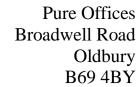




Please indicate work type:

How did you hear o	f Prudent Health service ?			
RGN	RMN	N.V.Q.	H.C.W.	
Pharmacy	BMS	AHP	RM	
PERSONAL DETAILS:				
Full Name		Nationality		
Address		EU Citizen		
7 (3.3.)		Visa Status		
		NI Number		
Post Code		HPC Registration		
Contact No's		Expiry Date		
Home		NMC Pin no.		
Mobile		Expiry Date		
Work		CPS Registration		
Email:		Expiry Date		
		RCN / Union no		
Marital Status		Other		
D.O.B.		Expiry Date		
	or no to the following: a current UK driving licence? a car?	Yes No Yes No		
NEXT OF KIN:		T		
Name		Address:		
Phone no:				
Relationship				
MEDICAL INFORMAT	TION:			
GP's Name:				
Address:				
Phone number				





REFERENCES:

Reference 1.

Establishment:

Name:

Address

State the full name and work address of the two professional references, one of which must be your current or most recent employer:

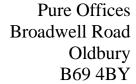
Reference 2.

Establishment:

Name:

Address

Post Code:	Post (Post Code:	
Position Held:	Position	Position Held:	
Telephone:	Telep	Telephone:	
Email:	Email	Email:	
EMPLOYMENT HISTORY			
Give details of your employme		•	
for. Include the month and the	; year, starting with your cur	rent or last job.	
Position			
Establishment			
Address			
Post Code	Tel:		
From:	To:		
Position			
Establishment			
Address			
Post Code	Tel:		
From:	To:		
Position			
Establishment			
Address			
Post Code	Tel:		
From:	To:		
Position			
Establishment			
Address			
Post Code	Tel:		
From:	To:		





REHABILITATION OF OFFENDERS ACT

TRAINING.

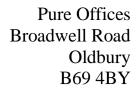
Due to the nature of the work you are applying for, this post is exempt from the provision of section 4 (2) the rehabilitation of offenders act 1974 by virtue of the rehabilitation of offenders act 1975 (exception) order 1975 applicants are therefore, not entitled to withhold information about convictions which for any other purpose are "spent" under the provisions of the act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for the positions where the order applies and should be entered at the end of any particulars you give in support to this application.

Do you have any crimir	al convictions:	
If yes please give detail		
I understand my GP may	be contacted in regards to my application, and I may have to incur	а
cost, as applied by my C	P	
(please tick the box to c	onfirm that you agree to the statement)	
Signed:	Date:	
PLEASE PROVIDE EVIDEN	E OF PROFESSIONAL QUALIFICATIONS, IMMUNISATIONS AND MANDITO	ЭRY



Pure Offices Broadwell Road Oldbury B69 4BY

Have you ever suffered from or been treate your application.	ed for th	e following? You	r medical history will not effect
Heart / circulatory, Hypertension Diabetes Asthma / Hay fever Bronchitis / Pneumonia Tuberculosis	YES	NO	DETAILS:
Epilepsy /Dizziness Headaches / Migraines Psychiatric illness / Depression / Anxiety Dermatitis / Skin sensitivity Eczema / Psoriasis Back injury / back pain Hepatitis / Jaundice			
Are you registered disabled?	Yes	No	
If yes, registration number: Are you currently receiving any medication	n or trea	tment from your	GP? Yes No
Details:			
Do you have any other physical disability o out assignments?	r health	concern that mo	ay affect your ability to carry
Yes No			
Details:			
Additional Information:-			
Work Specialism / Preference:			
1. 2. 3.			
Preferred Work Location			
1. 2. 3.			
Notes:			

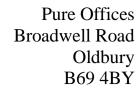




Bank Details

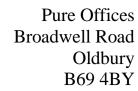
Barik Boralis	
Sort code:	Account No:
Account holders name:	
I authorise Prudent health services to pay my week	y earnings directly into the bank or building
society whose details I have given above. I confi	rm that I will notify in writing of any changes to
these details.	
Signed:	Prudent health services Date:
If you require to be paid through a UK Limited or	Composite company, then the following details
are required. N.B. Certificates of registration will be	pe required.
Company Name	
Company Reg No.	
Company VAT No. (If VAT payments required)	
For OFFICE USE:	Payroll use:
Registration use checked by:	Date set up:
Signature: Sign	ature:
I DECLARE THAT ALL THE STATEMENTS AND PARTIC	ULARS ARE TRUE AND COMPLETE
(Please tick the box to confirm that you agree to	the statement)

I DECLARE THAT ALL THE STATEMENTS AND PARTICULARS ARE TRUE AND COMPLETE (Please tick the box to confirm that you agree to the statement)
SIGNED:
NAME:
DATE:





			,
Have you ever had any problems with your joints,			
including pain, swelling or stiffness?			
Do you have any difficulty in moving rapidly over			
short distances?			
Would you have difficulty looking over either			
shoulder?			
Do you need to wear glasses or contact lenses?			
Do you have any difficulty with your eyesight which is			
not corrected by glasses or contact lenses?			
Have you any problems working with Visual Display Units?			
Have you any problems working in confined spaces/using lifts?			
Do you have any difficulty hearing normal			
conversation?			
Are you taking any medication that makes you dizzy			
or drowsy?			
Do you have a medical condition affected by			
changing sleeping patterns or affecting day time			
sleep?			
Have you suffered from any alcohol or drug related			
illness or had an alcohol or drug problem?			
Are you having or awaiting any treatment at the			
moment?			
What is the date of your last x-ray?			
Are you receiving Medicines, Pills, or Tablets from a			
do atar ar an areascription?			
doctor or on prescription?			
Have you ever suffered from any of the following?	Yes	No	Details
Have you ever suffered from any of the following?	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis	Yes	No	Details Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains	Yes	No	Details Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections	Yes	No	Details
Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice	Yes	No	Details
Have you ever suffered from any of the following? Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice HIV	Yes	No	Details
Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice HIV Tetanus	Yes	No	Details
Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice HIV Tetanus Typhoid	Yes	No	Details
Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice HIV Tetanus Typhoid			
Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice HIV Tetanus Typhoid Any other	best c	of my k	nowledge and belief. I
Heart Problems/Circulatory Illness/Hypertension High or Low Blood Pressure Diabetes Asthma/Hay fever Bronchitis/Pneumonia/Pleurisy Tuberculosis Epilepsy/Fainting Attacks/Blackouts/Fits/Sudden Collapse Headaches/Migraine Psychiatric Illness/ Anxiety/Depression Dermatitis/Skin Sensitivity/Psoriasis/Eczema/Allergies Back Injury/Back Problems/Back Pains Recurrent Infections e.g Sore throats/Ear Infections/Eye Infections Hepatitis/Jaundice HIV Tetanus Typhoid Any other I declare the statements are true end complete to the understand that my General Practitioner may be const	best c	of my k	nowledge and belief. I





DECLARATIONS:	
of my knowledge and belief. I understand that m	ation of Health on this form are true and complete to the best naking false statements or failure to declare health problems ervices LTD I give permission to contact my GP to obtain
Signed:	Date:
work in the UK. I understand that my registration is and enhanced disclosure from the Criminal Reconshould I be convicted of an offence in the future engaged through their introduction, including the assignment. I agree to respect the confidentiality to, at all times. I am clear that Prudent health ser	ation is, to the best of my knowledge, true. I am permitted to is subject to the receipt of at least two satisfactory references ords Bureau. I undertake to inform Prudent health services is. I undertake to inform Prudent health services if I am the offer of permanent employment following a temporary of patients and any other information I may have access exices cannot guarantee assignments and that they have not ter the situation. I have read, understood and agree to the in I have been given a copy. Date:
	tion letter and can confirm that I am aware that more Policy and procedure can be obtained directly <i>Prudent</i>
Signed:	Date:
5.WORKING TIME REGULATIONS	
average of 48 hours per week. I understand that	1998 (as amended), I consent to work in excess of an I may withdraw this consent by giving <i>Prudent health</i> erstand that my registration with <i>Prudent health</i> services can bry work reports.
Signed:	Date:
6.BANK DETAILS	
I have completed my bank details and confirm t incorrect or incomplete details can result in a de	they are complete and correct. I hereby understand that any elay of my payment.
Signed:	Date:
7.DATA PROTECTION	
_	the right to hold this application and any other data norised third party the details held within, also to retain these cordance with the Data Protection Act.
Signed:	Date