

Standardlinks Recruitment Ltd. Address: 10, Tiger Moth, Lee-On-The-Solent, Portsmouth, PO13 2FU, United Kingdom.

Phone: (+44) 7470 -299-294

Email: in fo@standard links recruitment.net

REGISTRATION FORM

PERSONAL DETAIL	S			
Surname		Title		
First Name(s)			Male	Female
Date of Birth		NI Number		
Current Address		Mobile Phone		
		Home Phone		
Post Code		Email		
Nationality.		Passport No.		
Do you drive?	Yes No	Driving Licence N	0.	
NEXT OF KIN (TO BE N	IOTIFIFIED IN CASE OF EMERGENC	ZY)		
Name		Relationship to Yo	ou	
Address		Mobile Phone		
		Home Phone		

EDUCATION, TRAINING AND QUALIFICATIONS

SECONDARY AND FURTHER EDUCATION Name of School/College/University	Qualifications currently studying	Date from/to
Name of School/College/University	Qualifications and Grade Obtained	Dates from/to

YOUR WORK HISTORY

Please ensure you complete this section even if you have a Curriculum Vitae. It is required that 'Employment history should be recorded on an application form which is signed'. Please ensure that you leave no gaps unaccounted for and it covers 10 years, or up to you education. Please use a continuation sheet if necessary.

Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	

YOUR WORK HISTORY Continued...

Please ensure you complete this section even if you have a Curriculum Vitae. It is required that 'Employment history should be recorded on an application form which is signed'. Please ensure that you leave no gaps unaccounted for and it covers 10 years, or up to you education. Please use a continuation sheet if necessary.

Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	
Dates From/To (Month/Year)	Employer
Position Title	Grade
Main Responsibilities	Work Address
Reason for Leaving	

REFERENCES

Please give the names and addresses of two people from whom references may be obtained. One of these must be your present and most recent employer or agency whom we may approach for a nursing reference, <u>excluding relatives</u>. Please remember that the two references must cover the last 3 year period.

1. Name					
Position/Grade		Is this referee senior to you?	Yes	No	
Work Address					
Phone Number					
Email					
How long has this person known you?	М	ay we contact this person rior to your interview?	Yes	No	
2. Name					
Position,		Is this referee senior to you?	Yes	No	
Work Address					
Phone Number					
Email					
How long has this person known you?		ay we contact this person ior to your interview?	Yes	No	

WORK PREFERENCES					
When are you able to work?	Mornings	Afternoons	Occasi W	ional /eeks	
Full Time Part Time	Evenings	Nights	Weeke	ends	
Date Available to Commence:					
Please state the specialised areas in which yo	ou feel competent and c	confident to w	ork:		
1st Choice					
2nd Choice					
3rd Choice					
Would you be willing to work at short notice	?	Yes		No	
Do you have any commitments that reduce y	your flexibility to work?	Yes		No	
If yes, please state:					
Please list any other agencies you are curren	tly registered and work	for:			
COMPETENCIES, SKILLS AND EXPERIE	NCE				
GENERAL COMPETENCIES					
Level of competency of the English	Written:	Fluent	Good	Fair	
Language	Spoken:	Fluent	Good	Fair	
Have you passed each of the academic modules of the IELTS test? Yes No					
Please provide copies of all IELTS certificates held by you.					

DECLARATIONS

Signature

Date

DISCLOSURE AND BARRING SERVICE (DBS)

The Disclosure and Barring Service (DBS - formerly Criminal Records Bureau CRB) is the executive agency of The Home Office responsible for conducting checks on criminal records. We are a registered body for receipt of DBS disclosure information. Our clients insist on agencies making informed recruitment decisions which require DBS checks to be done. It is a condition of proceeding with your application that you apply for a DBS.

The disclosure will be compared with the information given below and any inconsistencies could invalidate your application or lead to the cancellation of your registration with us.

REHABILITATION OF OFFENDERS ACT 1974 AND CRIMINAL RECORDS

By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendments) Order 1986 the provision of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which is of such a kind to enable the holder to have access to persons in receipt of such services in the course of his/her normal duties. You should there fore list all offences below even if you believe them to be 'spent' or 'out of date' for some other reason.

Have you been convicted of a criminal offence?

Yes No Have you ever been cautioned or issued with a formal warning for a criminal offence?

If you have answered 'yes' to either of the above questions please list details including dates below.

DECLARATIONS Continued...

RIGHT TO WORK		
	ent that before any offer of work can be made all candidates provide the company with collity to work in the UK by providing one of the original documents detailed below.	confir-
dom or a passport or	scribes the holder as a British Citizen or as having a right of abode in the United King - other travel document to show that the holder has INDEFINITE LEAVE TO REMAIN in and is not precluded from taking the work in question.	
	y card issued by a State which is a party to the European Union and EEA agreement the holder as a national or a state which is a Party to that agreement.	
	e Home Office or the Department of Education and Employment indicating that the perter has permission to take agency work in question or a biometric residence permit.	
WORKING TIME DIRE	ECTIVES	
that it is safe to work therefore you will ne	has laid down guidelines for all workers, governing the length of the maximum working we k. The current limit is 48 hours per week. You are under no obligation to accept work offe ver be compelled to work more than 48 hours per week but you may choose to do so. You have read and understood this information by indication your preference below.	
I DO NOT wish to w	vork more than 48 hours per week	
I DO wish to work r	more than 48 hours per week	
Signature	Date	
REGISTRATION FORI	M DECLARATION	
accurate in all res	nformation given in this registration form is to the best of my knowledge complects and that I am eligible to work in the UK. any false or misleading information may result in my removal from Standardlink	
Signature		
Date		

FOR OFFICE USE ONLY

	Date sent:	Signature:	Date received:	Signature:
Reference 1				
Reference 2				
Date application form reco	eived:			
Date fully registered:				
NI Card/Gov. Letter				
Interview:				
Date:				
Interviewer:				
Comments:				
Date commenced work:				