

Personal Details

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

Right to Work

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

Professional Registration

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

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?	
---	--

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 Any offer of appointment may be withdrawn if you knowingly withhold information, or provide false or misleading information, and that registration may be terminated should any subsequent information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: