EQ0111

EQUATOR PERSONNEL LTD

NURSE APPLICATION FORM

TEMPORARY WORKER – APPLICATION FORM

PERSONAL DETAILS

First Name:	Middle Name:	Surname:
Date of Birth:	Place of Birth:	Nationality:

National Insurance No.	PIN:	Passport Photo

Address	Do you have a Full Driving License? YES ☐ NO ☐	
	Number of Points on License ☐	
	Reason for points	
Post Code:	Have you got own car or access to a car? YES ☐ NO ☐	

Telephone Number:	Mobile Number:	Email:
When are you available to start?	Any Preferred Location for Work:	Minimum Pay Rate:
		How did you know about equator **Personnel**

Do you have any pending criminal charges YES ☐ NO ☐ If yes give details	Do you consider your disable: YES ☐ NO ☐

Next of Kin:
Next of Kin Address:
Next of Kin Tel. No:

SKILL DETAILS (Mark to show areas of experience where certification is required, you will be asked to produce the relevant documents)

Working Areas	Date	Training	Date	Job Titles	Date
Surgical					
PAEDS					
Medical					
A & E					
Theatre					
Community					
ITU					
OBST					
Others:					

PLEASE MARK TO INDICATE YOUR TIMES AND DAYS OF AVAILABILITY

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							
Split Shift							

Give dates you are not available:

EDUCATION

Date	Name of Institution and Address	Qualification/ Examinations	Grades Obtained

Any other relevant qualification to the job you are applying for (please include name of institution and results of all)

CURRENT / PREVIOUS EMPLOYMENT - Please start with your current or most recent employer first (Cover the last 5 years)

FROM	TO	NAME & ADDRESS OF COMPANY	JOB TITLE & DETAILS	SALARY	REASON FOR LEAVING

RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION/CANDIDATES PERSONAL STATEMENT

BANK DETAILS

Bank/Building society:	**Sort Code:** ☐ ☐ ☐ ☐ ☐ ☐
Bank Address:	**Account Number:**
	Ref/Roll Number:
	Name of Account Holder:

REFERENCES/ PREVIOUS EMPLOYMENT/ PROFESSIONAL BODIES

NAME:

Position:

Address:

Phone Number:

How do you know this person?

NAME:

Position:

Address:

Phone Number:

How do you know this person?

REHABILITATION OF OFFENDERS ACT 1974

You are advised that you are not entitled to withhold information about convictions which are regarded as 'spent under the Act'. This due to the nature of the work involved which renders the post exempt from sec. 4 (2) of the Act in accordance with the Rehabilitation of Offenders Act 1974 (exceptions) order 1975).

You are the therefore required to give details of all convictions and cautions including spent one. All information is confidential and will be considered only in relation to this or similar position for which you may be considered with Equator Consultancy.

Have you ever been convicted of a criminal offence   Yes/ No

If yes, please give details of all convictions including spent convictions and cautions.

....

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DECLARATION

I declare that:

- ✓ All information given in this form is true to the best of my knowledge.
- ✓ All documents and certificates supplied to support this application are genuine and I have no restrictions of working in UK.
- ✓ I have read and understood the terms and conditions and agree to comply with the current Health and Safety at work Act.
- ✓ I understand that pay is inclusive of my holiday pay entitlement

Signature... Date...............20........

N/B According to WTR, on average an adult worker should not work for more than 48 hours in a week. However you can opt out by signing below.

Signature...Date....................20.......

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Surname	Date of Birth
Forenames	Date of Interview
Address	Position Applied for
	Do you consider yourself to be disabled?
Next of Kin	YES ☐ NO ☐

DO YOU HAVE OR HAVE YOU EVER SUFFERED FROM:

Please tick	YES	NO		YES	NO
Fainting attacks			Back trouble		
Fits or blackouts			Other muscle or joint trouble		
Giddiness			Skin trouble		
Mental illness			Diabetes		
Recurring headaches			Recurring stomach trouble		
Heart trouble or deafness			Recurring bowel trouble		
Eye trouble or defective vision not			Paratyphoid fever		
Corrected by glasses or contact lenses			**HAVE YOU ANY DISABILITIES AFFECTING**		
Recurring chest disease			Walking		
Asthma			Stair Climbing		
Hay fever			Lifting		
Heart trouble			Use of hands		
High blood pressure			Working at height on ladders/staging		
Varicose veins			Ability to drive a motor vehicle		
Typhoid fever			Standing		

PERSONAL HEALTH DECLARATION

I declare that all the above statements are true and complete to the best of knowledge. I know of no medical reason why I should not work in a food environment. Should the situation change whilst either:

    a)   I am engaged on a temporary assignment by Equator

    b)   In between assignments for Equator

I will immediately notify the relevant Equator branch and, if appropriate, the Company where I am working.

Signature: .... Date: ....

HEALTH AND SAFETY DECLARATION

I .... (name) whilst working as a temporary for Equator, I will a) not use any machinery unless experienced and able, b) not work on a dangerous machine (e.g. meat slicer) unless 18 and supervised or experienced in the use of machinery. I will ensure that at all times I will take every precaution to (a) avoid injury to either myself or others, (b) prevent damage to any equipment/ machinery.

Signature: .... Date: ....

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Section one To be completed by the employee

Please complete section one and then hand the form back to your present employer. If you later receive a form P45 from your previous employer, hand it to your present employer.
Use capital letters when completing this form.

Your details

National Insurance number
This is very important in getting your tax and benefits right

Title – enter MR, MRS, MISS, MS or other title

Surname or family name

First or given name(s)

Gender. Enter 'X' in the appropriate box

Male ☐   Female ☐

Date of birth DD MM YYYY

Address
House or flat number

Rest of address including house name or flat name

Postcode

Your present circumstances
Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A – This is my first job since last 6 April and **I have not** been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.   **A** ☐

OR

B – This is now my only job, but since last 6 April **I have** had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension.   **B** ☐

OR

C – I have another job or receive a state or occupational pension.   **C** ☐

Student Loans
If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (*Do **not** enter 'X' in box D if you are repaying your Student Loan by agreement with the Student Loans Company to make monthly payments through your bank or building society account.*)   **D** ☐

Signature and date
I can confirm that this information is correct

Signature

Date DD MM YYYY

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CONSENT TO ASSESS ELIGIBILITY TO WORK

As part of our commitment to observe UKBA directive on employing Nationals outside EEA/EU, We have an obligation to send your Visa for confirmation of eligibility to work in UK. Please sign and date below to give us permission to send your details to Home office for confirmation.

Name: ....

Signature: ....

CONSENT TO PROCESS INFORMATION

In relation to...Date of Birth..

Important: Data Protection Act (1998). This form asks you to supply "personal" data as defined by the Data Protection Act 1998. You will be supplying this data to Equator Personnel where it will be processed exclusively for the purpose of recruitment. Equator Personnel will protect the information which you provide and will ensure that it is not passed to anyone who is not authorised to see it.

I hereby authorise EQUATOR PERSONNEL LTD to hold and Disclose to the other employers, any information that the employers considers necessary to assist them to assess my Job applications and suitability to work.

By signing the declaration on this form, I explicitly consent for the data I have provided to be processed as per the above.

Name: ....

Signed: ....

Date: ....

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