A-MAT Healthcare Ltd Application Form

Please complete fully and return with any documents requested.

Personal Details

Title (Mr/Dr/Mrs/Miss/Ms)

Name_____

Address_____

Postcode_____NI Number _____

Home Tel No_____ Mobile Tel No_____

E-mail_____

Marital Status_____Date of Birth_____

Nationality_____Gender Male/Female Ethnic Origin_____

_____

Do you have any disabilities that we should be aware of? Yes/No

If yes, give details: _____

Languages_____

Emergency contact details

Name_____Relationship_____

Address_____

_____Postcode_____

Home Tel No_____Mobile Tel No_____

E-mail_____

Work Requirements and Availability

Do you hold a valid EU passport? Yes/No

If no, what type? _____

Do you need a work permit to work in the UK? Yes/No

If yes, do you have a valid work permit? Yes/No

Do you hold a driving license? Yes/No

Are you registered with other agencies? Yes/No

If yes, which agencies? _____

Please indicate dates of your availability From:_____To: _____
Please select from the following your preference of work:
Full time/Part time/Adhoc days/Weekends (Please specify)

_____

Professional Body/Union Membership

Name of Organisation_____

Registration GSCC/GMC/NMC/CPSM/HPC/MDU (please supply copies of registration)

Type of Membership_____

Membership Numbers_____

Renewal Dates _____

Education and Training (Please supply copies of certificates)

Date	University/College attended	Qualification Obtained
Any further courses attended		

References

Our reference requirements in accordance with the CPP framework **must cover the last three years. Please note that you may be asked to provide further referee's depending on the number of placements you have had within 3 years.**

Please provide full details of **Managers/Supervisors** during this period and please indicate whether we can contact them immediately for a reference (Please make sure this is a **work** email):

Name_____

Job Title_____

Address_____

Postcode_____

Contact No_____

Fax No_____

Email Address_____

Dates employed from_____

Dates of end of contract_____

Reason for leaving_____

Able to contact: Yes/No

Name_____

Job Title_____

Address_____

Postcode_____

Contact No_____

Fax No_____

Email Address _____

Dates of end of contract_____

Dates employed from _____

Reason for leaving_____

Able to contact: Yes/No

Name_____

Job Title_____

Address_____

Postcode_____

Contact No_____

Fax No_____

Email Address _____

Dates employed from _____

Dates of end of contract_____

Reason for leaving_____

Able to contact: Yes/No

Name_____

Job Title_____

Address_____

Postcode_____

Contact No_____

Fax No_____

Email Address _____

Dates employed from _____

Dates of end of contract_____

Reason for leaving_____

Able to contact: Yes/No

If you have an up to date CV and have not already forwarded it to us please enclose a copy.

Doctor's Details

Name_____

Address_____

_____Postcode_____

Professional Conduct

Have you ever been the subject of a professional misconduct proceeding, suspension or any performance/disciplinary action from an employer or pending an enquiry either in the UK or abroad? Yes/No

If yes, please provide details

_____

_____

_____

Declaration

I declare that the information given is true and is not in any way intended to mislead. I am not aware of any condition medical or otherwise, that would affect or limit my performance or employment.

I agree that I have given correct information and have not omitted relevant details, as this may result in the termination of my contract without notice.

I understand that, in the event of being shortlisted for interview, I will be required to complete a confidential declaration in respect of my state of health. Because of the sensitive nature of the duties the post holder will be expected to undertake, I also understand that the declaration will include details of any criminal convictions, cautions, reprimands and final warnings and any other information that may have a bearing on my suitability for the post. I understand too that an Enhanced Disclosure will be sought in the event of a successful application.

Name_____

Signature_____

Date_____

Posts involving work which brings you in regular contact with children, older people and all other vulnerable groups are exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are applying for work in these areas you are required to state whether you have any criminal record, convictions, cautions, bind overs pending summons or prosecutions etc., against you whether or not they are regarded as 'spent'. Successful applicants for this type of work will also be subject to a clearance report from the Disclosure and Barring Service (DBS). (Having a criminal record will not necessarily prevent your employment). If the post has not been exempted, then you must also disclose any conviction which is not spent under the terms of the Act.

Have you ever been disqualified from working with children or vulnerable adults? Yes ☐ No ☐

If yes, please give details on a clearly marked separate page.

I am applying for a post which involves working with one of the groups detailed above and I have a conviction or caution for which I attach details on a clearly marked separate page.

Yes ☐ No ☐

If you are applying for other employment, for example, not with vulnerable groups as above, do you have any

convictions or cautions that are NOT SPENT or criminal prosecution(s)

Yes ☐ No ☐

If yes, please give details on a clearly marked separate page.

Declaration*

The information that I have given is true and accurate. I agree that any falsification, deliberate omissions or misrepresentation will lead to dismissal without notice from the organisation, if employed.

Signed:

Full Name:

Date:

Training Declaration

A-MAT HEALTHCARE Ltd will ensure that all locums have undergone a comprehensive health screening review conducted by a competent occupational health service; and that the current health clearance/immunisations and test results are relevant to the duties you are expected to perform during your placement and within 12 months in accordance with the latest Department of Health guidelines.

If governance and compliance requirements, in line with the CPP Framework, have not been met before the start date of your placement,
A-MAT HEALTHCARE Care Ltd will have no alternative but to inform the Client/Trust, which will result in you being unable to start your placement which may result in the offer of placement being withdrawn.

Once placed, there are annual compliance requirements that you are obliged to meet within a 12-month calendar period. **Appraisal, Mandatory Training, Occupational health declaration, evidence of indemnity renewal and DBS renewal**.
Failure to achieve these requirements within the specified dated given by A-MAT HEALTHCARE Care Ltd, will result in you being withdrawn from placement immediately, which may result in the termination of your contract

Signed _____

Name _____

Date _____

General Data Protection Regulations

A-MAT Healthcare Ltd takes your privacy seriously and will only process your personal data with your consent and in accordance with the terms stated in our Privacy Notice. If you consent to us collecting and processing your personal data, please sign below: -

Signature: **Print Name:**

Time: **Date:**

I confirm that I have been provided with a copy of **A-MAT Healthcare Ltd** Privacy Notice & Terms & Conditions prior to giving consent ☐

(Please refer to our website)

10 Year Work History

Please provide the previous jobs/training you have carried out in the last 10 years using the table below. (If there are any periods where you have not been employed no matter how short, please explain reasons for this) When filling out the post details please state whether this was a locum or permanent position. *This part must be completed.*

Dates	Employer	Post	Reason for leaving
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

We are continuously looking at ways to improve our services, please help us achieve this by completing this questionnaire.

All returned questionnaires are vetted by our directors, to maintain and advance the level of service provided.

Is this the first time you have dealt with A-MAT Healthcare Ltd? Yes/No

If yes, were we recommended? Yes/No

Did you respond to one of our advertisements? Yes/No If yes, which publication?

_____

Was the staff member you dealt with friendly and efficient?

Yes/No

How would you describe the service?

Excellent/Good/Average/Poor

Did the staff member deal with and answer your queries sufficiently?

Yes/No If no, why_____

Have you had any difficulty contacting us via the telephone? Yes/No

How would you describe the overall service?

Excellent/Good/Average/Poor

Please give any additional comments you feel can help us improve our service.

Name_____Date_____