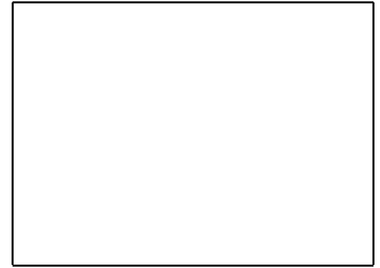
APPLICATION FORM



Registered Nurse Application Form

Title		Address	
First Name			
Known As		Town/City	
Middle Name(s)		County	
Last Name		Postcode	
Maiden Name		Date moved to this address:	
Gender	Male ☐ Female ☐	Email:	
Date of Birth		Tel: Home	
Nationality		Tel: Mobile	
Marital Status		How Did You Hear Of Us:	
Date of Marriage			

* PLEASE ATTACH A LIST OF PREVIOUS ADDRESSES FOR LAST 6 YEARS – FORM ATTACHED

Work Status	full time
Self Employed or PAYE	
National Insurance No	
Passport No	
Passport Expiry Date	
Driving License	**Yes** ☐ No ☐
Car Owner	**Yes** ☐ No ☐

Contact Availability: We are open 24 hours a day
Please specify times at which you are not to be contacted

Is it ok to contact you at work Yes ☐ **No** ☐

CAREER HISTORY

Please confirm your career history details for the last 10 years. Please list using most recent first.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

CAREER HISTORY cont.

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

Employer:			
Address:			
Phone number:			
Date started:		Date left:	
Job title:		Full or part time:	
Grade:		Dept/Ward:	
Reason for leaving:			

QUALIFICATIONS & TRAINING

Date Qualified: ______________________

NMC Pin Number: ______________________

Expiry Date: ______________________

Where did you train?: ______________________

Please give details of training undertaken and qualifications obtained:

____

____

____

____

____

You should supply any certificates such as ENB or Diplomas etc -please note that we require manual handling/CPR certifications that have been updated in the last 12 months

BAND (NEW TERMINOLOGY) 1-8								
2 ☐	3 ☐	4 ☐	**5** ☐	**6** ☐	7 ☐	8 ☐		

TYPE OF WORKER						
RNLD ☐	RHV ☐	EN ☐	RSCN ☐	RFN ☐	RM ☐	RGN ☐
RMN ☐	RH ☐	ENM ☐	ENG ☐	ENMH ☐	**RNMH** ☐	

RECORDABLE QUALIFICATIONS			
RN1-1st Level General Nursing	YES ☐	NO ☐	
RN2-2nd Level General Nursing (England & Wales)	YES ☐	NO ☐	
RN3-1st Level Mental Illness	YES ☐	NO ☐	
RN4-2nd Level Mental Illness (England & Wales)	YES ☐	NO ☐	
RN5-1st Level Learning Disabilities	YES ☐	NO ☐	
RN6-2nd Level Learning Disabilities (England & Wales)	YES ☐	NO ☐	
RN7-2nd Level Nurses (Scotland & Wales)	YES ☐	NO ☐	
RNB-1st Level Sick children	YES ☐	NO ☐	
RN9-Fever Nurse	YES ☐	NO ☐	
RN12-1st Level Adult Learning	YES ☐	NO ☐	
RN13-1st Level Mental Nursing	YES ☐	NO ☐	
RN14-1st Level Learning Disability	YES ☐	NO ☐	
RN15-1st Level Children	YES ☐	NO ☐	
MRM-Midwifery	YES ☐	NO ☐	
HRHV-Health Visiting	YES ☐	NO ☐	
SPAN-Special Practitioner Adult Nursing	YES ☐	NO ☐	
SPMH-Special Practitioner Mental Health Nursing	YES ☐	NO ☐	
SPCN-Special Practitioner Children's Nursing	YES ☐	NO ☐	

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SPLD-Special Practitioner Learning Disabilities	YES ☐	NO ☐	
SPGP-Special Practitioner General Practice	YES ☐	NO ☐	
SPCM-Special Practitioner Community Mental Health	YES ☐	NO ☐	
SCLD-Special Practitioner Community Learning Disabilities	YES ☐	NO ☐	
SPCC-Special Practitioner Community Children's Nursing	YES ☐	NO ☐	
SPOH-Special Practitioner Occupational Health	YES ☐	NO ☐	
SPSN-Special Practitioner School Nursing	YES ☐	NO ☐	
SPDN-Home/District Nursing with integrated nurse prescribing	YES ☐	NO ☐	
V100-Independent Nurse Prescribing V100	YES ☐	NO ☐	
V200-Extended Nurse Prescribing V200	YES ☐	NO ☐	
V300-Extended/Supplementary Prescribing	YES ☐	NO ☐	
TTTT-Lecturer/Practice Educator	YES ☐	NO ☐	
MIDWIFES ONLY			
Practising	YES ☐	NO ☐	
Intention to practice completed (you cannot work without this as a Midwife)	YES ☐	NO ☐	
Expiry Date:			
Mentor Name & Address:			

MEDICAL HISTORY

Have you ever suffered from any of the following:

Heart/Circulatory Illness/Hypertension	YES ☐	NO ☐
Diabetes	YES ☐	NO ☐
Asthma/Hay fever	YES ☐	NO ☐
Bronchitis/Pneumonia/Pleurisy	YES ☐	NO ☐
Epilepsy	YES ☐	NO ☐
Headaches/Migraine	YES ☐	NO ☐
Tuberculosis	YES ☐	NO ☐
Psychiatric Illness/Anxiety/Depression	YES ☐	NO ☐
Dermatitis/Psoriasis/Eczema	YES ☐	NO ☐
Back problems	YES ☐	NO ☐
Recurrent infections	YES ☐	NO ☐
Hepatitis/Jaundice	YES ☐	**NO** ☐
Are you taking any prescription drugs?	YES ☐	**NO** ☐

If you have answered yes to any of the above questions please give details on separate paper attached to the back of the application form.
Have you ever been vaccinated, immunized or tested for/against any of the Following?

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Varicella	YES ☐	NO ☐
Tuberculosis including BCG	YES ☐	NO ☐
Heaf, Mantoux or Tine	YES ☐	NO ☐
Rubella (German Measles)	YES ☐	NO ☐
Poliomyelitis	YES ☐	NO ☐
Hepatitis B	YES ☐	NO ☐
Hepatitis	YES ☐	NO ☐
HIV	YES ☐	NO ☐
Tetanus	YES ☐	NO ☐
Typhoid	YES ☐	NO ☐
Any Other Please State:		

Name Of GP: ______________________________

Address: ______________________________

Postcode: ______________________________

Telephone: ______________________________

REFERENCES

Ace 24 Consultancy requires 2 professional references.

It is essential that you have had professional dealings with both of your references within the last 2 years.

Name Of Referee: Place Of Work ______________________________

Position ______________________________

Work Address: ______________________________

____

Country: Postcode: ______________________________

Telephone Number: Fax: ______________________________

Email: Mobile Phone: ______________________________

____

APPLICATION FORM

Name Of Referee: Place Of Work

Position

Work Address:

Country: Postcode:

Telephone Number: Fax:

Email: Mobile Phone:

OPT-OUT AGREEMENT

DEFINITIONS

In this Agreement the following definitions apply:-

"Assignment" means the period during which the Temporary Worker is engaged in services to a Client.

"Client" means the person, firm or corporate body that has engaged the services of the Temporary Worker.

"Employment Business" means Ace 24 Consultancy.

"Temporary Worker" means a Qualified Nurse, care assistant or other Temporary Worker.

"Working Week" means an average of 48 hours each week as calculated over any 17 week period.

THE AGREEMENT

The Working Time Regulations of 1998 state that a Temporary Worker shall not work on an Assignment with a client in excess of the Working Week unless they agree in writing that this limit should not apply.

The Temporary worker, by signing the declaration below, agrees that the Working Week shall not apply to their Assignments.

The Temporary Worker can end this Agreement at anytime by giving the Employment Business 14 days notice in writing. After the 14 day notice period has expired the Working Week shall apply immediately.

It should be noted, that any notice ending this Agreement does not mean that a Temporary Worker has ended an Assignment with a Client.

These laws are governed by English Law and are subject to the jurisdiction of the English Courts.

THE DECLARATION

I have read and fully understand the above OPT OUT AGREEMENT.

I hereby consent that the Working Week limit shall not apply to my Assignments.

I understand that I can end this Agreement by giving the Employment Business 14 days notice in writing.

SIGNED :

PRINT NAME

DATE

NEXT OF KIN

NEXT OF KIN DETAILS

FULL NAME :

RELATIONSHIP TO TEMPORARY WORKER :

HOME TELEPHONE :

MOBILE NUMBER :

ADDRESS :

ANY OTHER OR SPECIAL NOTES

DISCLOSURES

Rehabilitation of Offenders Act

Due to the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitations of offender's act 1974 (exemption order 1975). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the act and in the event of employment. Failure to disclose such convictions could result in dismissal or disciplinary action.
Any information given will be completely confidential and will be considered only in elation to an application for positions in which the order applies, and should be entered at the end of any particulars you give in support of your application.
A copy of our written policies is available upon request. A criminal record will not necessary be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? YES ☐ NO ☐

Do you have any spent or unspent criminal convictions or cautions? YES ☐ NO ☐

With an enhanced disclosure, under section 4.2 of the rehabilitation of offenders act 1974 (exemption order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago

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Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any spent/ unspent convictions, cautions or reprimands?

YES ☐ NO ☐

Have you ever been involved in court proceedings? YES ☐ NO ☐

Please give any additional information which you think may be relevant in support of your application on a separate page.

IF YOU HAVE A CONVICTION/CAUTION RELATING TO A VIOLENCE OR THEFT OFFENCE, WE WILL BE UNABLE TO PROGRESS WITH YOUR APPLICATION.

DECLARATION

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

Signature: ______________________ Date: __________

I consent to Ace 24 consultancy checking the details I have provided against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

Signature: ______________________ Date: __________

Ace 24 Consultancy retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the data protection act.

Please send the completed application form to the following address:-

Compliance Team
Ace 24 Consultancy
Colchester Business Centre
1 George Williams Way
Colchester
Essex
CO1 2JS

ADDITIONAL INFORMATION/CHECKLIST

On receipt of a satisfactorily completed application form, Ace 24 Consultancy will provide/send the following:-

1. Assist you with your DBS application for an enhanced DBS. The charge for this will be **£44.00** (cheques to be made payable to Ace 24 Consultancy Ltd).

Please bring this Application Form to your interview along with the following ORIGINAL documentation for us to view and take copies. Without this information we cannot progress with your application.

	Please Tick Boxes
NMC pin card and your statement of entry	☐
Valid Passport	☐
Valid Visa/Work Permit/Certificate of British Nationality (if applicable)	☐
National Insurance Number Card	☐
2 additional forms/proof of Identity & Address - (Driving Licence or copy bills etc.)	☐
Full Immunisation record :	
Hep B	☐
MMR 1	☐
MMR 2	☐
Varicella	☐
Hep B (IVS) HBSAg	☐
Hep C (IVS)	☐
HIV (IVS)	☐
Training Certificates including:	
Moving and Handling (practical)	☐
BLS / ILS / ALS	☐
Complaints Handling	☐
Conflict Resolution (inc management of violence & aggression)	☐
Fire Safety	☐
Information Governance (including Caldicott Protocols and Data Protection)	☐
Health & Safety at Work (including COSHH and RIDDOR)	☐
Infection Control (including MRSA and C-Diff)	☐
Lone Worker Training (if applicable)	☐
Food Hygiene (if applicable)	☐
IV Certificate (if applicable)	☐
Full CV	☐
Addresses covering the past 6 years and dates of residency	☐
2 Passport size photos	☐

We will also need details of your Bank / Building Society account for our Payroll Department

We try to make our registration process as swift and painless as possible but we are sure that you understand that owing to the sensitive nature of your profession that our checks have to be thorough.

PLEASE CONTACT US ON 01206580362

Thank you.

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LIMITED COMPANY BANK DETAILS
OR IF PAYE PERSONAL BANK DETAILS

Please note the details below are the account your wages will be paid into

Bank / Building Society Name									
Bank / Building Society Address:									
Postcode									
Account Holder Names (s):									
Account Number									
Sort Code									
Building Society Reference									
Unique Taxpayer Reference: (mandatory unless you are paid PAYE)									

WORKING TIME DIRECTIVE: WTR 48 HOUR WORKING WEEK OPT-OUT

The Working Time Directive requires that a worker's average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit. Please sign the declaration below in order that we may lawfully employ you if your hours exceed 48. Please note that by signing this Opt-Out you are not committing to a working week of more than 48 hours, but rather allowing yourself to be offered assignments that could take you over this threshold.

TAX STATUS

Please note I wish to be paid gross for assignments with Ace24 Consultancy. I will take account of my own income tax and national insurance contributions. If I have not provided my self assessment number it is because this is my first year of self assessment. Once the Inland Revenue provide me with a self assessment number it will be passed onto Ace24 Consultancy.

Full Name		**NMC Pin:**	
Signature		**Date:**	

IMPORTANT INFORMATION

PLEASE SIGN THE DECLARATION ABOVE AND PRINT YOUR NAME TO CONFIRM THE ABOVE INFOMATION