



Date: ___ / ___ / ____

REGISTRATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS ONLY)

POSITION APPLIED FOR:

STAFF NUMBER:

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

SECTION 1 PERSONAL DETAILS

Title: Miss / Mrs. / Ms. / Mr. / Other	(Please Circle)
Forename:	Surname:
Address:	No. of Dependent Children:
<input style="width: 95%; height: 20px;" type="text"/>	Date of Birth: <u>DD</u> / <u>MM</u> / <u>YYYY</u>
Postcode:	National Insurance No.: L L - N N - N N - N N - L
Tel (Home):	Work Permit Required: * Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile:	<small>* If no, do you have or do you require any other special permission to work in the UK (if you do, please provide documents)</small>
Email:	Work Permit Valid Until: <u>DD</u> / <u>MM</u> / <u>YYYY</u>
Nursing Band:	Date of Arrival in UK (if applicable): <u>DD</u> / <u>MM</u> / <u>YYYY</u>
Passport No.:	Passport Expiry Date: <u>DD</u> / <u>MM</u> / <u>YYYY</u>
DBS Disclosure No.:	DBS Issue Date: <u>DD</u> / <u>MM</u> / <u>YYYY</u>
Country of Birth:	Nationality:
NMC Pin: N N L N N N N L	NMC Pin Expiry Date: <u>DD</u> / <u>MM</u> / <u>YYYY</u>
Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/>	Drivers License No.:

EMERGENCY CONTACT

Name:	Relationship:
Address:	
<input style="width: 95%; height: 20px;" type="text"/>	Postcode:
Telephone (Home):	Mobile:
Email Address:	
<input style="width: 95%; height: 20px;" type="text"/>	

SECTION 2**EDUCATION**

Qualifications obtained from Schools, Colleges and Universities.
PLEASE COMPLETE THE FOLLOWING SECTION OR ATTACH AN UP TO DATE CV

Name and City	Course / Subjects Taken	Dates From and To	Qualification / Grade Obtained
Name and City	Course / Subjects Taken	Dates From and To	Qualification / Grade Obtained

SECTION 3**EMPLOYMENT HISTORY**

(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

Please give reasons for any gaps such as unemployment, voluntary work, and leave to raise family etc.

PLEASE COMPLETE THE FOLLOWING SECTION OR ATTACH AN UP TO DATE CV

(Start with your most recent employment)

Name of Employer:

Employer's Address:

 Postcode:

Position Held:

Duration of Employment: From: / / To: / / Salary: £

Summary of Duties:

Reason for Leaving:

Name of Employer:

Employer's Address:

Postcode:

Position Held:

Duration of Employment: From: / / To: / / Salary: £

Summary of Duties:

Reason for Leaving:

SECTION 4 TRAINING

Please give details of any training and development courses. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course	From and To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5 REFERENCES

Please provide referees for the last 5 years, one of which must be from your most recent employer. This must reflect what is stated on your CV. College leavers give names of lecturers/tutors/professors.

We cannot accept friends and relatives as referees.

Referee 1

Name:

Position:

Organisation:

Job Role:

Address:

Postcode:

Telephone:

Email:

Referee 2

Name:

Position:

Organisation:

Job Role:

Address:

Postcode:

Telephone:

Email:

Employment Terms and Conditions & Confidentiality Agreement

I agree that during the time I am engaged by LionHeart Recruitment Ltd to work in any capacity of Work

- a) I will not disclose to any person, any information obtained whilst attending an assignment which is confidential
- b) I will hold in trust and confidence all such information and never use it other than for the benefit of Lionheart Recruitment.

I have read and understood the professional Code of Conduct and have been issued with a copy. I will at all times adhere to the code.

Print Name: _____ Signed: _____ Date: DD / MM / YYYY

Working Time Directive 1998 Opt Out of Maximum Hours

WTD 1998 says that you, the Temporary Worker do not have to work on an Assignment with the Client in excess of the 48 hours Working Week unless you agree in writing that this limit should not apply.

Yes I consent to opting out of Maximum Hours No I do not want to work more than 48 hours

SECTION 6 HEALTH DECLARATION

<i>Have you ever suffered from (Please Tick)</i>	Yes	No		Yes	No
Fainting attacks			Hay fever		
Fits or blackouts			Heart trouble		
Giddiness			High blood pressure		
Mental Illness			Varicose vein trouble		
Recurring headaches			Back trouble		
Ear trouble or deafness			Other muscle or Joint trouble		
Eye trouble			Skin trouble		
Defective vision not corrected by glasses			Diabetes		
Recurring chest disease			Recurring stomach trouble		
Asthma			Recurring bowel trouble		
<i>Have you any disability affecting (Please Tick)</i>	Yes	No		Yes	No
Standing			Walking		
Stair climbing			Lifting		
Use of hands			Work at heights on ladders/staging		
Ability to drive a motor vehicle			Ability to communicate with others		

If you ticked 'Yes' for any of the health questions, please specify below. Including the dates of your illness.

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GP Details

Doctors Name:
GP Name:
Address:
Postcode:
Telephone

Vaccination Certificate Report

Tuberculosis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>
Varicella	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Health Declaration

I declare that all the foregoing statements are true and complete to the best of my knowledge. I know of no medical reason why I should not work. Should my situation change whilst I am engaged on a temporary assignment by LionHeart Recruitment or in between assignments from LionHeart Recruitment Ltd, I will immediately notify LionHeart Recruitment and if appropriate, the company where I am working.

I understand that I must at all times, avoid moving and handling any persons or object which may put mine or the clients physical health at risk. I will attend the next available training course through LionHeart Recruitment if I require it.

Print Name: _____ Signed: _____ Date: DD / MM / YYYY

SECTION 7 EQUAL OPPORTUNITIES MONITORING FORM

Monitoring Checklist (Please tick as appropriate)

Gender: Female Male
Sexuality: Heterosexual Bisexual Homosexual Prefer not to say
Age Group: 16-25 26-35 36-45 46-55 56-65 66-70 Over 70

Ethnic Group (Please tick as appropriate)

White
British
Irish
Other
(please specify)

Chinese
Chinese
Vietnamese
Other
(Please specify)

Black
British
Carribbean
African
Other
(please specify)

Asian
Indian
Pakistani
Bangladeshi
Other
(Please specify)

Mixed
White & Black
White & Asian
White & Chinese
Other
(Please specify)

I do not wish to provide this information

Have you ever been convicted of a criminal offence, cautioned, sentenced, reprimanded or given a final warning by the police? Yes No

If 'Yes' please provide details:

Print Name: _____ Signed: _____ Date: DD / MM / YYYY

DECLARATION

I declare that to the best of my knowledge the information I have given on this form is correct and that I have not omitted any facts. I understand that falsification of qualifications or information may lead to removal without notice from LionHeart Recruitment Ltd Services.

Print Name: _____ Signed: _____ Date: DD / MM / YYYY

SECTION 8

PAYMENT DETAILS *

Please fill in all sections and tick the preferable payment option.

Personal Bank Payment

Title: Miss / Mrs. / Ms. / Mr. / Other (Please Circle)	
National Insurance No.: LL - NN - NN - NN - L	Building Society Ref (if applicable):
Account Name:	Name of Bank:
Sort Code:	Account Number:
Email Address:	

LTD Bank Payment

Company Registration Name:	
Company Registration No.:	VAT No.:
Employee/Consultant No.:	Building Society Ref (if applicable):
Account Name:	Name of Bank:
Sort Code:	Account Number:
Company Email Address:	

Please pay my wages into my: Personal Account Company Account
Please send my wage slips to my: Personal Email Company Email

** any mistakes made in your account details will result in your money being rejected and you being charged £10 from your wages to correct the details on the system.*

**To the best of my knowledge all of the above is true and correct at the time of completion.
I agree that the bank details given are those which my wages will be paid into.**

Print Name: _____

Signed: _____ Date: DD / MM / YYYY

Data Protection Act – LionHeart Recruitment will keep this information confidential and only use it for necessary administrative purposes, including wage payments. You may write to the Managing Director of LionHeart Recruitment Ltd to request a copy of all information held on you by us to which the Data Protection Act 1998 applies.