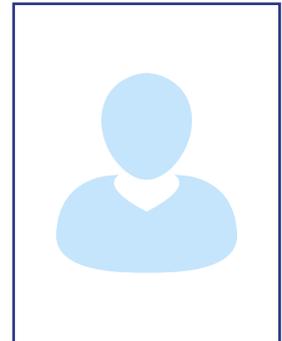




STANDARD NURSING AGENCY

5 Forum House
Empire Way Wembley
Middlesex
HA9 0AB
Tel: 020 8900 9519 Fax: 020 8900 9587
recruitment@standardnursing.com



REGISTRATION FORM

PERSONAL DETAILS

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 No.	

NEXT OF KIN (TO BE NOTIFIED IN CASE OF EMERGENCY)

Name	Relationship to You
Address	Mobile Phone
	Home Phone

EDUCATION, TRAINING AND QUALIFICATIONS

REGISTRY DETAILS

NMC Pin Number

Where Obtained

Expiry Date

NMC Part of Register

Qualification

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

Name of School/College/University	Qualifications and Grade Obtained	Dates from/to

MANDATORY TRAINING

Training Course

Date of Last Training

Date Update Required

Moving and Handling Fire Precautions

Health and Safety 1974/1999 Act including COSHH/RIDDOR

Infection Control

BLS/PLS Resuscitation of the newborn (for midwives)

CTG Interpretation Skills and Drills

Management of Aggression & Violence

Information governance inc. the caldicott protocols and data protection

Lone Worker Training

YOUR WORK HISTORY

Please ensure you complete this section even if you have a Curriculum Vitae. The NHS requires 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	

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YOUR WORK HISTORY Continued...

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REFERENCES

Please give the names and addresses of **two** clinical professional people of a senior/grade position to you 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, excluding relatives. 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?

May we contact this person prior to your interview?

Yes

No

2. Name

Position/Grade

Is this referee senior to you?

Yes

No

Work Address

Phone Number

Email

How long has this person known you?

May we contact this person prior to your interview?

Yes

No

WORK PREFERENCES

When are you able to work?

Mornings

Afternoons

Occasional
Weeks

Full Time

Part Time

Evenings

Nights

Weekends

Date Available to Commence:

Please state the specialised areas in which you feel competent and confident to work:

1st Choice

2nd Choice

3rd Choice

Would you be willing to work at short notice?

Yes

No

Do you have any commitments that reduce your flexibility to work?

Yes

No

If yes, please state:

Please list any other agencies you are currently registered and work for:

COMPETENCIES, SKILLS AND EXPERIENCE

GENERAL COMPETENCIES

Level of competency of the English
Language

Written:

Fluent

Good

Fair

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.

COMPETENCIES, SKILLS AND EXPERIENCE Continued...

Please indicate your level of proficiency according to the scale below:

- A:** No experience
- B:** Previously performed but not proficient
- C:** Competent to perform independently

RESPIRATORY SKILLS	A	B	C
Administering oxygen therapy			
Care of patient using CPAP			
Care of patient with chest tubes/underwater sealed drainage			
Care of ventilated patient			
Interpret arterial blood gas results			
Perform chest physio			
Pulse oximetry			
Respiratory status assessment skills			
Suctioning - oropharyngeal			
- nasopharyngeal			
- tracheotomy			
Tracheotomy care			

CARDIOVASCULAR SKILLS	A	B	C
Administering intravenous therapy via - pump			
- giving set			
Basic ECG interpretation			
Care of patient post cardiac surgery			
Care of patient post vascular surgery e.g. femm./pop bypass			
Care of patient with congestive cardiac failure			
CVP readings			
Perform ECG			
Use of cardiac monitoring equipment			
Use of defibrillator			
Venepuncture/canulation			

GASTROINTESTINAL SKILLS	A	B	C
Abdominal assessment e.g. for bowel sounds etc.			
Administration of enemas			
Administration of NG feeds - bolus			
- via pump			
Administration of suppositories			
Care of abdominal drains			
Care of colostomy			
Care of ileostomy			
Care of patient post-gastrointestinal surgery			
Care of patient with inflammatory bowel disease			
Care of percutaneous endoscopic gastroscopy (PEG) tube			
Care of T-tube			

Continued...

COMPETENCIES, SKILLS AND EXPERIENCE Continued...

GASTROINTESTINAL SKILLS CONTINUED...

	A	B	C
Check placement of NGT			
Flexiflo systems			
Insertion of naso-gastric tube (NGT)			
Perform urinalysis			

ENDOCRINE/METABOLISM SKILLS

	A	B	C
Blood sugar level testing			
Care of parental nutrition infusion/lines			
Care of patient after a drug overdose			
Care of patient with diabetes insipidus			
Disorders of the pituitary gland			
Care of patient with thyroid disorders			
Diabetic education			
Disorders of the adrenal gland			
Insulin administration			
Management of a sliding scale of insulin			
Management of insulin dependent diabetes mellitus			
Management of IV insulin infusion			
Management of non-insulin dependent diabetes mellitus			

RENAL SKILLS

	A	B	C
Care of an AV fistula			
Care of a patient post nephrectomy			
Care of a patient post renal transplant			
Care of nephrostomy			
Care of a patient with renal failure			
- chronic			
- acute			
Insertion of urinary catheter			
- male			
- female			
- short term/intermittent			
Manage peritoneal dialysis			
Manage venous dialysis			
Perform bladder irrigations			
- continuous			
- intermittent			

INFECTION CONTROL SKILLS

	A	B	C
Assessment and care of pressure sores/ulcers			
Burn care			
Care of surgical drain			
Care of isolated patients			
Knowledge of universal precautions			
Wound care			
Wound packing/irrigation			

Continued...

COMPETENCIES, SKILLS AND EXPERIENCE Continued...

ORTHOPAEDIC SKILLS

A B C

Application of POP casts			
Care of patient post hip replacement			
Care of patient post joint reconstruction			
Care of patient post total knee replacement			
Care of patient using PCM			

NEUROLOGICAL SKILLS

A B C

Care of head injury patients			
Care of patient during/post seizure			
Care of patient post neck/back surgery			
Care of patient post spinal cord injury			
Perform neurological observations			
Use of glasgow coma scale			

MIDWIFERY SKILLS

A B C

Suturing			
Care with epidurals			
Neonatal and maternal resuscitation			
Theatre experience			
Home birth experience			
IT experience			
Antenatal care			
Post natal care			
Labour suite			
Birth centre			
Skills and drills			
PICU experience			
Basic life support training			
PLS training			

Must have completed and submitted a notification of intention to practice via supervisor of midwives (must be current and updated annually)

Name of supervisor:

Date supervisor notified:

SPECIALISMS FOR NURSES ONLY - PLEASE TICK THOSE OF WHICH YOU HAVE SIGNIFICANT EXPERIENCE

A & E	Elderly Care	HDU	Ophthalmics
Anaesthetic	Family Planning	SCBU	Orthopaedics
ENT	Gynaecology	NICU	Out Patients
Burns and Plastics	Haematology	PICU	Paediatrics
Cardiology	Health Visiting	Midwifery	Palliative Care
Cardio Thoracic	Infectious Diseases	Medical	Phlebotomy
Clinical Perfusion	Psychiatry	Mental Health	Radiotherapy
CCU	Renal Dialysis	Neurology	School Health
Dermatology	Vene Puncture	Occupational Health	X-ray
District/Community	ITU	Oncology	

DECLARATIONS

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. NHS Trust and Private Sector hospitals and nursing homes insist on agencies making information recruitment decisions which require DBS checks to be made on all staff. It is a condition of proceeding with your application that you apply for a DBS disclosure check. 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 therefore 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? Yes No

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

Signature

Date

DECLARATIONS Continued...

RIGHT TO WORK

It is a legal requirement that before any offer of work can be made all candidates provide the company with confirmation of their eligibility to work in the UK by providing one of the original documents detailed below.

A passport which describes the holder as a British Citizen or as having a right of abode in the United Kingdom or a passport or other travel document to show that the holder has INDEFINITE LEAVE TO REMAIN in the United Kingdom and is not precluded from taking the work in question.

A passport or identity card issued by a State which is a party to the European Union and EEA agreement and which describes the holder as a national or a state which is a Party to that agreement.

A letter issued by the Home Office or the Department of Education and Employment indicating that the person named in the letter has permission to take agency work in question or a biometric residence permit.

WORKING TIME DIRECTIVES

The European Union has laid down guidelines for all workers, governing the length of the maximum working week that it is safe to work. The current limit is 48 hours per week. You are under no obligation to accept work offered to, therefore you will never be compelled to work more than 48 hours per week but you may choose to do so. Please confirm that you have read and understood this information by indicating your preference below.

I DO NOT wish to work more than 48 hours per week

I DO wish to work more than 48 hours per week

Signature

Date

INDEMNITY INSURANCE

All qualified nurses are required to hold individual Indemnity Insurance to the value of £3 million (please provide evidence of this).

Name of professional body

Membership Number

Name of Trade Union to which
you hold membership

Membership Number

Failure to provide this information may affect assignment of work within the NHS.

REGISTRATION FORM DECLARATION

I declare that all information given in this registration form is to the best of my knowledge complete and accurate in all respects and that I am eligible to work in the UK.

I understand that any false or misleading information may result in my removal from SNA's register of members.

Signature

Date

Print Full Name

FOR OFFICE USE ONLY

Date sent: Signature: Date received: Signature:

Reference 1

Reference 2

Date application form received:

Date fully registered:

Date following checked:

PIN Number

Statement of entry with NMC

NI Card/Gov. Letter

Interview:

Date:

Interviewer:

Comments:

Date commenced work: