

### Personal Details

<b>Mr/Mrs/Ms/Miss:</b>	<b>Other:</b>
<b>First Name:</b>	<b>Surname:</b>
<b>Known As:</b>	<b>DOB:</b>
<b>Male/Female:</b>	<b>NI Number:</b>
<b>Address:</b>	<b>Home Tel No:</b> <b>Mobile No:</b> <b>Email:</b>
<b>Next of Kin:</b>	<b>Relationship:</b>
<b>Contact No:</b>	

### Right to Work

<b>Are you legally eligible to work in the UK?</b>	<b>Yes</b>	<b>No</b>
<b>Are you required to have a UK Work Visa/Permit?</b>	<b>Yes</b>	<b>No</b>

### Professional Registration

<b>Issuing Body</b>	
<b>PIN No:</b>	
<b>Have you ever been investigated, removed or suspended by the NMC/HCPC?</b>	<b>Yes</b> <b>No</b> If yes, please provide details



## Registration Form

### Rehabilitation of Offenders Act

Have you ever been convicted, cautioned, reprimanded or given a final warning for a criminal offence?	<b>Yes</b> If yes, please provide details	<b>No</b>
Are you waiting to hear about any prosecutions pending?	<b>Yes</b> If yes, please provide details	<b>No</b>
Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability?	<b>Yes</b> If yes, please provide details	<b>No</b>
Have you ever been the subject of a disciplinary investigation or proceedings by a previous employer in any position you have held?	<b>Yes</b> If yes, please provide details	<b>No</b>

### Consent

I confirm that I (Insert Name)

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Consent to 3 <sup>rd</sup> party audit checks
Consent for Bluestones Medical Nursing to apply for a DBS
Consent for DBS update service checks and retention of copy of DBS certificate
Consent to approach references
Consent to Right to Work checks
Consent to Professional Regulatory Body Checks
Consent for Bluestones Medical to provide copies of my CV, CRB and references to any prospective employer for the purposes of securing work



## Registration Form

### References

Please provide details of two references. These must cover at least 3 years of your most recent employment history

Name	Position	Organisation	Email	Contact No:

How did you hear about Bluestones Medical?	
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### Declaration

I hereby confirm that the information given within this form is as complete as possible, true and correct and states that I am entitled to work through an agency in the UK. I agree that I will comply with all compliance procedures and ensure that all my documentation is present and correct. I understand that appointment to any position is conditional on satisfactory registration and qualification checks, and that any information disclosed on this registration form will be checked. Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information, and that registration may be terminated should any subsequent information come to light once you have been appointed.

The WTR place a limit on the average number of hours per week that can be worked. If you are prepared to work more than the stipulated average hours per week (48 hrs) and therefore opt out of the WTR agreement, please sign below:

Name: .....

Signature: .....

Date: .....