



**DOC25**  
**ASPIRE LOCUMS**  
**APPLICATION \ REGISTRATION**

Role applied for.....

**1. Personal Information**

*Info: This form is **not** used as a replacement for your Curriculum Vitae (CV) but is expected to contain some duplicate information. Your information is treated in strict confidence and is not disclosed to any third party organisation(s) unless it is required by law to do so.*

Title .....

First Name .....

Middle Name(s) .....

Last Name .....

Address.....

City.....

Postcode.....

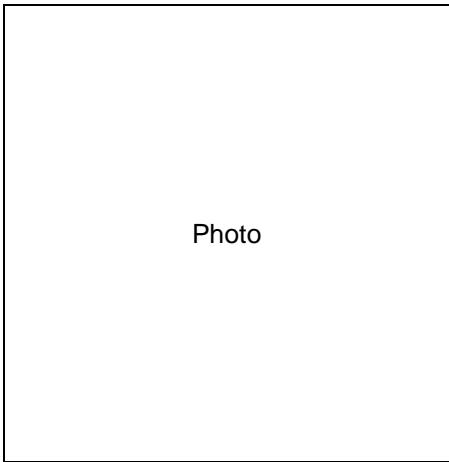
County.....

Country .....

Email.....

Home .....

Mobile .....



**2. Employment History;**

*Info: Please list your jobs in chronological order, starting with your most recent at the top. If this information is already contained on your Curriculum Vitae (cv), you can enter “See CV” here.*

Employer Name:	Job Role:	Dates:	Qualifications:	Reason for Leaving:

### 3. Education, College, University;

**Info:** please provide a brief outline of your educational studies.

Name of School, College or University	Studies	Qualification(s) achieved

### 4. Skills, Knowledge and Qualifications;

**Info:** Please tell us about your Computer Skills, Qualifications and Achievements

#### 4.1 Computer Knowledge and Experience;

Microsoft Office  Adastral  Paragon  Cegedm Rx  Emis Web  System One  Acuitas   
 Docman  Vision  R4 Clinical  Exact  Synergy  Isoft  Optics

Other .....

**4.2. On a scale of 1-10 (1 being lowest and 10 being highest) what is your considered level of computer literacy?** 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (please circle a number)

**4.3. What is your primary qualification?** .....

**4.4. What is the highest qualification you have achieved?** .....

### 5. Professional Memberships, Registrations and Affiliations;

**Info:** General Medical Council (GMC), General Dental Council (GDC), General Optical Council (GOC), Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), Member of the Royal College of GPs (MRCGP), Health Care Professions Council (HCPC), Other...

**5.1. Who is your Regulatory Body? (If Applicable)** .....

**5.2. What is your Registration PIN #?** .....

### 6. Immigration and Right to Work in the United Kingdom;

**Info:** Home Office guidance on the prevention of illegal working requires us to verify and take a copy of your original ID documentation as evidence of your right to work in the UK.

**6.1. Are you a British Citizen? (Evidence required)**..... YES  NO

**6.2. Do you have the right to work in the United Kingdom? (Evidence required)** ..... YES  NO

**6.3. Do you need a work-visa? (Evidence required)** ..... YES  NO

**6.4. What is your National Insurance Number?** .....

**7. Specialty and Grade;**

*Info: Please indicate your Grade and Specialty.*

- Physiotherapist  Dental Nurse  Optometrist  Pharmacy  Nurse  Care Worker
- Phlebotomist  Medico-Legal  Healthcare Assistant  Hospital  General Practice
- Medical Secretary  A&E  Optical  Dental  Medical Reception
- Other .....

**8. Preferred Type of Work and Availability;**

*Info: Please indicate the work, locations and times of your availability. If you have specific dates for temporary work please request an availability sheet.*

**8.1. Type of work;**

- Permanent  Temporary  Ad-Hoc  Odd Sessions  Bank Staff
- Weekdays  Weekends  Out-of-Hours
- Other .....

**8.2. Preferred days of the week;**

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**8.3. Preferred working hours;**

- 08.00 am - 20.00 pm  20.00 pm - 08.00 am
- Other .....

**9. Preferred Working Locations;**

*Info: Please indicate your preferred choice of locations for work*

- 9.1. Merseyside  Cheshire  Lancashire  Greater Manchester  Tyne & Wear  Cumbria
- Yorkshire  Midlands  London
- Other .....

**10. Employment Status;**

*Info: Please indicate your employment status with us;*

- 10.1 Self-employed  Limited Company  PAYE  Other

**10.2 If you are a Limited Company, please provide your details below;**

- Business Name; .....
- Incorporation Date; .....
- Incorporation Number; .....
- Business Address; .....
- Post Code; .....
- Tel; .....
- Email; .....
- Website .....



**11. Bank Details (Payroll)**

**Info:** *Aspire Locums operates an auto-pay facility. Each week, on receipt of a properly completed timesheet we will deposit your funds directly into your nominated bank account, one week in arrears. Aspire Locums does not issue cheques.*

**11.1 Bank Account Details;**

Name of Business Bank;.....  
Account Name;.....  
Account Sort Code;.....  
Account Number; .....

**12. References**

**Info:** *Please give us details of two colleagues or employers who are able to provide a reference. We will ask you before we contact these referees*

**12.1 Referee (1)**

Name;.....  
Address;.....  
Post Code; .....

Tel; .....

Email; .....

**12.2 Referee (2)**

Name;.....  
Address;.....  
Post Code; .....

Tel; .....

Email; .....

**13. How your personal data is used;**

**Info:** *The information that you provide on this form and on contained in your Curriculum Vitae (cv) is used by us to provide you work-seeking services. In providing this service to you, you consent to your personal information being included on a computerised database and consent to us transferring your personal details to our clients. We may check the information collected, with third parties or with other information held by us. We may also use or pass to certain third parties information to present or detect crime, to protect public funds, or in other way permitted or required by law.*

**13.1 Do you give consent to distribute your Curriculum Vitae (cv), references and any other relevant information as required for job opportunities; Yes  No**

**13.2 Is there any Employers you do not want to receive your personal information; Yes  No**

**Info:** *this may be your current or past employer, please state; .....*  
.....

## 14. How we communicate with you;

**Info:** Please indicate your preferred method of contact. Occasionally we may issue text messages and emails to notify you of jobs. This is the fastest way to get you notified of new job vacancies, Text messages are normally only used for “on-the-day” requests for workers. Indicate your preferences to opt-in or opt-out of this free service and you can change your preferences at any time.

**14.1 Free SMS Alerts;** would you like to **opt-in** or **opt-out** (please circle your choice)

**14.2 Free Email Alerts;** would you like to **opt-in** or **opt-out** (please circle your choice)

## 15. Equal Opportunities Statement

**Info:** Aspire Locums is committed to a policy of equal opportunities for all work-seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with this policy. Aspire Locums shall not discriminate unlawfully when deciding which work-seeker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for work-seekers. Aspire Locums will ensure that each candidate is assessed only in accordance with the work-seekers own merits, qualification and ability to perform the relevant duties required by the particular vacancy or assignment.

## 16. Supporting Documents required

**Info:** Aspire Locums are legally required by law to hold certain information on all work-seekers prior to commencing assignments. Below is a list of supporting documents we need from you. Please tick those documents you are submitting with your application.

**16.1** Please use this checklist to guide you

- Professional Registration (certificates) (GMC, NMC, GDC, etc.)
- Background check with the Disclosure and Barring Service (formerly Criminal Records Bureau)
- Passport
- Work Permit (Evidence of your right-to-work in the United Kingdom)
- Curriculum Vitae (CV) (include 2 referees)
- Qualifications and Training (certificates)
- Performers List Inclusion (if applicable)
- Professional Indemnity Insurance (if applicable)
- Recent Utility Bill (within last 3 months)
- NHS Smart-Card
- Incorporation Certificate (Limited Company Certificate)

**Info:** Not all this checklist may apply to your role. Other forms of Identification can be accepted if you do not have a Passport. Please contact us for more details....

Please continue...to Health Questionnaire

## 17. Employment Health Questionnaire

**Info:** Please provide us with details of any medical or physical health information.

Please answer the following questions regarding your medical history		If you answered "Yes" to any please provide details here	
1.	Are you currently being treated by a doctor for any illness or taking any medication for a medical condition	Yes / No	
2.	Have you been hospitalised for any illness or had any operations?	Yes / No	
3.	Is there a family history of any medical conditions?	Yes / No	
4.	Is there any reason why you cannot wear safety or protective equipment?	Yes / No	
5.	Have you ever tested positive in any workplace drug and alcohol-screening test?	Yes / No	
6.	Do you need to wear glasses for your normal work? If so do you have prescription safety glasses?	Yes / No	
7.	Do you have Diabetes?	Yes / No	
8.	Do you have any known allergies?	Yes / No	
9.	Have you had any absence from work in last 2 years?	Yes / No	
10.	Do you have any disabilities or are you registered disabled	Yes / No	
Do you have or have you ever suffered from any of the following?		If you answered "Yes" to any please provide details here	
11.	Fits/Seizures/Blackouts or Persistent Headaches/Migraines	Yes / No	
12.	Back or neck problems	Yes / No	
13.	Dermatitis, eczema, psoriasis-melanoma or other skin complaints	Yes / No	
14.	Repetitive Strain/Overuse Injury	Yes / No	
15.	Loss of hearing/ear infections	Yes / No	
16.	Stomach Problems/Ulcers	Yes / No	
17.	Joint Problems/Fractures or Arthritis/Rheumatism	Yes / No	
18.	Nervous breakdown or mental illness	Yes / No	
19.	Heart Disease, angina or high blood pressure	Yes / No	
20.	Asthma, bronchitis, pleurisy, pneumonia or other chest, lung illness	Yes / No	
21.	Needle stick or mucus membrane injuries	Yes / No	

<b>Immunisations, Vaccinations Tests</b>		<b>If you answered "Yes" to any please provide dates below (if known)</b>	
<b>22.</b>	Hep B	Yes / No	
<b>23.</b>	Hep C	Yes / No	
<b>24.</b>	MRSA	Yes / No	
<b>25.</b>	Poliomyelitis	Yes / No	
<b>26.</b>	Rubella	Yes / No	
<b>27.</b>	Rubella antibody test	Yes / No	
<b>28.</b>	Manoux, Tine or Heaf test	Yes / No	
<b>29.</b>	BCG	Yes / No	
<b>30.</b>	Tetanus	Yes / No	
<b>31.</b>	Diphtheria	Yes / No	
<b>Have you had any of the below childhood illnesses</b>		<b>If you answered "Yes" to any please provide details here</b>	
<b>32.</b>	Measles	Yes / No	
<b>33.</b>	Chicken pox	Yes / No	
<b>34.</b>	Mumps	Yes / No	
<b>Do you have or have you ever had any of the following:</b>		<b>If you answered "Yes" to any please provide details here</b>	
<b>35.</b>	Tuberculosis	Yes / No	
<b>36.</b>	Hepatitis/Jaundice/Liver Trouble	Yes / No	
<b>37.</b>	Hernia	Yes / No	
<b>Do you any difficulty with the following activities?</b>		<b>If you answered "Yes" to any please provide details here</b>	
<b>38.</b>	Kneeling	Yes / No	
<b>39.</b>	Standing long periods	Yes / No	
<b>40.</b>	Sitting for long periods	Yes / No	
<b>41.</b>	Concentrating for any length of time	Yes / No	
<b>42.</b>	Hearing a normal conversation	Yes / No	
<b>43.</b>	Understanding English	Yes / No	

## 18. Declaration Statement;

**Info:** Positions involving access to Children, the sick, the elderly and the vulnerable are exempt from the rehabilitation of offenders act (1974). You must therefore declare any convictions, cautions or pending prosecutions during the registration process (or immediately if your circumstances change). Your disclosure will be treated in the strictest confidence and will not necessarily prejudice your application.

**18.1 I declare that I do \ do not have any criminal convictions, cautions or pending prosecutions**

**18.2 I declare that I do \ do not have any open or ongoing regulatory investigation(s) with my governing body.**

*I certify that the information declared on this form is true and correct and that no misleading information has been given. I understand that any misleading information or deliberate omissions may be considered as grounds for the withdrawal of future work being offered by Aspire Locums.*

*I consent to my personal data and CV being forwarded to clients and I consent to references being passed onto potential employers.*

*If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Aspire Locums will be entitled either to charge the Client an introduction or transfer fee, or to agree an extension of the hiring period with the Client.*

Print Name:

Signature:

Date: