



Registration Pack

Personal Details

Title	
First Name	
Middle Name	
Surname	
Maiden Name	
Home Telephone	
Mobile	
Email	
Postal Address	
Postcode	
Time at Current Address	
Date of Birth	
Place of Birth	
Marital Status	
NI Number	
Car Driver?	
Next of Kin	
Contact Number	

Eligibility to Work

Please tick the box relevant to your eligibility to work within the UK. We are required to site original documentation to confirm your eligibility. Please refer to the list of documents that are acceptable, under UKBA guideline's to confirm your eligibility.

I am eligible to work within the UK:

Qualifications

(Please supply copies of relevant certificates).

Please tick the box to indicate that you give us permission to confirm your qualification's via relevant Governing Body.

Qualification	University/College/School	Date Started	Date Qualified

Professional Registrations

Professional Society	Membership Number	Expiry Date

Conduct

The information given will be treated in confidence and only taken into account where, in the reasonable opinion of Sensus Associates, any offence is relevant to the post for which you are applying. Failure to declare a conviction/misconduct may require us to exclude you from our register, or terminate an assignment, if the offence is not declared but later becomes known.

Have you ever been subject to any professional misconduct procedures, been suspended from an employer, or currently pending any such proceedings?

If yes, give details:

Do you have a current DBS check? (Within the last 12 months)

DBS Disclosure No:

Issue Date:

Have you signed up to the Online DBS Update Service?

Please tick the box to indicate that you have given permission to request a DBS Police Check.

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974, and in those cases particularly, where employment is sought in relation to positions involving work with children or vulnerable adults, details of all criminal convictions must be given.

Do you have any criminal convictions or cautions, spent or otherwise?

(Please supply further information on a separate page if necessary)

Offence	Date of Conviction/Caution

Declaration

I affirm that the information set out in this application form is true and correct, is not misleading and that no material information is omitted. I understand and agree that if I submit any false or misleading information or omit any material information, this may result in an offer of employment/registration being withdrawn or, if I have already been employed/registered, in my removal from the register.

I agree that the information provided on this form may be used for registered purposes under current GDPR legislation, in particular; the processing of my personal data for purposes connected with the provision or otherwise in contemplation of providing the services, contract administration and payments to me; and for any purposes connected with the process required of Sensus associates to meet its contractual arrangements with its clients and the placement of applicants with them. I accept that my personal data may be exported and/or processed in jurisdictions outside the European Economic Area to allow these contractual arrangements to be met.

Signature:

Date:

Print Name:

DBS Information

(Please complete all sections)

Position Applied for	
Consultant Name	

Applicant Details

Title		
Surname		
Forename(s)		
Current Address		
Postcode		
At Current Address Since		
Date Of Birth		
Preferred Contact Number		
Passport/ID Card	Number Issue Date	Expiry Date
Driving Licence	Number Issue Date	Expiry Date
National Insurance No.		

Personal Details

Surname at Birth		
Used Until		
Any Other Surname Used		
Used From		
Used Until		
Born in the UK	If no, please state Country:	
Place of Birth		
Town/City		

Previous Address History (To cover 5 years)

Address		
Town, City		
Postcode		
At This Address From		Until

Address	
Town, City	
Postcode	
At This Address From	Until

Address	
Town, City	
Postcode	
At This Address From	Until

Address	
Town, City	
Postcode	
At This Address From	Until

Application Declaration & Consent

Do you have any unspent criminal Convictions?

Declaration By Applicant

I confirm that the information provided in support of this application is complete and true and understand that knowingly to make false statement for this purpose is a criminal offence

Signature:

Print Name:

Date:

Medical History Questionnaire

Strictly Private & confidential

Medical Conditions: You are asked to indicate whether you currently have or have ever had any of the following medical conditions.

Epilepsy, fits, blackouts, or unexplained loss of consciousness	
Recurrent headache or migraine	
Diseases of the nervous system e.g, stoke, multiple sclerosis	
Any visual defect e.g, blindness in one eye, night blindness, colour blindness, reduced visual field, blurred vision	
Ear infection, discharge, tinnitus, a hearing defect including deafness	
Vertigo, dizziness, giddiness, problems with balance	
Chest pain, angina, heart disease or breathlessness	
Varicose veins or circulation problems	
Rheumatic fever	
High or low blood pressure	
Any blood disorder	
Asthma, emphysema, TB or other lung disorder	
Jaundice or any form of hepatitis or other liver problem	
Kidney or bladder conditions	
Any problems with bones or joints including back, neck, knee, sciatica	
Any metabolic disorder e.g, diabetes, thyroid, adrenal gland disease	
Any infectious diseases (not childhood illness) e.g, sexually transmitted	
Have you ever suffered from depression	
Substance misuse (e.g, drugs, alcohol, steroids)	
Have you ever been in an environment where MRSA has been diagnosed	
Any allergies - describe:	

If you have answered yes to any of the above questions, please provide details below:

Immunisation Status:
 Have you ever been immunised against the following? If yes, please specify the year.

Tenanus		Year
MMR (Measles, Mumps & Rubella)		Year
Pollo		Year
Diphtheria		Year
Hepatitis B 1st Injection		Year
Hepatitis B 2nd Injection		Year
Hepatitis B 3rd Injection		Year
Has your blood test confirmed immunity to Hepatitis B?		Year

Self-Declaration:
 Please can you confirm the following, that you have:

Been tested and immunised for BCG (Turberculosis)		Additional Information:
Had the Varicella (Chicken Pox) Infection		Additional Information:

AIDS/HIV Infected Healthcare Professionals

I can confirm that I am aware of the Department of Health Guidelines about AIDS/HIV/Hepatitis B infected Healthcare Professionals	
Would you object to your GP being approached for health information should this be required?	
Doctor's name and address:	

Mandatory Safety Training

Manual Handling		Year
Health Safety/Fire Safety/Infection Control		Year
Basic Life Support - Adults		Year
Basic Life Support - Paediatrics		Year

I enclose copies of applicable safety training certificates

Medical Declaration Statement

All information contained in this questionnaire is required by the Department of Health to meet current deadlines. The information given is confidential and will be contained within a secure environment within the company. The information will be vetted by an Occupational Health Specialist. I confirm that the information I have provided is an accurate account of my medical history.

Signature:	Print Name:
Address:	
Postcode:	

Diversity Questionnaire

Forename(s)	
Surname	
Date Of Birth	
Gender	
Ethnic Group	White Black Asian Other. Please specify:

About You	Do you consider yourself disabled under the 1995 Dissability Discrimination Act?	
	If yes, please provide details below:	
About You (Optional)	How would you describe your sexuality? Please tick one box only	
	Hetrosexual	Gay
	Bisexual	Lesbian
	Transsexual	
About You (Optional)	What is your faith/religion/belief? Please tick one box only	
	Agnostic	Humanist
	Atheist	Jewish
	Buddhist	Muslim
	Christian	Sikh
	Hindu	Other. Please specifiy