

## Candidate application form

### Hospital doctors

At Hays Healthcare, our effectiveness in finding you a new role depends on how quickly and how accurately we can promote your skills to a potential employer. Please help us to help you by spending a few minutes completing this form.

Once you have provided us with evidence of your eligibility to work in the UK, your identity, qualifications, career history, references and, where appropriate, criminal records check and security clearance, the sooner we can start identifying potential roles for you. This will also ensure that we do not waste your time by putting you forward for positions to which you are not suited. Legally we are required to confirm your identity and ensure that you are eligible to work in the UK.

If you have any questions, please call your local Hays Healthcare office on 0845 082 0004.

All information provided will be treated in the strictest confidence and will be processed and held in accordance with relevant data protection legislation.

Please complete this form in full using **BLOCK CAPITALS** and return to:

- Hays Healthcare, 2nd Floor, 36 Park Row, Leeds LS1 5JL
- Hays Healthcare, 62 Lower Baggot Street, Dublin 2
- Hays Healthcare, address shown below

Please complete the following questions overleaf to help us monitor our equal opportunities in employment policy and the quality of service that we provide. Completing these sections is optional. The information supplied will be detached by us from the application form and remain anonymous.

## 1. Equal opportunities monitoring

Date

### Ethnic origin

Choose one section from a) to e) then tick the appropriate box to indicate your cultural background.

#### a) White

- British
- Irish
- Any other white background (please specify)

#### b) Mixed

- White and Black – Caribbean
- White and Black – African
- White and Asian
- Any other mixed background (please specify)

#### c) Chinese or other Ethnic group

- Chinese
- Vietnamese
- Any other (please specify)

### Gender

- Male  Female

Date of birth

Age

#### d) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify)

#### e) Black or Black British

- Caribbean
- African
- Any other Black background (please specify)

### Disability

The Disability Discrimination Act 1995 Defines a person as having a disability if he/she has a Physical or Mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you have a disability as defined above? Yes/No

If the above does not apply to you, but you do consider yourself to have a disability then please tick here

Please detail any other equal opportunities information that you would like to mention (e.g. sexual orientation, religion)

## 2. Quality of service monitoring

### Where did you hear about us?

- Newspaper (please specify)
- Professional journal (please specify)

- Internet (please specify)
- Other (please specify)

- Word of mouth

### How would you rate the service you have received so far?

- Excellent  Good  Average  Poor  Not yet had any contact

### Are you registered with any other agencies?

If so which ones?

### 3. Personal details

Surname	Title (e.g. Mr/Mrs/Miss/Ms)
First name	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Have you ever been known by another name? (e.g. maiden name, deed poll change) If Yes, please state ALL names by which you have ever been known	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present UK address	
Postcode	
Home tel	Work tel Discretion assured
Other tel	Mobile
Bleep	
Permanent address If different from above. If overseas please give your overseas address	
Country	Email
National Insurance no. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Where applicable	
Grade	Speciality
GMC Reg no.	Expiry date
Do you currently have Professional Indemnity Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number	Expiry date <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Company	Country of origin
On what basis are you eligible to work in the UK? If other, please specify. If you are from outside the EU please enclose a photocopy of the relevant immigration stamp in your passport	EU Passport <input type="checkbox"/> Other <input type="checkbox"/>
Do you require a work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of the person you would like to be contacted in the event of an emergency	
Name	Relationship
Contact number	Address
Please give details of your next of kin (if different from above)	
Name	Relationship
Contact number	Address

<b>Office use only</b>	
Consultant	Candidate registration no.

### 3. Personal details – cont.

Do you have any medical condition or disability which may require any special facilities or support at work? Yes  No   
If Yes, please give details

Please tick if you wish to receive career information from Hays

Have you registered online at [hays.com](http://hays.com) for our job alert services? Yes  No   
If No, please ask your consultant for details

### 4. Education and training

Please supply a copy of all of your professional certificates or documents.

University/college	Qualification	Commenced DD/MM/YYYY	Qualified DD/MM/YYYY
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Post graduate qualifications  
Please give dates and places

Please give details of training in specific specialties or techniques

NB – where possible please provide the names of your training body so that we can verify your qualifications

#### Ionising radiation

There is a legal requirement for certain medical practitioners to be in possession of a certificate to administer radiation

Do you hold the certificate in ionising radiation? Yes  No  Date attended DD/MM/YYYY

#### Manual handling

Please specify the date of your last manual handling training course DD/MM/YYYY

#### Resuscitation

Do you hold a certificate in basic life support or cardio pulmonary resuscitation (CPR)? Yes  No

Qualification

Date of course DD/MM/YYYY

Expiry date DD/MM/YYYY

## 5. Work requirements

Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Availability	From	To
In which geographical areas would you like to work?				
In which grade and specialty are you looking to work?				
Do you hold a current full driving licence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	In what country?
If you drive as part of your work you must have a valid driving licence and business insurance. You will be required to submit original copies of the documents.				
Do you have regular access to a vehicle in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How much notice are you required to give in your present job?				
If known, what is your nearest railway/underground station?				
Languages spoken Please indicate fluency				
Current salary rate		Benefits		
Are you willing to relocate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Current notice period
Are you willing to work overseas?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please state preferred locations, status and nationality				

## 6. Work history

Please supply details of present and previous posts, starting with most recent. **YOU MUST COVER AT LEAST THE LAST 5 YEARS.** All gaps in work history must be accounted for. Please use a separate piece of paper if necessary. Don't forget to also enclose your CV.

Employer organisation	From	To	Grade/specialty	Duties/experience gained
What was the date of your last formal appraisal?				
Conducted by	Name	Position		
Hospital/Trust				

## 7. Professional references

Please give names and addresses of at least TWO PROFESSIONAL referees, one of whom must be your most recent employer (no home addresses please). References must cover at least one year and one must be at consultant level or similar.

Name	Title	
Organisation name	Address	
Tel	Fax	Email

  

Name	Title	
Organisation name	Address	
Tel	Fax	Email

  

Name	Title	
Organisation name	Address	
Tel	Fax	Email

As a matter of courtesy, we recommend that you notify your referees that you are nominating them to provide a reference.  
Information provided by these referees may be shared confidentially with prospective employers for the purpose of finding you work.

Do we have your permission to contact the above referees immediately?    Yes     No

## 8. Occupational health

Do you hold a Certificate of Fitness to Practice from a UK NHS affiliated Occupational Health service, which is less than a year old?

Yes     Please forward us the original document which we will return to you by special delivery

No     Please complete the enclosed pre-employment confidential statement of medical history

## 9. Working hours

In compliance with the implementation of the Working Time Regulations, Hays Healthcare recommends that working time should not exceed 48 hours per week (averaged over a period of 17 weeks). However, should you wish to waive this right, please indicate this preference by ticking below.

Yes     I wish to work more than 48 hours per week

You can change your chosen option at any time by giving appropriate notice in writing to Hays Healthcare. Working time shall include only the period of attendance at each individual assignment through Hays Healthcare. It shall not include travelling time unless specifically agreed by the Hays Healthcare manager.

## 10. Professional conduct

Have you ever been the subject of professional misconduct proceedings or disciplinary action from an employer, or are such pending or threatened against you either in the UK or abroad?

Yes     No

If your answer is Yes please supply details below. Please use a separate piece of paper if necessary

## 11. Rehabilitation Of Offenders Act 1974 (Exceptions Order 1975)

The Rehabilitation Of Offenders Act 1974 permits persons in certain circumstances to ignore offences committed in the past when asked to give details of previous convictions. These convictions are known as "spent convictions". However the Exceptions Order of 1975 states that those employed in the medical/care fields are not allowed to withhold details of any offences for which they have been convicted, however long ago these convictions or cautions may have occurred.

Do you have any convictions or cautions? Yes  No

Please detail below all convictions and cautions regardless of the seriousness of the offence and how long ago the conviction occurred.

Date	Details	Conviction/caution	Sentence
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A criminal record will not necessarily preclude you from our register, however, because of the nature of the work we have available it is unlikely that people with serious sexual, violent or drug-related offences will be accepted. Other offences will be considered according to the nature and circumstances of the offence, length of time ago and type of work for which you are applying. Once accepted onto our register, our clients may also need to consider your conviction information to assess whether it precludes you from the specific position for which you are proposed. Criminal record information will always be shared confidentially and at an appropriate level. Please ask if you would like a copy of our Employing Ex-Offenders Policy or the Criminal Records Bureau Code of Practice.

### Office use only

<b>Disclosure</b>	Date issued DD/MM/YYYY	Initial
Number	Info in separate letter	Yes <input type="checkbox"/> No <input type="checkbox"/> Date DD/MM/YYYY
POCA/POCSA check <input type="checkbox"/>	POVA check <input type="checkbox"/>	Decision – register <input type="checkbox"/> Not register <input type="checkbox"/>

<b>Disclosure</b>	Date issued DD/MM/YYYY	Initial
Number	Info in separate letter	Yes <input type="checkbox"/> No <input type="checkbox"/> Date DD/MM/YYYY
POCA/POCSA check <input type="checkbox"/>	POVA check <input type="checkbox"/>	Decision – register <input type="checkbox"/> Not register <input type="checkbox"/>

<b>Disclosure</b>	Date issued DD/MM/YYYY	Initial
Number	Info in separate letter	Yes <input type="checkbox"/> No <input type="checkbox"/> Date DD/MM/YYYY
POCA/POCSA check <input type="checkbox"/>	POVA check <input type="checkbox"/>	Decision – register <input type="checkbox"/> Not register <input type="checkbox"/>

## 12. Criminal Record Information – CRB/Disclosure Scotland

If you are an overseas applicant who has entered the UK in the last five years you must obtain an original police check from your country of origin and enclose it with this form. All overseas applicants will require a CRB disclosure when they have been in the UK for more than three months - if you have been in the UK for more than three months or are a UK resident, please complete the documentation as required below.

In order to secure work for you, we require a CRB/Disclosure Scotland Enhanced Disclosure. If you already hold a Disclosure which is current (within the last 12 months) please also forward us the original document and sign the declaration below. Your disclosure will be handled securely and returned via special delivery. Otherwise you will need to apply for a CRB/Disclosure Scotland Enhanced Disclosure. Full guidance notes and a disclosure application form are enclosed. In order to ensure your application is processed quickly, it is important you complete the application in full and in accordance with the guidance notes.

We are officially a Registered Body and are able to submit forms and follow up your application. Please be aware that unlike our competitors, Hays Healthcare do not charge a fee for the administration process of CRB/Disclosure Scotland. Do you have your own copy of an Enhanced Disclosure?

All you have to pay is the mandatory cost of the registration itself. (This has been calculated by the Criminal Records Bureau as being £36/Disclosure Scotland £20).

Yes  Please enclose the original and complete the enclosed candidate consent statement.

No  Please complete the enclosed CRB/Disclosure Scotland application form and enclose two recent proofs of address and a cheque for £36 (CRB disclosure) or £20 (Disclosure Scotland) made payable to Hays Healthcare Limited.

## Declaration for sections 11 and 12

I hereby declare that

- All information I have provided is correct.
- I understand how the information may be used and give my consent.
- I have made an application for employment and I understand that this work is subject to a disclosure check.
- This has been explained to me and I am aware that all convictions including spent convictions will be disclosed. I understand that conviction details will be disclosed appropriately to clients to enable them to make a recruitment decision.
- I hereby give consent to a disclosure check being made.

Signed

Date DD/MM/YYYY

## 13. Data protection

Hays Healthcare will NOT pass your information on to any other company. From time to time we may wish to contact you with career information or reward schemes that may be of benefit to you. If you would prefer not to receive such information please tick this box.

## 14. Declaration

I confirm that the information provided on this form and within my CV, if applicable, is both truthful and accurate. I have omitted no facts that could affect my future employment. I understand that any engagement entered into is subject to documentary evidence of my right to work in the UK, verification of any professional qualifications and, in the case of temporary assignments, subject to satisfactory references. I expressly consent to any sensitive or personal data, disclosed as part of my application, being used in connection with the search for work, subject to relevant data protection legislation.

I will inform Hays Healthcare immediately of any circumstances that may affect my work, such as changes to health, subsequent pending prosecutions or convictions, which may arise whilst I am registered for permanent or temporary work. I understand that Hays Healthcare has the right to request a Criminal Records Bureau disclosure where they consider it necessary and that any details from this, or any other police checks provided, may be forwarded to a potential employer.

Signed

Date DD/MM/YYYY

Name

Profession

It is vital that we are informed immediately should any of this information change.

**Important note** – before returning this form please enclose the following documentation.

- |   |  |
|---|--|
| <input type="checkbox"/> CV (Please ensure all gaps in your CV are accounted for e.g. travel)   | <input type="checkbox"/> £36 cheque to cover CRB disclosure/£20 cheque to cover Disclosure Scotland application made payable to Hays Healthcare Limited    |
| <input type="checkbox"/> Original passport (Must be sighted by Hays staff. Please contact branch to arrange this)   | <input type="checkbox"/> Valid driving licence including counterpart   |
| <input type="checkbox"/> Original National Insurance card, Inland Revenue document or letter from Government agency showing NI number   | <input type="checkbox"/> Certificate of insurance showing your car is insured for business use (if you are likely to drive as part of your job)            |
| <input type="checkbox"/> 1 x signed copy of conditions of service (enclosed)  | <input type="checkbox"/> Certificate of fitness to practice (if applicable)  |
| <input type="checkbox"/> 2 x passport sized photos  | <input type="checkbox"/> <b>OR</b> completed pre-employment confidential statement of medical history (enclosed) – with relevant immunisation certificates |
| <input type="checkbox"/> Documentation to prove any name change e.g. marriage certificate, deed poll, decree nisi and birth certificate (if applicable). Please forward all name change documents | <input type="checkbox"/> Proof of GMC registration including GMC registration number (photocopy acceptable)  |
| <input type="checkbox"/> Certificates for all relevant qualifications and training  | Overseas applicants, please also provide   |
| <input type="checkbox"/> Evidence of mandatory updating in fire procedures, health and safety, moving and handling and basic life support/cardio pulmonary resuscitation (CPR) (if applicable)    | <input type="checkbox"/> Original proof of immigration status/work permit/copy of entry stamp visa (if applicable)   |
| <input type="checkbox"/> Completed CRB disclosure application form (enclosed) <b>AND</b> 2 x original proofs of address (date on letter/bill to be within last 3 months)                          | <input type="checkbox"/> Recent police check from your own country (less than 6 months old upon entry into the UK)   |
|   | <input type="checkbox"/> English proficiency result/certificate (if applicable)  |

We strongly advise that all original documents are sent to us via special delivery. On receipt they will be processed securely and returned back to you via special delivery.

**If you are unsure or need assistance with this form please don't hesitate to contact your nearest Hays Healthcare office where our staff will be only too happy to help. T 0845 082 0004**