

Personal details

Job applying for

Title – enter MR, MRS, MISS, MS, DR or other title

Surname

Forename

Middle Name

Date of Birth – DD MM YYYY

Gender – tick the appropriate box

Male Female Other

Date of residence in UK / UK Birth

Full address

Resident at this address since – DD MM YYYY

Email address

Mobile telephone number

Landline telephone number

Other telephone number

If you have been at your current address for less than 5 years, please provide previous addresses.

Full address

Resident at this address from – DD MM YYYY

Resident at this address to – DD MM YYYY

Full address

Resident at this address from – *DD MM YYYY*

Resident at this address to – *DD MM YYYY*

Full address

Resident at this address from – *DD MM YYYY*

Resident at this address to – *DD MM YYYY*

Next of kin details

Full name

Email address

Relationship

Mobile telephone number

Full address

Landline telephone number

Other telephone number

Registration governing bodies

Select governing body where you are registered (if applicable)

GMC GDC

Other

Membership number

Expiration date

Indemnity insurance provider details (if applicable)

Provider name

Expiration date

Registration number

How did you hear about OneCall24

Referral – please state name of referee

Existing client

Website

Media

Internet

Other

Eligibility to work

British/EU passport

Yes No

Nationality

Passport number

Expiration date

For non-British or EU passport holders:

- Indefinite leave to remain in the UK
- Work permit / Sponsorship (Tier 2)
- Student visa (Tier 4)
- Working Holiday Visa / Youth Mobility (Tier 5)
- Ancestry Visa
- Spouse / Partner Visa
- Biometric Resident Visa
- Other (Please specify)

Expiry Date

Disclaimer: Evidence is required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. To work in the NHS you will be expected to communicate proficiently in English. All passports and visas will be verified as part of our recruitment procedure.

Training

	Valid from	Valid until
BSL (Basic Life Support)	<input type="text"/>	<input type="text"/>
ILS (Intermediate Life Support)	<input type="text"/>	<input type="text"/>
ALS (Advanced Life Support)	<input type="text"/>	<input type="text"/>
PALS (Paediatric Advanced Life Support)	<input type="text"/>	<input type="text"/>
ACLS (Advanced Cardiac Life Support)	<input type="text"/>	<input type="text"/>
ATLS (Advanced Trauma Life Support)	<input type="text"/>	<input type="text"/>
Lone worker training	<input type="text"/>	<input type="text"/>
Handling violence and aggression	<input type="text"/>	<input type="text"/>
Caldicott protocols	<input type="text"/>	<input type="text"/>
Health and safety (COSHH)	<input type="text"/>	<input type="text"/>
Health and safety (RIDDOR)	<input type="text"/>	<input type="text"/>
Complaints handling	<input type="text"/>	<input type="text"/>
Infection control (including MRSA and Costridium Difficile)	<input type="text"/>	<input type="text"/>
Additional Training: <input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Training: <input type="text"/>	<input type="text"/>	<input type="text"/>

Employment history

10 Year Work History (starting with most recent first, use additional paper if necessary)

Name of Employer / Organisation

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

Name of Employer / Organisation

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

Name of Employer / Organisation

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

Name of Employer / Organisation

Date of employment

Ward / Dept

Date of termination

Contact Name

Address

Telephone number

Job Title

Email address

Job Grade/Band

References

Please be aware that OneCall24 will be contacting your referees

1st Reference

Organisation Name

Job Title

Grade / Band

Referee name

Referee Band/Grade

Referee Email

Work telephone

Address details

Post Code

Dates of employment (from/to)

2nd Reference

Organisation Name

Job Title

Grade / Band

Referee name

Referee Band/Grade

Referee Email

Work telephone

Address details

Post Code

Dates of employment (from/to)

Payment details

	Yes	No
PAYE	<input type="checkbox"/>	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>	<input type="checkbox"/>
Umbrella Company	<input type="checkbox"/>	<input type="checkbox"/>
National Insurance Number	<input type="text"/>	<input type="text"/>

Please supply certificate of incorporation, if using Limited company.

Bank Name

Account details – full name

Account number

Sort Code

Criminal records check

Applicants for Healthcare positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under this Act.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had a Police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organisation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had an Enhanced Disclosure and Barring Service (DBS) check? (formerly Criminal Records Bureau check or CRB) | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the questions above, please provide more information:

Company that conducted the check

If you have signed up for the DBS Update Service, please provide the details of your DBS number:

OneCall24 will undertake an Enhanced DBS check on your behalf. You will not be placed without having completed a current DBS check. One call 24 utilises the DBS e-Bulk service. Please contact your recruitment team to check the process for completing the DBS application online. Please enclose all ORIGINAL documentation (e.g. passport) as requested, not just photocopies. These will be returned to you immediately. Please note that at any stage whilst working for OneCall 24 we receive a DBS enhanced disclosure that highlights information you have not declared then you will be removed from your assignment.

Skills & experience

Please tick the areas that best describe your experience

	less than 1 year	1-2 years	2-3 years	3 year +
A&E				
Acute Assessment Unit				
Anaesthetics				
Aviation medicine				
ITU/ICU/HDU/CCU				
Marine medicine				
Medical scientist				
Medicine – Allergy				
Medicine – Audiology				
Medicine – Cardiology				
Medicine – Clinical genetics				
Medicine – Clinical				
Pharmacology and Therapeutics				
Medicine – Dermatology				
Medicine Elderly – Geriatric				
Medicine – Endocrinology & Diabetes Mellitus				
Medicine – Gastroenterology				
Medicine – General				
Medicine – Genito-Urinary Medicine (GUM)				
Medicine – Infectious Diseases				
Medicine – Medical Oncology				
Medicine – Neurology				
Medicine – Neurophysiology				
Medicine – Nuclear Medicine				
Medicine – Occupational				
Medicine – Paediatric Cardiology				
Medicine – Palliative Care				
Medicine – Pharmaceutical Medicine				
Pharmacology and Therapeutics				
Medicine – Rehabilitation				
Medicine – Renal (Nephrology)				
Medicine – Rheumatology				
Mountain Medicine				
Obstetrics and Gynaecology				
Ophthalmology				
Paediatrics – General				
Paediatrics – Neonates				
Pathology – Chemical				
Pathology – Clinical Cytogenetics & Molecular Genetics				
Pathology – Haematology				
Pathology – Histopathology				
Pathology – Immunology				
Pathology – Microbiology & Virology				
Prison Work				
Psychiatry – Adult (GENERAL)				

less than 1 year 1-2 years 2-3 years 3 year +

	less than 1 year	1-2 years	2-3 years	3 year +
Psychiatry – Child & Adolescent				
Psychiatry – Forensic				
Psychiatry – Learning Disability				
Psychiatry – Old Age				
Psychiatry – Psychotherapy				
Radiology – Clinical Oncology				
Radiology – Clinical Radiology				
Resident Medical Officer (RMO)				
Surgery – Cardiothoracic				
Surgery – ENT (Otolaryngology)				
Surgery – General				
Surgery – Neurosurgery				
Surgery – Oral & Maxillofacial				
Surgery – Paediatric				
Surgery – Plastic Surgery				
Surgery – Trauma & Orthopaedics				
Surgery – Urology				
Other (please specify)				

HOSPITAL DOCTORS

Please select only the areas in which you wish to be offered Locum Work.

Consultant	<input type="checkbox"/>
Associate Specialist	<input type="checkbox"/>
Staff Grade	<input type="checkbox"/>
ST4	<input type="checkbox"/>
ST3 (formerly SpR)	<input type="checkbox"/>
ST2	<input type="checkbox"/>
ST1	<input type="checkbox"/>
FY2 (formerly SH0)	<input type="checkbox"/>
FY1 (formerly PyH0)	<input type="checkbox"/>

PATIENT RECORD KEEPING EXPERIENCE

ADASTRA	<input type="checkbox"/>
EMIS GV	<input type="checkbox"/>
EMIS LV	<input type="checkbox"/>
EMIS PCS	<input type="checkbox"/>
EPRS	<input type="checkbox"/>
GANMEAD	<input type="checkbox"/>
HEALTHY/CROSSCARE	<input type="checkbox"/>
THOREX-SYNERGY	<input type="checkbox"/>
VISION	<input type="checkbox"/>

GP EXPERIENCE

less than 1 year 1-2 years 2-3 years 3 year +

	less than 1 year	1-2 years	2-3 years	3 year +
GP registrar				
GP				

Medical questionnaire

This questionnaire is to assist us in placing you in the safest working environment. Our aim is to promote good health, therefore it is essential that you have all the required immunizations and are open and honest regarding any changes, in turn we will treat all declarations confidentially and try our best to assist you without prejudice.

GP details

GP full name

GP practice name

Email address

Telephone number

Postal address

Medical history

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you have any physical or psychological problems that may affect your performance or ability to do the required job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been unable to work because of back injuries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you any pre-existing problems either physical or psychological which have been caused by your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require any special assistance because of Health problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently waiting for treatment for any ailment? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the questions above, please provide more information:

Tuberculosis

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you lived in the UK continuously for the last 5 years?
If your answer is no, please list all the countries you have lived in during this period below. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a BCG vaccination?
Please give the date of this.
<input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| We ask these questions following the NICE guidelines 2006 for prevention and control of TB. | | |
| 3. Unexplained weight loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Fevers especially at night? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a cough which has lingered for 3 weeks or more? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been in contact with a known TB sufferer recently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you travelled abroad in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

Again, if you have answered YES to any of the questions above, please provide more information:

Immunisation history

Please specify the date if you answer YES.

Have you had the following immunisations:	Yes	No	Dates
1. Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Triple vaccination – Diphtheria, Tetanus, Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Hepatitis B dose dates:			
1st course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Booster dates:			
1st course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Hep B titre level > 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Shingles and Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Proof of immunity

1. TB – a sighted BCG scar or a positive heaf test – verified from OH or your GP
2. MMR – evidence of immunity or 2 MMR vaccines

3. VARICELLA – a blood test to prove immunity or a written declaration from your GP that you have had either SHINGLES or CHICKEN POX.

4. HEPATITIS B – Verified course of vaccines including boosters. Plus a blood test showing titre levels > 100.

Exposure prone procedures

If you are going to work in these specific environments you will need to show proof of the following:

Hepatitis B Surface Antigen

Test date – DD MM YYYY

HIV

Test date – DD MM YYYY

Hepatitis C

Test date – DD MM YYYY

For each test you need a negative antibody test. These must be validated, identified samples.

Declaration

I declare that the information I have given is true. I also agree to inform One Call 24 of any changes to my health and other circumstances.

Full name

Date – DD MM YYYY