

APPLICATION FORM FOR CLINICAL STAFF

Please complete this form in BLOCK CAPITALS using a black pen

Surname		Forenames	
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Date of Birth		Sex		NI Number	
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Your Address			
Post Code			
Telephone No.		Mobile No.	
Email Address			

Next of Kin		Relationship	
Address			
Post Code			
Telephone No.		Mobile No.	

Relevant Qualifications (Degrees, PG Quals, First Aid, EMT, etc.)

Qualification	Date	Awarding Body	Renewal Date

Please include photocopies of your certificates with this application form.

Healthcare Registration (e.g. GMC, NMC, HCPC, if applicable)

Registration Body		Registration No	
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Have you ever been struck off or suspended from a professional register or had any restrictions placed on your practice?
(if yes enter brief details with dates here)

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Have you ever had a Disclosure and Barring Service (DBS)/Criminal Records Bureau (CRB) check?
(if yes enter details here, if not leave blank)

Date of most recent DBS/CRB Certificate	
Organisation requesting DBS/CRB check	

Please include a photocopy of your most recent Enhanced DBS/CRB certificate with this application form.

Have you ever been convicted of a criminal offence (except driving offences)? **YES / NO** (if yes enter details below)

Date	Details of offence/conviction

Have you ever been barred from working with children or vulnerable adults?
(if yes enter details here, if not leave blank)

Date	Details of offence/ban

Are you legally entitled to work in the United Kingdom? **YES / NO (Please include a photocopy of your passport, visa or work permit with this application form)**

Do you hold a full UK driving license? **YES / NO** (if yes enter details below)

License No		Held Since	
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Do you have any non-expired driving offences? **YES / NO** (if yes enter details below)

Offence Code	Points	Date

I confirm that the information I have given here is true and accurate to the best of my knowledge and recollection. I understand that acceptance to work with Remote Medic UK Ltd is subject to satisfactory references and Disclosure and Barring Service checks and I authorise Remote Medic UK Ltd to conduct such checks. I further understand that acceptance to work with Remote Medic UK Ltd is on the basis of a zero hours contract and that I undertake to satisfy any and all responsibilities in respect of income tax and national insurance payable on any income derived as a consequence of work undertaken for or on behalf of Remote Medic UK Ltd. I understand that data about me may be held on paper, on computer or other electronic media in accordance with the Data Protection Act 1998 and I authorise Remote Medic UK Ltd to retain such data as are necessary to the legitimate business of the company. I may withdraw my involvement with Remote Medic UK Ltd at any time by giving notice in writing and by returning any uniform, identity documents or other equipment belonging to Remote Medic UK Ltd and I understand that failure to do so may constitute a criminal offence.

Your signature	Date

**Please return this form and accompanying documents to
Remote Medic UK Ltd, Cadman House, off Peartree Road, Colchester, Essex CO3 0NW, United Kingdom**