

## APPLICATION FORM FOR CLINICAL STAFF

Please complete this form in BLOCK CAPITALS using a black pen

Application for the role of			
Surname		Forenames	
Date of Birth	DD / MM / YYYY	Sex	Male / Female
Your Address (inc. post code)			
Telephone No.		Mobile No.	
Email Address			

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

Qualification	Date	Awarding Body	Renewal Due

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 and continue on a separate sheet if necessary)

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## Identity and Security

Do you have an Enhanced Disclosure and Barring Service (DBS) certificate? (if yes enter details here)

Date of most recent DBS Certificate	
Organisation requesting DBS check	
DBS Update Service Registration No. (if registered)	

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

Have you ever been barred from working with children or vulnerable adults? (if yes enter details here)

Date	Details of offence/ban

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

Date	Details of offence/conviction

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 UK Passport? YES / NO (if yes enter details below)

Passport No		Issued by (office)	
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## Employment History

Current / Most recent employment

Name of Employer	From (date)	To (date)	Reason for Leaving (if applicable)

Please describe your role in this employment and how it relates to the role you are applying for with RMUK

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Have you been subject to any disciplinary procedures in your current / most recent employment? YES / NO  
(if yes, please give details on a separate sheet)

**Previous Employment (last 10 years)**

Name of Employer	From (date)	To (date)	Reason for Leaving (if applicable)

**Referees**

Please provide the details of two referees. These should be people who know you well but are not related to you. One of them must be your current or most recent employer. If you have attended college or university within the last five years, one should be an academic referee. Referees' reports are treated in strict confidence. Referees will be contacted if we decide to short list you for appointment. Please indicate whether we may contact each referee prior to interview.

<b>Referee 1</b> Current or most recent employer	
<b>Name</b>	
<b>Position</b>	
<b>Address (inc. post code)</b>	
<b>Telephone No.</b>	
<b>Email</b>	
<b>May we contact this referee prior to interview?    YES / NO</b>	
<b>Referee 2</b> Other professional or academic referee	
<b>Name</b>	
<b>Position</b>	
<b>Address (inc. post code)</b>	
<b>Telephone No.</b>	
<b>Email</b>	
<b>May we contact this referee prior to interview?    YES / NO</b>	

## Driving

Do you hold a full UK car driving license?

YES / NO (if yes enter details below)

License No		Held Since	
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Do you hold an emergency driving qualification?

YES / NO (if yes enter details below)

Qualification		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

## Bank Details

Remote Medic UK Ltd only makes payments by BACS transfer direct to a UK bank account. The information provided here is used only to enable payments to be made to you for work you have carried out on behalf of RMUK.

Your Bank / Building Society	
Bank / Building Society Address	
Account Name	
Sort Code	
Account No	

## Emergency Contacts

In the event of an emergency I would like the following person(s) to be contacted

Primary Contact Name	
Relationship	
To be addressed as	
Address	
Home Telephone	
Work Telephone	
Mobile Telephone	

<b>Secondary Contact Name</b>	
<b>Relationship</b>	
<b>To be addressed as</b>	
<b>Address</b>	
<b>Home Telephone</b>	
<b>Work Telephone</b>	
<b>Mobile Telephone</b>	

## Declaration

I confirm that the information I have given here is true and accurate to the best of my knowledge and recollection. I understand that appointment for 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 such appointed will be on a non-committed zero hours basis 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 for 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.

<b>Your signature</b>	<b>Date</b>

## Additional Forms Checklist

Use this checklist to confirm that you have included the following with this application form.

<b>Document</b>	<b>Included ✓</b>
Copy of up-to-date curriculum vitae	
Copies of all relevant qualifications and registration certificates	
Copy of the photo page and front cover of your passport	
Copy of your driving license photo-card (both sides)	
Copy of your most recent DBS certificate (if held)	
Completed Occupational Health Screening Form	
Evidence (laboratory report or GP letter) of Hepatitis B vaccination / immunity	

Return to **Remote Medic UK Ltd, Cadman House, Peartree Road, Colchester, Essex CO3 0NW, UK**

**For official use only by Remote Medic UK Recruitment Team**

<b>Action</b>	<b>Date</b>	<b>By</b>
Application received		
Additional forms received		
Registration checked online (if appropriate)		
New Enhanced DBS applied for (if required)		
DBS received		
Interview scheduled with applicant		
Interview completed		
References requested		
References received		
Occupational health clearance		
Contract and offer letter sent to applicant		
ID card issued		
Uniform issued		
Start date		
Induction procedure (Big 10 policies)		
Initial core training completed / checked		
Training needs assessment		

<b>Notes / Training Needs / Additional Actions</b>	<b>Action Date</b>	<b>By</b>