



**Personal Details (\*)**

*Please note all fields with (\*) are mandatory so you will not be able to progress without completion.*

**POSITION APPLIED FOR:** \_\_\_\_\_ **Title (please circle):**      Mr | Mrs | Ms | Miss

**Forename:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Tel:** \_\_\_\_\_

\_\_\_\_\_ **Mobile Tel:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Residence:** \_\_\_\_\_

**N.I. Number:** \_\_\_\_\_ **Uniform size:** \_\_\_\_\_

\_\_\_\_\_ **NMC Number (If applicable):** \_\_\_\_\_

**Source (\*)**

Where did you hear about us? (Specify where relevant - please circle):

CSG Healthcare UK Website      Search engine      Job board: \_\_\_\_\_ Other: \_\_\_\_\_

**Emergency Contact Details (\*)**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Tel. No.** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Relationship to candidate (please circle):**      Spouse/Partner      Parent      Sibling      Other \_\_\_\_\_

**Reference Details (\*)**

(Please give the names and contact details of 3 **professional referees** from your current and most recent employment, which must cover last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that CSG Healthcare UK are unable to offer you work until satisfactory references have been obtained, and that CSG Healthcare UK are required to obtain references for you on annual basis. Please continue on a separate sheet if necessary)

**Reference (1)**

**Name:** \_\_\_\_\_

**Reference (2)**

**Name:** \_\_\_\_\_

**Position/Grade/Band:** \_\_\_\_\_ **Position/Grade/Band:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Dates Employed From (Month/Year):** \_\_\_\_\_ | \_\_\_\_\_ **Dates Employed From (Month/Year):** \_\_\_\_\_ | \_\_\_\_\_

**Dates Employed Till (Month/Year):** \_\_\_\_\_ | \_\_\_\_\_ **Dates Employed Till (Month/Year):** \_\_\_\_\_ | \_\_\_\_\_

**Organisation:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_

**Reference (3)**

[Type here]

Name: \_\_\_\_\_ Position/Grade/Band: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dates Employed From (Month/Year): \_\_\_\_\_ | \_\_\_\_\_ Dates Employed Till (Month/Year): \_\_\_\_\_ | \_\_\_\_\_

Organisation: \_\_\_\_\_ Can we contact all your referees prior to interview  YES  NO

[Type here]

**Nationality and Eligibility to work (\*)**

Do you hold a British/Eu passport: YES  NO  Nationality: \_\_\_\_\_

Passport no: \_\_\_\_\_ Expiry date: \_\_\_\_\_

If you do not hold a British / EU passport, do you hold any of the following? (please tick the relevant square):

Indefinite Leave to Remain in the UK  Ancestry Visa  Work Permit/Sponsorship (Tier 2)  Spousal/Partnership Visa

Student Visa (Tier4)  Biometric Residence Permit  Working Holiday Visa/Youth Mobility (Tier5)

Other: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in the NHS you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.

**Professional Qualifications (\*)**

(List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide scanned copies. Photocopies of all certificates).

Qualification:	Place where obtained:	Date to/from:	Certificate attached?

**Professional Appraisal (\*)**

List your most recent professional appraisal

Location of appraisal:	Date of appraisals:	Key outcomes:

**International English Language Testing System (IELTS) (\*)** Have you completed your IELTS? If yes, please complete the below:

Qualification:	Place where obtained:	Date completed:	Certificate attached?

**Employment History (\*)**

**Organisation (1)**

Job title: \_\_\_\_\_ Ward/Dept: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates Employed From (Month/Year): \_\_\_\_\_ | \_\_\_\_\_ Dates Employed Till (Month/Year): \_\_\_\_\_ | \_\_\_\_\_

Grade/Band: \_\_\_\_\_ Did you get dismissed: YES  NO

Reason for leaving: \_\_\_\_\_

**Organisation (2)**

Job title: \_\_\_\_\_ Ward/Dept: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates Employed From (Month/Year): \_\_\_\_\_ | \_\_\_\_\_ Dates Employed Till (Month/Year): \_\_\_\_\_ | \_\_\_\_\_

[Type here]

Grade/Band: \_\_\_\_\_ Did you get dismissed: YES  NO

Reason for leaving: \_\_\_\_\_

[Type here]



Company that conducted the check: \_\_\_\_\_

[Type here]

### **Working Time Directive (\*)**

The Working Time Regulations 1998 require CSG Healthcare UK to limit your average weekly working time to 48 hours unless you agree with CSG Healthcare UK that the limited shall not apply to you:

- I agree to the limit my working week to no more than 48 hours
- I disagree to the limit my working week to no more than 48 hours

### **Candidate Handbook (\*)**

Available upon request from [info@csgcare.co.uk](mailto:info@csgcare.co.uk)

- I confirm that I received, read and understood each section of the Candidate Handbook
- I can confirm that I have read this document fully and that all the information provided to CSG Healthcare UK is correct and to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise.
  - I will inform CSG Healthcare UK should anything change that might affect my position and I understand the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.
  - I understand that if I am at any stage charged or cautioned after signing this declaration, I must inform Complete 24 Health.
  - I acknowledge that I have been given a copy of the terms and conditions of service issued by CSG Healthcare UK, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them.
  - I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Form.
  - I acknowledge and confirm that CSG Healthcare UK is authorised to apply for and obtain a Disclosure and Barring Service (DBS) check and references from any previous employers and educational establishments.
  - I declare that the information given herein is true and complete and is not presented in away intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that CSG Healthcare UK may cease to offer me further agency placements without notice, as well as claim for recovery of any payments I have received, together with a claim for loss of profit to CSG Healthcare UK.
  - I agree that the maximum weekly working time specified in Regulation 4(1) and (2) of the Working Time Regulations 1998 shall not apply to working with CSG Healthcare UK unless specified above.
  - I acknowledge that my personal details will be stored and handled correctly by CSG Healthcare UK Recruitment in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents- DBS, Occupational Health, References).
  - I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a sole responsibility to monitor this. In addition, if my position as a student changes, I must inform CSG Healthcare UK.
  - I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a sole responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform CSG Healthcare UK.
  - I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for CSG Healthcare UK, I must inform CSG Healthcare UK immediately.
  - I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform CSG Healthcare UK if I am under investigation or suspended by my professional regulatory body or employer at any point while working for CSG Healthcare UK.
  - I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Regulations) I will provide accurate information.

I acknowledge that should I reach the 12-week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if CSG Healthcare UK deems it necessary.

[Type here]

I confirm I have read all the above and I can confirm I am happy with the above (\*)   
Please tick box for agreement of all the above:

Signature: .....

Print Name: .....

Date: .....

[Type here]