

**D'VANEST** TEMPS

# REGISTRATION FORM

Please complete all information in Block Capitals

## PERSONAL INFORMATION

(Mr/Miss/Mrs/Ms) \_\_\_\_\_

Forenames \_\_\_\_\_

Date of Birth \_\_\_\_\_

Surname \_\_\_\_\_

Male/Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

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

Work Tel No. \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_

Email Address \_\_\_\_\_

National Insurance No. \_\_\_\_\_

Car driver **Yes / No**

## NEXT OF KIN

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Tel Number (s) \_\_\_\_\_

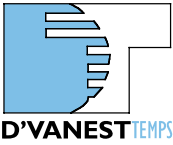
## NATIONALITY DETAILS

Nationality \_\_\_\_\_

Passport Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Do you require a visa or work permit for this country? **Yes / No**



If you currently hold a visa or work permit please specify the type: (please circle)

Spouse    Ancestry    Residency    Working Holiday Visa    Work permit/ sponsorship

Other (please specify) \_\_\_\_\_

Visa / Work permit Expiry Date \_\_\_\_\_

**PROFESSIONAL BODY REGISTRATIONS**

Professional Body	Registration Number	Expiry Date

**PROFESSIONAL INDEMNITY INSURANCE DETAILS:**

\_\_\_\_\_

**WORK REQUIREMENTS**

Do you require:

Temporary flexible agency work  
Long Term contract

Short Term contract  
Permanent Job

Start Date \_\_\_\_\_

Where would you like to work (i.e town) \_\_\_\_\_

**Clinical area / speciality you wish to work in**  
(Please circle)

A & E Neonatal

SCBU

ITU

Pediatrics

Midwifery

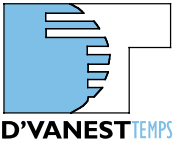
Medical

Mental Health

Surgical

Theatres

Other (please specify) \_\_\_\_\_



**CURRENT AND PREVIOUS EMPLOYMENT SINCE QUALIFYING**

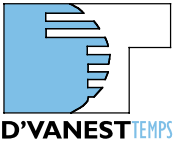
(Please list most recent employer first and account for any gaps in employment, please continue on a separate sheet if necessary)

Name and address of Hospital / Employer	Position, Grade and Speciality	From Month / Year	To Month / Year

Are you currently registered with any other nursing agencies? Yes / No  
 (please give details) \_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS AND TRAINING**

Qualifications	Place where obtained	From	To



**Professional referees**

Please give names and addresses of 2 professional referees. One should be your present and / or previous employer from the last six months and another within the past twelve months. Referees must have worked in a senior position to yourself.

Can we contact your referees immediately?

**Yes / No**

Names: \_\_\_\_\_

Names: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Professional Work Address: \_\_\_\_\_

Professional Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

Capacity in which known: \_\_\_\_\_

Capacity in which known: \_\_\_\_\_

\_\_\_\_\_

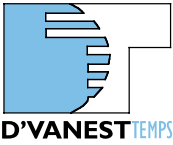
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please include any additional information you believe will support your application.



## DECLARATION OF CRIMINAL RECORD

You are required to disclose details of any criminal record. Only relevant Convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position. (Note that the work you have applied for is exempt from the Rehabilitation of offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed). Please delete as appropriate below.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police?

**Yes / No** (Please initial)

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

**Yes / No** (Please initial)

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a police check / Enhanced Criminal Records Bureau check?

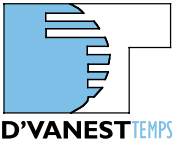
**Yes / No** (Please initial)

If yes, please give details \_\_\_\_\_  
(e.g. CRB Disclosure Number)

I understand that a police check / Enhance Criminal Records Bureau Disclosure will be sought in the event of a successful application

Signed \_\_\_\_\_

Date \_\_\_\_\_



## BANK DETAILS

Temp Name: \_\_\_\_\_  
*(please print)*

Position Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Bank Name: \_\_\_\_\_

NI Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

B/Soc Roll No: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

Passed on by: \_\_\_\_\_  
*(Consultant name)*

Date Entered on System: \_\_\_\_\_ Entered By: \_\_\_\_\_

### DECLARATION

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, this may result in termination without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profits to D'Vanest Temps.

Signed \_\_\_\_\_ Date \_\_\_\_\_



When completed, please send this form and any accompanying documents to:-

**D'VANEST TEMPS  
REGUS HOUSE, FAIRBOURNE DRIVE,  
ATTERBURY, MILTON KEYNES MK10 9RG**

**Tel: 01908 487599 Fax: 01908 487711  
Email: [enquiries@dvanest.co.uk](mailto:enquiries@dvanest.co.uk) Web: [www.dvanest.co.uk](http://www.dvanest.co.uk)**