indication that you are prepared to opt out of the restriction.

You are entitled to give one month's notice if you wish to cancel this agreement. Such notice should be given in writing. If you choose not to sign this agreement you will not suffer any detriment.

Please tick the relevant box below:

- I hereby expressly consent to the opt out** of the statutory maximum weekly working time as set out in Regulation 4 of the Working Time Regulations 1998 (as amended) in accordance with the Working Time Regulations.
- I do not give my consent to opt out** of the statutory maximum weekly working time as set out in Regulation 4 of the Working Time Regulations 1998 (as amended) in accordance with the Working Time Regulations.

Sign:

Data Protection Act 1998 and Inspection

I hereby consent to information relating to me being processed by the company in order that it may properly carry out its duties, rights and obligations. I understand that such processing will principally be for personnel, administrative and payroll purposes. I also understand that the term 'processing' includes the obtaining, recording or holding of information or data carrying out any operation or set of operations on the information data, including organising, altering, retrieving, consulting, using, disclosing, combining or destroying the information data.

From time to time the Company is audited by outside contracted clients and Agencies (i.e. NHS/CQC) that requires your consent. I consent to outside clients and outside agencies having access to information held on my personal file for inspection purposes. For the purpose of recruitment decisions some or all of the information contained in this application form maybe shared with clients for the purpose of finding suitable assignment.

I agree for the Company to perform a DBS Status Check on an ongoing basis (as per relevant policies and procedures) and for the Company to obtain a copy of my DBS Certificate for their records. Should I wish to withdraw my consent for the Company to perform a Status Check, I shall give the Compliance Team in Birmingham written notice of such withdrawal.

I hereby agree to all of the above

Sign:



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Rehabilitation of Offenders Act 1974

Vasco Medix complies fully with the Disclosure and Barring Service (DBS) code of practice and we undertake to treat all applicants for positions fairly. **Please note that having a criminal record will NOT necessarily bar you from working for us. However, non-disclosure at this time may affect your application with us.**

The work for which you are applying is exempt from the Rehabilitation of Offenders Act 1974, because it involves substantial opportunity for access to children and vulnerable adults. You are therefore required to declare details of any spent, unspent convictions, cautions, reprimands or warnings you may have save where the spent conviction or caution is protected under the Exceptions Order 1975 (2013). The information you give will be regarded as confidential and will only be disclosed in relation to healthcare appointments.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.

Vasco Medix will arrange for a check to be made with the police for the existence and content of any criminal record in your name. Any information received from the police will be kept in strict confidence and will be destroyed immediately the selection process is completed.

The disclosure of a criminal record, or other information, will not debar you from appointment unless Vasco Medix considers, or is advised, that it renders you unsuitable for appointment. In making this decision Vasco Medix and the authority will consider the nature of the offence, how long ago and what age you were when it was committed and any other factors, which may be relevant.

Failure to declare any spent, unspent convictions, cautions, reprimands or warnings which are not protected may well disqualify you from appointment, or result in your appointment being terminated when the discrepancy comes to light.

I give my consent for Vasco Medix to perform a DBS Status Check on an ongoing basis (as per relevant policies and procedures), to perform an Early Confirmation check and for Vasco Medix to obtain a copy of my DBS Certificate for their records and any managed service or client records.

Do you have any convictions, cautions, reprimands or final warnings that are not No

“protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198 http://www.legislation.gov.uk/ukxi/2013/1198/pdfs/ukxi_20131198_en.pdf Yes ___ No ___

Are you currently under investigation for a criminal act? Yes___ No ___

If yes to any of the above questions, please give full details including the date and reason:

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

The cost of the DBS Application and DBS Update Service is to be met by you.



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Declaration

The information that I have given in this registration form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with this Company.

I also to agree to keep the Company advised of any changes to any of the information supplied.

I am aware that where I have provided false information or provide false update information in the future the Company reserves the right to report this to my professional body if appropriate.

Signed:

Name:

Date:

Please tick the attachments provided

- | | |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> CV | <input type="checkbox"/> Qualification Certificates |
| <input type="checkbox"/> Passport | <input type="checkbox"/> NMC Statement of Entry / HCPC |
| <input type="checkbox"/> Visa | <input type="checkbox"/> IELTS Certificate |
| <input type="checkbox"/> Evidence of NI Number | <input type="checkbox"/> PMVA /MAPA training Certificate |
| <input type="checkbox"/> Passport size photo | <input type="checkbox"/> BLS, MH training certificates |
| <input type="checkbox"/> Address Proof | <input type="checkbox"/> TB/BCG scar Evidence |
| <input type="checkbox"/> Employment Certificates | <input type="checkbox"/> DBS Certificate |
| <input type="checkbox"/> Training Certificates | |

PLEASE NOTE: *The completely filled form should be e-mailed to info@vascomedics.com*