

# REGISTRATION FORM

**FOR OFFICE USE ONLY**

## PERSONAL DETAILS

**Surname:** ( Mr / Mrs / Miss / Ms ) .....

**First name:** .....

**D.O.B:** .....

**Nationality:** .....

**Address:** .....

.....

.....

.....

**Postcode:** .....

**Contact Number:** Home ..... Mobile .....

**Email:** .....

**Driving Licence:** Y / N   **Own Transport:** Y / N   **Smoker:** Y / N

**Do you have the legal eligibility to work in the UK?** Y / N

**National Insurance Number:** .....

**EU National?** Y / N (Please specify nationality)  
.....

**Do you require hold a Work Permit or Student Visa?** Y / N

**Work Permit Dates:** FROM ..... TO .....

**Student Visa Dates:** FROM ..... TO .....

## REHABILITATION OF OFFENDERS ACT 1974 :

**Have you been convicted of any criminal offences which are not spent? ?**

Y / N ( If yes please provide details ) .....

.....

.....

## MEDICAL

**Do you consider yourself to have a disability which may affect your employment?**

Y / N ( All applicants must complete the enclosed healthcare questionnaire)

## GENERAL INFORMATION

**Position Applied :** .....

**Minimum Hourly Rate:** .....

**Annual salary:** .....

**Notice Period:** .....

**Holiday Dates:** .....

**When are you available to work?**

FULL TIME / PART TIME / DAYS / NIGHTS / WEEKENDS / SHIFT WORK

**How did you hear about Austen Allen Healthcare?** .....

**What other agencies are you registered with?** .....

.....

**GENERAL INFO:** DATE REGISTERED ..... REFERENCE NUMBER ..... REFERENCE RECEIVED Y / N   TEMP Y / N PERM Y / N

**TEST RESULTS:** MATHS ..... / 10   SPELLING ..... / 5   VISUAL ..... / 5

**ID CHECK LIST:** PASSPORT Y / N   BIRTH CERTIFICATE + NI Y / N   VISA / WORK PERMIT Y / N   WRS FORM: Y / N

**COMMENTS:** .....

## Employment History

### *Present Employer*

Company Name: .....

Company Address:

.....  
.....

Telephone Number:.....

Job Title:.....

Start Date: ..... Finish Date:.....

Reason for leaving:.....

Dates (to – from)	Employer Name and address	Job Title	Reason for leaving	Leaving Salary

<b>Education</b>
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<b>Secondary education</b>	<b>Dates (to – from)</b>	<b>Examinations</b>
<b>Further education</b>		
<b>University</b>		

<b>Training Courses Attended</b>
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<b>Dates (to and from)</b>	<b>Name of College/University/Employer</b>	<b>Course Title and qualifications achieved</b>

**REFERENCES:**

Please provide 2 references one of which must include your present or most recent employer.

Employer	Character (please tick)	Employer	Character
Name.....		Name.....	
Occupation.....		Occupation.....	
Address..... .....		Address..... .....	
Post Code.....		Post Code.....	
Telephone No:.....		Telephone No:.....	

**CONTACT IN CASE OF EMERGENCY:**

Name.....

Address.....  
.....

Post Code.....

Telephone No:.....

**BANK DETAILS**

**I GIVE PERMISSION FOR AUSTEN ALLEN HEALTHCARE TO PAY MY WAGES BY DIRECT TRANSFER TO MY BANK Y / N**

Account Name.....Bank Name.....

Account Number.....Sort Code.....

Signature.....Print Name.....Date.....

**DECLARATION**

I declare all information which I have provided on this application form is correct and answered honestly. I understand the information will be used for the purposes of gaining employment with Austen Allen Healthcare Ltd. The information will be protected by the Data Protection Act 1998. I understand that should any information prove to be inaccurate my assignment may be cancelled. I agree to the terms of the declaration and agree to be bound by them.

SIGNATURE.....PRINT NAME.....DATE.....