



The Spice Building
8 Devonshire Square
London
EC2M 4PL

[STRICTLY CONFIDENTIAL]

Registration Form

Personal Details (*)

Please note all fields with () are mandatory so you will not be able to progress without completion.*

POSITION APPLIED FOR: _____ Title (please circle): Mr | Mrs | Ms | Miss

Forename: _____ Surname: _____

Address: _____ Home Tel: _____
_____ Mobile Tel: _____

Postcode: _____ Date of Birth: _____ | _____ | _____

Email Address: _____ Date of Residence: _____

N.I. Number: _____ Uniform size: _____

NMC Number (If applicable): _____

Source (*)

Where did you hear about us? (Specify where relevant - please circle):

Goldsmith Personnel Website Search engine Job board: _____ Other: _____

Emergency Contact Details (*)

Name: _____ Address: _____

Home Tel. No. _____

Mobile No. _____ Postcode: _____

Relationship to candidate (please circle): Spouse/Partner Parent Sibling Other _____

Reference Details (*)



**The Spice Building
8 Devonshire Square
London
EC2M 4PL**

(Please give the names and contact details of 3 professional referees from your current and most recent employment, which must cover last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that Goldsmith Personnel Nursing Division are unable to offer you work until satisfactory references have been obtained, and that Goldsmith Personnel Nursing Division are required to obtain references for you on annual basis. Please continue on a separate sheet if necessary)

Reference (1)

Name: _____

Position/Grade/Band: _____

Email: _____

Telephone No. _____

Dates Employed From (Month/Year): _____ | _____

Dates Employed Till (Month/Year): _____ | _____

Organisation: _____

Reference (2)

Name: _____

Position/Grade/Band: _____

Email: _____

Telephone No. _____

Dates Employed From (Month/Year): _____ | _____

Dates Employed Till (Month/Year): _____ | _____

Organisation: _____

Reference (3)

Name: _____

Email: _____

Dates Employed From (Month/Year): _____ | _____

Organisation: _____

Position/Grade/Band: _____

Telephone No. _____

Dates Employed Till (Month/Year): _____ | _____

Can we contact all your referees prior to interview? YES NO

Nationality and Eligibility to work (*)

Do you hold a British/Eu passport: YES NO

Passport no: _____

Nationality: _____

Expiry date: _____

If you do not hold a British / EU passport, do you hold any of the following? (please tick the relevant square):

Indefinite Leave to Remain in the UK Ancestry Visa Work Permit/Sponsorship (Tier 2) Spousal/Partnership Visa

Student Visa (Tier4) Biometric Residence Permit Working Holiday Visa/Youth Mobility (Tier 5)

Other: _____ Expiry date: _____

Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in any of our Clients you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.

Professional Qualifications (*)



The Spice Building
8 Devonshire Square
London
EC2M 4PL

(List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide scanned copies. Photocopies of all certificates).

| Qualification: | Place where obtained: | Date to/from: | Certificate attached? |
|----------------|-----------------------|---------------|-----------------------|
| | | | |
| | | | |

Professional Appraisal (*)

List your most recent professional appraisal

| Location of appraisal: | Date of appraisals: | Key outcomes: |
|------------------------|---------------------|---------------|
| | | |
| | | |

International English Language Testing System (IELTS) (*) Have you completed your IELTS? If yes, please complete the below:

| Qualification: | Place where obtained: | Date completed: | Certificate attached? |
|----------------|-----------------------|-----------------|-----------------------|
| | | | |
| | | | |

Employment History (*) Please use separate paper if required

Organisation (1)

Job title: _____ Ward/Dept: _____

Organisation Name: _____ Responsibilities: _____

Dates Employed From (Month/Year): _____ | _____ Dates Employed Till (Month/Year): _____ | _____

Grade/Band: _____ Did you get dismissed: YES NO

Reason for leaving: _____

Organisation (2)

Job title: _____ Ward/Dept: _____

Organisation Name: _____ Responsibilities: _____

Dates Employed From (Month/Year): _____ | _____ Dates Employed Till (Month/Year): _____ | _____

Grade/Band: _____ Did you get dismissed: YES NO

Reason for leaving: _____

Organisation (3)



The Spice Building
8 Devonshire Square
London
EC2M 4PL

Job title: _____ Ward/Dept: _____

Organisation Name: _____ Responsibilities: _____

Dates Employed From (Month/Year): _____ | _____ Dates Employed Till (Month/Year): _____ | _____

Grade/Band: _____ Did you get dismissed: YES NO

Reason for leaving: _____

Organisation (4)

Job title: _____ Ward/Dept: _____

Responsibilities: _____

Dates Employed From (Month/Year): _____ | _____ Dates Employed Till (Month/Year): _____ | _____

Grade/Band: _____ Did you get dismissed: YES NO

Reason for leaving: _____

Organisation (5)

Job title: _____ Ward/Dept: _____

Responsibilities: _____

Dates Employed From (Month/Year): _____ | _____ Dates Employed Till (Month/Year): _____ | _____

Grade/Band: _____ Did you get dismissed: YES NO

Reason for leaving: _____

Do you have a preference in which client you work with? Do you ever have a client requesting for you? Are you self-booking anywhere? – (Also what position are you applying for?)

Disclosure of Criminal Records (*)

Applications for healthcare positions are exempt from Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those consider 'spent' under this Act. Please tick as relevant to you:



**The Spice Building
8 Devonshire Square
London
EC2M 4PL**

10. I acknowledge that my personal details will be stored and handled correctly by Goldsmith Personnel Nursing Division Recruitment in accordance with the Data Protection Act 1998, however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents - DBS, Occupational Health, References).
11. I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a sole responsibility to monitor this. In addition, if my position as a student changes, I must inform Goldsmith Personnel Nursing Division.
12. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a sole responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform Goldsmith Personnel Nursing Division.
13. I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for Goldsmith Personnel Nursing Division, I must inform Goldsmith Personnel Nursing Division immediately.
14. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body or being investigated by my current or previous employer. I will inform Goldsmith Personnel Nursing Division if I am under investigation or suspended by my professional regulatory body or employer at any point while working for Goldsmith Personnel Nursing Division.
15. I confirm that when asked about my working history (primarily, but not exclusively, for the purpose of the Agency Workers Regulations) I will provide accurate information.
16. I acknowledge that should I reach the 12-week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if Goldsmith Personnel Nursing Division deem it necessary.

I confirm I have read all the above and I can confirm I am happy with the above (*)
Please tick box for agreement of all the above:

Signature:

Print Name:

Date: