

MediLink Consulting Temporary Worker Registration Pack

Surname:	Right to work in The UK:
Given Names:	Are you a British Citizen/ EU National? YES / NO
Mobile No:	If no what is your current Visa Status? (Please enclose a copy of your entry stamp/visa or permit)
Are you Happy for MediLink Consulting to Represent you: YES / NO	National Insurance No:
Qualifications (with dates):	Professional Registration i.e. GMC Reg, RGN etc. Full / limited Registration Number: Renewal Date:
Permanent Address:	Tel No. (work):

	Mobile:
Work Address:	Fax No.
Appraisals: As required by the NHS, please detail below the formal arrangements you have made to be regularly appraised by a medical practitioner entered in the specialist register. In the case of general practitioners, the appraiser must be (or qualified to be) a GP principal.	Name of appraiser: Date of last appraisal: Date of next appraisal:
Professional Indemnity: we recommend that you take membership of a Medical Defence Organisation. If you are a member please provide details of your membership with a copy	
Defence Body:	
Policy Number:	
Expiry date:	
Male Female	Emergency Contact No/ Next of Kin:
Are you a car driver: YES / NO	
When are you available: From	TO:
Referees:	

First Referee:		Second Referee:	
Position:		Position	
Address:		Address:	
Tel No:	Fax No:	Tel No.	Fax No.
Requirements:	Locum long term	Locum Short Term	Odd Sessions
Which Grades are you qualified to cover:		Preferred Specialties: (only where you have experience)	
Preferred Regions of UK:		Please provide us with any additional information, you may feel relevant to this application:	
How did you hear about us:			
Employment History: (Please Use continuation sheet if necessary)			
Employer 1:			
From:	To:		

Duties:

Employer 2:

From:

To:

Duties:

Employer 3:

From:

To:

Duties:

Please complete all details requested below clearly, sign and return to us as soon as possible

Professional Development Requirements

Have you ever had initial training in the following?

Fire and Safety	YES/NO	DATE:
Health and Safety	YES/NO	DATE:
Moving and handling	YES/ NO	DATE:
COSHH	YES/NO	DATE:
RIDDOR	YES/NO	DATE:
Infection Control	YES/NO	DATE:
Complaints Handling	YES/NO	DATE:
Risk Incident Reporting	YES/NO	DATE:

Where you have answered yes, please give dates of training and provide copies of your certificates.

DECLARATION

I confirm that I have read this document fully and that all the information given to Medilink Consulting Limited is correct to the best of my knowledge. I am not aware of any condition, medical or otherwise, which would limit or affect my employment or performance.

I acknowledge that I have been given a copy of the current terms and conditions of service issued by Medilink Consulting Ltd, and that I have read those terms and agree to abide by them. I can confirm that I am happy to agree with the Working Time Regulation notes as detailed within this document and give consent for my referee's to be contacted for references. I understand that Medilink Consulting Ltd will process my personal data in accordance with the Data Protection act for the purposes of seeking employment opportunities.

I also understand that any personal data held by MediLink Consulting is liable to be inspected by the NHS or any framework provider as part of audit procedures.

Name:.....

D.O.B.....

Signature:.....

Date:.....

Fitness to Practice

Declaration Regarding temporary workers' Fitness to Practice, Proceedings by a Licensing /Regulatory Body & Relating to Criminal Investigations in the UK or Overseas. Statement of criminal convictions & Police Check Clearance

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). Applicants are, therefore, not entitled to withhold any information about convictions, which for other purposes are, then 'spent' under provision of the Act, and in the event of employment, failure to disclose such convictions could result in disciplinary action including dismissal being taken by the Health Authority. You are therefore required to declare all criminal convictions or cautions. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies and will not debar from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the conviction, action, how long ago it took place and any other factors that may be relevant. Failure to disclose a criminal offence, having been bound over or cautioned or that you are currently the subject of criminal proceedings which might lead to a conviction, an order binding you over or a caution, or fitness to practice proceedings undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, or result in summary dismissal/disciplinary action and referral to the General Medical Council or General Dental Council for consideration if such discrepancy came to light.

- Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution, in the UK or any other country?

YES/NO

If YES, please provide details of the criminal offence; order binding you over or caution or details of any current proceedings, which might lead to a conviction, an order binding you over or caution, including approximate date, the offence, the authority and the country, which dealt with the offence.

Note: Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions, including those considered "spent" under this Act.

- Have you been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country.

YES/NO

If YES, please provide details of the nature of the proceedings undertaken, or contemplated, including approximate date of proceedings, country where the proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

- Have you ever been suspend from duty with any organisation or with the GMC (RGN or any other professional registration)?

YES/ NO

Please sign below and return this form to us.

I..... (Print name) hereby declare that the information given here is true.

Signature.....Date.....

HEALTH QUESTIONNAIRE

1. Do you currently suffer from, or have you in the past suffered from, any disorders relating to the following systems:

- | | |
|---|----------|
| a) Respiratory | yes / no |
| b) Cardiovascular | yes / no |
| c) Gastro-intestinal | yes / no |
| d) Central nervous (inc. epilepsy) | yes / no |
| e) Genito-urinary | yes / no |
| f) Dermatological | yes / no |
| g) Endocrinological (incl. diabetes) | yes / no |
| h) Haematological | yes / no |
| i) Locomotor (incl. rheumatoid arthritis) | yes / no |

2. If your answer to any of the above questions is yes, or you are currently taking medication, please give details:

- | | |
|---|----------|
| 3. Have you ever suffered from alcoholism or drug dependency? | yes / no |
| 4. Have you ever been screened or examined by/for any Health Authority? | yes / no |
| Date: _____ Place: _____ Result: _____ | |
| 5. When and where was your last chest x-ray? | |
| Date: _____ Place: _____ Result: _____ | |
| 6. Have you been in contact with ionising radiation? | yes / no |
| If yes, for how long _____ | |

7. Protection of Patients undergoing medical treatment (POPUMET) is needed if work is undertaken in an environment when you may be exposed to Radiation i.e. X Rays
8. Have you ever suffered from:

<u>Date (if known)</u>	<u>Certificate attached</u>	
Hepatitis B & C	yes/no	yes/no
TB (BCG)	yes/no	yes/no
Rubella	yes/no	yes/no
Polio	yes/no	yes/no
Tetanus	yes/no	yes/no
Chicken Pox	yes/no	yes/no

9. Have u ever been vaccinated for the following?

<u>Date (if known)</u>	<u>Certificate attached</u>	
Hepatitis B & C	yes/no	yes/no
TB (BCG)	yes/no	yes/no
Rubella	yes/no	yes/no
Polio	yes/no	yes/no
Tetanus	yes/no	yes/no
Chicken Pox	yes/no	yes/no

10. HEPATITIS B STATUS

Before MediLink Consulting can place you in a post you must provide evidence of satisfactory Hepatitis B status. This means that you need to provide written evidence of immunity to the Hepatitis B virus by virtue of a surface antibody test (titre>100mIU/mL) taken within the last three years, or a negative surface antigen test taken in the last six months, before commencing high risk work. Acceptable written evidence (please provide a copy with your CV) may be given by one of the following: Virology department or occupational health department or general practitioner or laboratory.

Certificate enclosed: YES/ NO

10. HEPATITIS C STATUS

This paragraph applies to Health Care Workers who may perform “exposure prone procedures” e.g. surgeons, midwives, A/E staff etc.

Do you know if you have been infected with Hepatitis C Virus? Yes/No

Certificate enclosed: YES/ NO

11. AIDS/HIV infected health care workers.

As recommended in a recent Department of Health (UK) document, all locum staff must be aware of the ethical responsibilities and occupation guidance for HIV – infected health care workers. In line with this recommendation, a statement by the GMC is produced here for your reference.

I have read the Professional Regulatory Bodies’ notice of ethical responsibilities contained in the booklet *Occupational Guidance for AIDS/HIV infected Health Care Workers. HIV Infection and AIDS: The Ethical Considerations.* (A General Medical Council Statement, June 1993).

DOCTORS INFECTED WITH VIRUS – PARAGRAPHS 8 TO 11

Considerable public anxiety has been aroused by suggestions that doctors who are HIV positive might endanger their patients. The risk is very small; to date there is only one known case anywhere in the world of HIV having been transmitted by a health worker to patients, in the course of dental treatment. Nonetheless, it is imperative, both in the public interest and on ethical grounds that any doctors who think they may have been infected with HIV should seek appropriate diagnostic testing and counselling and if found to be infected, have regular medical supervision. Doctors who are HIV positive should seek specialist advice on the extent to which they should limit their practice in order to protect their patients. Such advice will usually be obtained locally from a consultant in occupational health, infectious disease or public health, who may in turn seek guidance, on an anonymous basis, from the UK Advisory Panel of the Expert Advisory Group on AIDS. Doctors must act upon that advice which, in some circumstances, would include a requirement not to practice or to limit their practice in certain ways. No doctor should continue in clinical practice merely on the basis of their own assessment of the risk to patients. The principles underlying this advice are already familiar to the profession, which has well-established policies and procedures designed to prevent the transmission of infection from doctors to patients. It is unethical for doctors who know or believe them to be infected with HIV to put patients at risk by failing to seek appropriate counselling or by failing to act upon it when given. Such behaviour may result in proceedings by the council, which could lead to the restriction or removal of a doctor’s registration if this were necessary to protect patients or the doctor’s own health. The council has already given guidance, in paragraph 63 of the booklet “Professional Conduct and discipline: Fitness to practice” on doctors duty to inform an appropriate person or authority about a colleague whose professional conduct or fitness to practice may be called into question. A doctor who knows that a health care worker is infected with HIV and is aware that the person has not sought or followed advice to modify his or her own professional practice, has a duty to inform the appropriate regulatory body and an appropriate person in the health care workers employing authority, who will usually be the most senior doctor. Doctors who become infected with the virus are entitled to expect the confidentiality and support afforded to other patients. Only in the most exceptional circumstances, where the release of a doctor’s name is essential for the protection of the patients, may a doctor’s HIV status be disclosed with or without his or her consent.

12. Have you been in contact with a Methycillin Resistant Staph. Aureus (MRSA) environment? **yes/no**. If yes, please give details.

13. Please complete the following questionnaire:

Have you any known Allergies?	YES/ NO
Have you had any major illnesses or operations?	YES/ NO
Are you currently taking any medication?	YES/ NO
Do you have a speech, hearing or visual difficulties	YES/ NO
Have you any disabilities or registered disabilities	YES/ NO
Have you had any long term absences due to sickness?	YES/ NO

Do you or have you suffered from the following:

Epilepsy, fainting attacks, blackouts or giddiness?	YES/ NO
Dermatitis, eczema, psoriasis or skin problem?	YES/ NO
Nervous breakdown or mental illness?	YES/ NO
Prolonged backache or back / neck injury?	YES/ NO
Heart diseases	YES/ NO
Raised Blood Pressure	YES/ NO
Do you have any other medical condition you wish to declare?	YES/ NO

If you have answered yes to any of the above question, please provide details including dates, diagnosis, and whether you had taken time off work for treatment:

DECLARATION

I confirm that the above details given by me are true to the best of my knowledge and I enclose the necessary certificates. I understand the above information may be sent to the Hospital.

Name:

Date:

Signed:

Please return the completed form to MediLink Consulting with any health clearance certificates you may have, plus documentary evidence of your current Hepatitis B & C status.

(Please note that this form will be sent to the Hospital in which you will work)

WORKING TIME DIRECTIVE OPT OUT AGREEMENT

Temporary Workers

Regulation 4 of the Working Time Directive requires that a temporary worker's average working time must not exceed 48 hours per week unless the temporary worker agrees in writing to exceed the limit.

If temporary workers are to lawfully work more than 48 hours, they must sign an opt-out agreement to this effect.

If you are prepared to work more than 48 hours per week, please sign and return the agreement below as soon as possible in order that we may lawfully employ you even if your hours exceed this.

I agree to opt-out of Regulation 4 of the Working Time Directive.

Name (please print): _____

Signed: _____

Date: _____

Medilink Consulting is required to implement its responsibility under the Race Equality/ Diversity Legislation in gathering details of every applicant's diversity, in respect of Race, Region or Belief, Gender, Sexuality, Disability, Age. This information is collected only monitoring purposes only.

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Please highlight the details that apply to you.

Do you wish to disclose this information to us: YES/ NO

If yes please select below which describes your ethnic origin as follows:

White British

White Irish

White - Any other white background

Asian – or Asian British – Indian

Asian – or Asian British – Pakistani

Asian – or Asian British – Bangladeshi

Asian – or Asian British – Any other Asian background

Mixed – White and Black Caribbean

Mixed – White and Black African

Mixed – White and Asian

Mixed – Any other mixed background

Black or Black British Caribbean

Black or Black British African

Black or Black British – any other Black Background

Other Ethnic Group – Chinese

Other Ethnic Group – Any other Ethnic Group

Under the terms of the Disability Discrimination Act 1995 a disability is defined as a 'physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities'. MediLink Consulting welcomes applications from disabled people

Do you consider yourself disabled? Yes or No

I do not wish to disclose whether or not I have a disability (Please indicate by ticking)

If disabled, do you need any special arrangements to enable you to attend for interview? Yes.....No....

If so, please give details:

Do you wish to disclose your religion or beliefs: YES/ NO

Please give us details of your religion or Belief?

Do you wish to disclose your Sexuality YES/NO

Please give us details of your sexuality.....

Please note, Medilink Consulting is an equal opportunities employer, and will ensure that none of our candidates or clients are discriminated, in respect of diversity.

Please ensure that before you return this application back to Medilink Consulting, you have provided all requested documentation, so that we are able to fully register your application.

- | | |
|---|----------|
| 1. Complete Application Pack. Signed where necessary | YES/ NO |
| 2. Fully updated CV, with no gaps. The information must be accurate, and all gaps must be explained | YES / NO |
| 3. Your complete contact Details | YES/ NO |
| 4. Details of your last two employers for Reference Checks | YES/ NO |
| 5. Copy of your Passport | YES/ NO |
| 6. Copy of NI card or Old Pay Slip, P45 /60 | YES/ NO |
| 7. Ensure that the Health and Fitness to Practice Questionnaires are signed | YES/NO |
| 8. Pathology Reports including Hep B and C with Titre Levels | YES/ NO |

(Please note that reports must be in printed copy format, as typed and hand-written reports are not accepted by UK hospitals. These reports can be obtained from your occupational health department)

- | | |
|---|---------|
| 9. Proof of eligibility to work in the UK. IE Visa (If applicable) | YES/NO |
| 10. Copy of GMC certificate / JCPTGP / or any other professional registration | YES/NO |
| 11. Copy of your Qualifications | YES/ NO |
| 12. Copy of your MPS/MDU | YES/ NO |
| 13. 2 passport size pictures | YES /NO |