

APPLICATION FORM

1. Personal Details

Title: Dr / Mr / Miss / Ms **Other:** _____

Forename: _____ **Surname:** _____

D.O.B: _____ **Gender:** Male / Female / Other

Address: _____

Post Code: _____ **Email:** _____

Home Tel: _____ **Mobile:** _____

N.I. Number: _____ **Nationality:** _____

Passport Number: _____ **Expiry:** _____

Visa (If applicable) _____

Photo Identity _____ **Nr. (If applicable)** _____

2. Next of Kin Details

Forename: _____ **Surname:** _____

Relationship: _____ **Telephone:** _____

In case of emergency

Forename: _____ **Surname:** _____

Relationship: _____ **Telephone:** _____

3. Payment Details

Mylocum pays agency staff online, directly into their bank account. Payment will be available at the earliest opportunity and a fully detailed pay advice slip will also be issued.

Payment Method: PAYE / Umbrella/ Ltd Company /Self-employed

Bank / Building Society: _____

Branch Address: _____

Account Holder Name/LTD _____

Company Name: _____

Account Number: _____

Sort Code: _____

Accountant Details (LTD companies/ Self-employed only)

Name: _____

Tel: _____

If you are being paid via an umbrella company, please provide the following information:-

Umbrella Company: _____

Company Contact No: _____

4. Registration Details

Grade: _____

Speciality: _____

NMC / GMC/IMC

HCPC / GPHC No: _____

Renewal Date: _____

Registration Type: _____

Have you ever been investigated by the NMC / GMC / IMC/ HCPC / GPHC? Yes / No

If yes, please provide details:

DECLARATION (Doctors / Nurses / Midwives only)

I am aware of the NMC / GMC revalidation process.

Revalidation Date: _____

Signed: _____

Registration Details Continued.

Doctor

Do you have a designated body? Yes / No

Designated Body: _____

Responsible officer: _____

GMC No. of RO: _____

Nurse / Midwife

Confirmer Name: _____

Confirmer NMC No: _____

**If you don't have one, will be in touch to arrange it*

5. Indemnity Insurance

Are you registered with an indemnity insurance provider? Yes / No *

* If not, kindly note that it is mandatory for you to have adequate insurance cover arranged prior to placement.

Indemnity Provider: _____

Policy Number: _____

Renewal Date: _____

6. Education History

Primary Qualification (i.e. MBBS / BSc)

University: _____

Date: _____

Additional Qualifications (i.e Masters / Membership Royal College):

Qualification	Place of Education	Date Achieved

7. Employment History

MOST RECENT FIRST. Please list the last 10 years of employment, including secondary school. It is important that you explain any gaps of employment of over 1 month in duration. In addition, please attach your current CV.

1. Employer's details (Hospital)

From (Month/Year):	-----	To (Month/Year):	-----
Employer:	-----	Ward/Dept:	-----
Job Title:	-----	Telephone No.:	-----
Grade/Band:	-----	Email:	-----
Referee Forename:	-----	Referee Surname:	-----
Professional title:	-----	Telephone No.:	-----
Grade:	-----	Email:	-----

2. Employer's details (Hospital)

From (Month/Year):	-----	To (Month/Year):	-----
Employer:	-----	Ward/Dept:	-----
Job Title:	-----	Telephone No.:	-----
Grade/Band:	-----	Email:	-----
Referee Forename:	-----	Referee Surname:	-----
Professional title:	-----	Telephone No.:	-----
Grade:	-----	Email:	-----

3. Employer's details (Hospital)

From (Month/Year):	-----	To (Month/Year):	-----
Employer:	-----	Ward/Dept:	-----
Job Title:	-----	Telephone No.:	-----
Grade/Band:	-----	Email:	-----
Referee Forename:	-----	Referee Surname:	-----
Professional title:	-----	Telephone No.:	-----
Grade:	-----	Email:	-----

4. Employer's details (Hospital)

From (Month/Year):	-----	To (Month/Year):	-----
Employer:	-----	Ward/Dept:	-----
Job Title:	-----	Telephone No.:	-----
Grade/Band:	-----	Email:	-----
Referee Forename:	-----	Referee Surname:	-----
Professional title:	-----	Telephone No.:	-----
Grade:	-----	Email:	-----

Please give the names and contact details of at least 3 professional referees from your current and most recent employment, which must cover the last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that Mylocum are unable to offer you work until satisfactory references have been obtained.

8. Declaration of Criminal Record for DBS

Mylocum will conduct an enhanced DBS check on all applicants prior to placement. Due to the nature of the work, the Rehabilitation of Offenders Act 1974 does not apply and you are therefore not entitled to withhold any information regarding your criminal record history. Any failure to disclose convictions, warnings, cautions or reprimands may result in your application being terminated and in severe cases possible removal from the register. All information is kept strictly confidential, however please be aware that we may be required by law to share the result of a DBS check with the employer.

Do you have any unspent convictions, warnings, cautions or reprimands?

Yes / No

If so, please provide details:

Should there be any Police Investigations or convictions after the Criminal Records Check is conducted by us, it should be brought to the notice of the agency immediately. Please confirm that you agree to Mylocum applying for a DBS in your name and to conduct checks using DBS update service as and when required.

Signed: _____ **Date:** _____

9. Working Time Regulations

The Working Time Regulations 1998 limits you to a maximum of 48 hours in any one working week. Your acknowledgement of the Working Time Regulations options means that, should you want to work more than 48 hours, there is an agreement in place with Mylocum allowing you to do so. You are allowed to opt back in to the 48 hours regulations by putting it in writing, providing 4 weeks' notice. You must keep records relating to your hours worked, (keeping your timesheets will suffice).

Do you opt to work for more than 48 hours?

Yes / No

Signed: _____ **Date:** _____

10. Handbook

Along with your application pack, you should have received a Mylocum Handbook. Please ensure you have read through the handbook, and keep it to hand should you have any questions that may arise during your placement. Please sign below to confirm that you have received the handbook and have read and understood the content.

Signed: _____ Date: _____

11. Contract Declaration

I have read and understood Mylocum's Agency Handbook and agree to the terms of engagement including but not limited to relevant terms and conditions, role, responsibilities and obligations, Standards of Practice, Agency Worker Regulations, Working Time Regulations, relevant legislations, Confidentiality policy, tax obligations and terms of payment.

These Terms constitute the entire agreement between Mylocum and you for the supply of services to the 'Client' and they shall govern all Assignments undertaken by you. However, no contract shall exist between Mylocum and you between Assignments. These Terms shall prevail over any other terms put forward by the Agency Worker (you).

I agree to be bound by the Contract for Services as required by the Agency Workers Regulations (AWR) Act 2010:

Signed: _____ Date: _____

12. Consent

I confirm that all information that I have provided in this application is true to the best of my knowledge and I have not attempted to mislead or obscure the truth. I understand that any misinformation may lead to the termination of my contract / employment. I agree for this information to be held on file for the duration of my enrolment with Mylocum. I hereby give permission for Mylocum to allow access to my personnel files as part of any official audit, or client compliance purposes, carried out by, but not limited to, NHS Framework and/or any person authorised by the NHS Authority. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998. I consent to a Resident's permit check by Mylocum if applicable. I confirm my consent for Mylocum to verify and issue the information given to clients where necessary. I confirm that I am happy for Mylocum to request references from the referees I have given in this application form and that copies of these will be disclosed to clients.

I hereby confirm that I take full responsibility for paying the appropriate level of Tax and National Insurance should I use any payment method other than PAYE.

Signed: _____ Date: _____

13. Appraisal Confirmation (Doctors / Nurses / AHP)

All medical recruitment agencies are governed by the NHS employers and Framework standards. It is compulsory that you as a locum Doctor/Locum Nurse/Locum AHP and Mylocum as the contractor comply with their regulations. Under the current guidelines, all candidates are responsible for ensuring that they are appraised on a regular basis and it is Mylocum's responsibility to hold confirmation on the file that you received an annual appraisal. I hereby confirm that I have completed my annual appraisal. My appraiser's details are as follows.

Appraiser

Forename: _____ Surname: _____

GMC / NMC / HCPC / GPHC No: _____

Job Title: _____

Candidate

Forename: _____ Surname: _____

Grade / Band: _____ Speciality: _____

GMC / NMC / HCPC / GPHC Number: _____

Appraisal Date: _____ Next Due: _____

Signed: _____ Date: _____