



Registration Form

Please ensure you:

- Answer all the questions on this form
- Complete this form in CAPITAL letters
- Use Black ink
- Provide all the documents we request

By completing this Healthline Healthcare Ltd Registration Form you will be registered for work with Healthline Healthcare Ltd Limited and have access to job opportunities in the healthcare

A. YOUR PERSONAL DETAILS:

Title (MRS, MISS, MS, MR or other title):

Surname or Family Name:

All other surnames or family names (including maiden name + name changes) Date changed:

First Name (s):

Name preferred to be known by:

Address

Postcode

Daytime Phone Number:

Mobile Number:

Email Address:

Do you hold a current full UK Driving Licence? YES No

Do you have any endorsements? If yes please give details?

B. YOUR NURSING DETAILS:

NMC Pin Number:

NMC Expiry Date:

NMC Part(s) of Register:

HCPC Number (ODP only):

HCPC Expiry Date (ODP only):

C. RIGHT TO WORK DETAILS:

Healthline Healthcare Ltd does not employ any nurse requiring a work permit or with limited leave to remain

National Insurance Number:

Date of Birth:

Your Nationality:

I am eligible to work in the UK and do not require a work permit: YES NO

I am already in possession of a work permit to work in the UK: YES NO

If other, please specify:

D. YOUR CLINICAL DETAILS:

Please note YES or TICK the boxes next to your speciality and clinical areas you have expertise in. This will enable us to match your skills with the appropriate requirements.

	General Nurse		Community		Critical
	Medical		Community General Nurse		A & E
	Surgical		Primary Care Practitioner		Emergency Nurse Practitioner
	Elderly Care		Health Visitor		ITU/HDU/CCU
	Gynaecology		School Nurse		Oncology
	Orthopaedics		Walk In Centre		Chemotherapy
	Palliative Care		Advanced Nurse Prescriber		Haematology
			Practice Nurse		Renal /Urology
			Nursing Homes		Dialysis
	Mental Health		Paediatrics		Theatre
	Mental Health Nurse		Paediatric A&E		Recovery
	Community Psychiatric Nurse		PICU		Scrub
	Substance Misuse		Midwifery		Anaesthetics
	Learning Disabilities		NICU/Neonatal /SCBU		Orthopaedic
	CAMHS				ODP
			Specialist		
	Prison		Sexual Health Nurse		
			Occupational Health		

E. YOUR PROFESSIONAL CONDUCT:

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? YES/NO

If YES please supply details:

F. REHABILITATION OF OFFENDERS ACT:

Because of the nature of the work for which you are applying, Section 4(2) and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

1	Do you have any convictions, cautions or bindovers? If yes please give details	Yes	No
2	Have you ever had disciplinary action taken against you? If yes please give details	Yes	No
3	Are you at present the subject of criminal charges or disciplinary action? If yes, please give details	Yes	No

4	Do you consent to Healthline Healthcare Ltd requesting a police check and any appropriate references on your behalf?	Yes	No
5	Have you been police checked in the last three years? If so, by whom? (Please supply a copy)	Yes	No

G. YOUR TRAINING, QUALIFICATIONS, APPRAISALS AND REFERENCES:

Mandatory Training checklist (Practical and Online)

Moving & Handling		Basic Life Support		Intermediate Life Support		Advanced Life Support	
Complaints Handling		Handling Violence & Aggression		Fire Safety		COSHH	
RIDDOR		Caldicott Protocols		Data Protection		Infection Control	
Lone Worker Training		Food Hygiene (where required to handle food)		Personal Safety (Mental Health & Learning Dis)		Resuscitation of the Newborn (Midwifery)	
Interpretation of Cardiotocograph Traces(Midwifery)		Paediatric Life Support		SOCA/SOVA Level 3			

H. APPRAISALS:

In order to work in the NHS you will need to be appraised annually by a Senior Practitioner of the same discipline, this person will become your "appraiser". Please give details below of the Senior Practitioner who you have made arrangements with to act as your appraiser.

Please give the date of your last appraisal			
Name of Appraiser		Position & Grade of Appraiser	
Branch Address (include postcode)			
Phone Number		Email	

I. YOUR DBS STATUS:

Current DBS Disclosure (formally known as CRB)	Y	N	Clear	Y	N	
Issue Date			Disclosure Number			
Is this Certificate registered with the Update Service	Y	N	Clear	Y	N	
Standard or Enhanced Disclosure						
Enhanced with Children's Barred List	Y	N	Enhanced with Adults Barred List	Y	N	
Is this certificate registered with the update service	Y	N	Clear	Y	N	

J. IMMUNISATIONS:

Please indicate which of the following immunisations you have been vaccinated against and include your vaccination reports when returning your registration:

EPP and Non EPP	Immunisation	Yes	No
	Hep B		
	TB		
	Varicella		
	Measles		
	Rubella		

EPP Candidates Only	Immunisation	No Proof	Negative	Positive
	Hep C			
	Hep B Antigen			
	HIV			

K. YOUR NEXT OF KIN:

Name of Next of Kin:	
Relationship:	
Phone Number:	

L. CONFIDENTIALITY:

I hereby declare that at no time will I divulge to any person, nor use for my own or any other person's benefit, any confidential information in relation to Healthline Healthcare Ltd, or any of its respective clients, or in relation to any of their employees, business affairs, transactions or finances which I may acquire during the term of my agreement and / or engagement with Healthline Healthcare Ltd.

M. DATA PROTECTION:

I agree that Healthline Healthcare Ltd retains the right to hold this registration and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

N. HEALTH AND SAFETY:

Each agency worker has a responsibility at the start of their first shift to become familiar with the Client's general policies including, without limitation, those relating to Crash Call Procedures, the Hot Spot Mechanism for alerting security staff that an individual is in trouble. Fire Policy and the Violent Episode Policy.

O. HEALTH DECLARATIONS:

- All applicants must complete the enclosed health questionnaire (APPENDIX C) to enable us to establish your fitness for work. We would ask all OVERSEAS candidates to provide a medical statement from their GP or medical department confirming your state of health. Your details will be passed to our Occupational Health Doctors to establish your fitness for work. Please sign the declaration below to allow Healthline Healthcare Ltd to release your information for inspection
- I (name), _____ consent to Healthline Healthcare Ltd releasing my health and immunisation records for review to Healthline Healthcare Ltd qualified Occupational Health Adviser. I understand that based on this review I may be required to undergo a medical examination to establish my fitness for work. I confirm that I will immediately inform Healthline Healthcare Ltd in confidence if I am HIV Positive, HepB Positive or if I have AIDS in accordance with the Department of Health guidelines. I am aware of my obligations regarding MRSA contact and the need for screening. I agree to immediately inform Healthline Healthcare Ltd should my general condition of health change. I will inform Healthline Healthcare Ltd immediately if I discover that I am pregnant. I understand that withholding information or giving false answers may lead to dismissal. I also hereby consent to Healthline Healthcare Ltd obtaining further information regarding my health from my GP or Occupational Health Department.

HEPATITIS B:

I have been advised at registration with Healthline Healthcare Ltd, the importance of having the Hepatitis B vaccine.

I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.

I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

P. WORKING TIME REGULATIONS:

For the purposes of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week, averaged over 17 weeks. I understand that I may withdraw this consent by giving Healthline Healthcare Ltd not less than three months notice at any time.

In addition, I also consent to work in excess of the maximum number of hours permitted to work at night under the directive. Please note you are under no obligation to sign either declaration.

Print Name:	
Your Signature:	
Date:	

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Q. PERSONAL DECLARATION:

- I confirm that the information given in this registration is, to the best of my knowledge, true and that an attempt to gain placement by deception is a criminal offence.
- I am permitted to work in the UK.
- I understand that my registration is subject to the receipt of at least two satisfactory references and an Enhanced Disclosure from the Disclosure and Barring Service (DBS). I give my permission for Healthline Healthcare Ltd to carry out a status check using the Update Service on my DBS Certificate and may be asked to provide a written statement regarding any information revealed on my DBS Certificate.
- I undertake to inform Healthline Healthcare Ltd immediately should I be convicted of an offence in the future and will reveal ALL information contained in any Enhanced Disclosure or police check.
- I undertake to inform Healthline Healthcare Ltd immediately, if by virtue of their introduction, I receive an offer of permanent employment following a temporary assignment.
- I agree to respect the confidentiality of patients and any other information I may have access to, at all times.
- I am clear that Healthline Healthcare Ltd cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.
- I have read, understood and agree to the conditions of work for temporary nurses contained within the Agency Workers Staff Handbook. Made available in hard copy or online as discussed.
- I give permission for any enquiries that need to be made to confirm such matters as qualifications experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I agree that my personal details including my DBS Enhanced Disclosure may be viewed by third party auditors and potential employers.
- I give permission for the processing of the personal data contained in this form for employment purposes.

R. REGISTRATION FORM DECLARATION:

PLEASE READ THE COMPLETED REGISTRATION BEFORE SIGNING.

I declare that by signing this form I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without relevant permission, my employment will be terminated with immediate effect and all details passed to the relevant authorities.

I agree that Healthline Healthcare Ltd retains the right to hold this Registration Form and any other data required to process it and pass onto any authorised third party and the details held within. I also agree to use all reasonable efforts to assist to comply with the Data Protection Act 1998.

In addition, I confirm that all the information provided is true and accurate and that I received and agree to Healthline Healthcare Ltd's Terms of Engagement and Agency Workers Staff Handbook.

Print Name:	
Your Signature:	
Date:	

S. INDUCTION INFORMATION:

Thank you for selecting Healthline Healthcare Ltd as your agency of choice. Our team is committed to ensuring that your work requirements are met whenever possible. Healthline Healthcare Ltd is a professional organisation specialising in providing high calibre nurses to a wide range of health institutions.

Healthline Healthcare Ltd's continuing success depends on how well we work together. In order to achieve this, there has to be a set of agreed rules, guidelines and standards of conduct for all. These are fully explained in the Agency Workers Staff Handbook in conjunction with our Policy and Procedures. Copies of this are available on our website.

The amount of work that we receive depends not only on us, but fundamentally on your performance. We therefore, have some basic expectations that are expected of you which are listed in our Agency Workers Staff Handbook. I have taken time out to summarise some of these for you:

- Please make sure you arrive on time for your placement, or preferably 10 minutes early. If you are running late, you must ring us as soon as possible and advise us of this so that we can ring the client.
- You are our representative at the client; please ensure that you are wearing a valid photo ID badge and are presented in appropriate uniform and are able to perform your expected duties professionally and willingly at all times.
- If you cannot make your shift, you must give adequate notice in order for a replacement to be arranged.
- Healthline Healthcare Ltd will only pay on receipt of an authorised timesheet. Please ensure you submit your timesheet to us every week. Weekly payments are made provided the timesheet arrives by Monday 12.00PM (Midday) for payment on Friday.
- In the case of National Health Service Professionals (NHSP) and other managed services where electronic timesheets are used, it is your responsibility to ensure the timesheet is submitted and approved by Monday 12.00PM (Midday).

If for any reason you are unhappy with any aspect of the service that Healthline Healthcare Ltd provides, please feel free to contact us on 0121 392 7554 and ask for the Operations Director.

Prior to your placement, it is your responsibility to familiarise yourself with the terms of your engagement that apply to your assignment. Please feel free to ask your contact within Healthline Healthcare Ltd if there is anything that you are unsure of, as we are always here to support you.

Thank you for choosing Healthline Healthcare Ltd.

Please send your completed registration to:

Healthline Healthcare Ltd
The CIBA Building
146 Hagley Road,
Edgbaston,
Birmingham,
B16 9NX

Appendix A. YOUR WORK HISTORY:

Please ensure you complete this section if you do not have a CV. Please ensure that you leave no gaps unaccounted for and it covers 10 years or up to your education. Please use extra paper if required.

Covers 10 years work history or as far back as your secondary education: YES NO
Dates to and from are shown in an mm/yy format: YES NO
 Dates are continual with NO gaps (Please explain gaps): YES NO

To	/	/	From	/	/	Employer	
Title of Post						Grade	
Address						Main Responsibilities	
Reason for Leaving							

To	/	/	From	/	/	Employer	
Title of Post						Grade	
Address						Main Responsibilities	
Reason for Leaving							

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Title of Post				Grade	
Address				Main Responsibilities	
Reason for Leaving					

To	/ /	From	/ /	Employer	
Title of Post				Grade	
Address				Main Responsibilities	
Reason for Leaving					

To	/ /	From	/ /	Employer	
Title of Post				Grade	
Address				Main Responsibilities	
Reason for Leaving					

Additional Notes:

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Appendix B. REFERENCE DETAILS:

Please supply us with two clinical professional references. One must be from your present or most recent employer and both must be from a senior grade to yourself who has supervised your work.

The second reference needs to be a previous employer unless you have been employed more than 3 years with your present or most recent employer. In such cases, then it must be another manager from your current or most recent employer.

May we contact your referees: YES/NO

Name			Position		
Work Address (Incl. Postcode):					
Work Email		Tel		Fax	
Professional Relationship to this Person:					

Name			Position		
Work Address (Incl. Postcode):					
Work Email		Tel		Fax	
Professional Relationship to this Person:					



NEW EMPLOYEE CLINICAL MEDICAL QUESTIONNAIRE

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

Personal Information			
Title	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Medical History		
<u>All staff groups complete this section</u>	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information**(If you have answered yes to any questions above please provide additional information below)**

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Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year (Include Holidays/ Vacations)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when	Date	

Tuberculosis Continued

Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

EVD (Ebola Virus Disease)

Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)	<input type="checkbox"/>	<input type="checkbox"/>
<b style="color: red;">If you answered YES to the above, please list all of the countries that you have lived in/visited in the last 21 days including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.		

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles

Have you ever had chicken pox or shingles		
Yes	No	Date

Immunisation History

Have you had any of the following immunisations	Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)			
Polio			
Tetanus			
Hepatitis B (If Yes is ticked please give dates below)			

Course:	1		2		3	
Boosters:	1		2		3	

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella and Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes	No

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Healthier Business UK Ltd to make recommendations to my employer.		
Name	Signature	Date