



Primary Healthcare
Life is precious

Registration Pack

Primary Healthcare

Primary Healthcare
Return to: 157 Whalley Old Road, Blackburn, Lancashire, BB1 5PQ
Email: phcservicesltd@gmail.com
Tel: 01254 433010/ Mobile: 07920499110
Primary-healthcare.org.uk
Registration number: 08813896 (incorporated in England)



Job Application Form

(PLEASE USE BLACK OR BLUE PEN TO FILL THIS APPLICATION FORM. PLEASE USE CAPITAL LETTERS)

Position Applied for:

1. Personal details:

Title:	Surname:	Middle Name:	First name:
Date of Birth:		Gender:	

Address:

	Postcode:
Email Address:	
Home Tel:	Mobile:
Date of Birth:	National Insurance Number:
NMC/HPC/RSPGB No	Expiry Date:

Next of Kin:

Name:	Relationship:
Address:	
	Postcode:
Day Time No:	Mobile No:

Right to Work in Uk:

I Can confirm that I am entitled to work in UK and will provide Primary Healthcare Services with the relevant original documents in accordance with immigration act 1997.	Please tick <input type="checkbox"/>
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Driving Licence

Do you have a driving license ?	Yes / No	Do you drive?	Yes / No
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Working Time Regulation

In accordance with working time regulations act 1998 Primary Healthcare Services require to limit your average weekly working time unless you agree that the limit shall not apply to you.

The 48 Hour time limit will not apply to you (please tick box to opt out)	<input type="checkbox"/>
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Either party can terminate agreement by giving 4 weeks written notice. This agreement shall remain in force until contract with Primary Healthcare Services Ltd ends.

Sign:	Date:
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Employment Information- Please list the last 10 years of your employment explaining any gaps in employment.

1.Employer Name and Address	Reason for Leaving
Date Started	Date Ended
Email Address	Telephone
2.Employer Name and Address	Reason for Leaving
Date Started	Date Ended
Email Address	Telephone
3.Employer Name and Address	Reason for Leaving
Date Started	Date Ended
Email Address	Telephone
4.Employer Name and Address	Reason for Leaving
Date Started	Date Ended
Email Address	Telephone
5.Employer Name and Address	Reason for Leaving
Date Started	Date Ended
Email Address	Telephone
6.Employer Name and Address	Reason for Leaving
Date Started	Date Ended
Email Address	Telephone

References

Please provide names and work addresses of three referees, including telephone numbers, whom may we approach for a reference. These must be professional of a senior position to yourself and who have worked alongside you in the Healthcare Setting. First Referee should be your present or most recent employer.

Name 1:	Designation:
Address:	Postcode:
Email:	Telephone:
Capacity in which referee knows you:	
Name 2:	Designation:
Address:	Postcode:
Email:	Telephone:
Capacity in which referee knows you:	
Name 3:	Designation:
Address:	Postcode:
Email:	Telephone:
Capacity in which referee knows you:	

Academic Qualifications

Qualification	Name of College / University	Date of Qualification

Professional & Clinical Qualification & Training

Qualification/ Training	Start Date	End Date	Grade / Reg No

CQC & Government Required Information (Ethnicity)

1.White British	9.Asian or Asian British Indian
2.White Irish	10. Asian or Asian British Bangladeshi
3.Any other White Background	11.Asian or Asian British or Other Background
4.Mixed White and Caribbean	12.Black or Black British Caribbean
5.Mixed White and Black African	13.Black or Black British African
6.Mixed White and Asian	14.Black or Black British or Other Background
7.Any Other Mixed Background	15.Chinese
8.Asian or Asian British Pakistani	16.Any Other
17.Prefer not to Answer	
Religion:	Sexual Orientation:

Rehabilitation of Offenders:

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the uk or any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details (Date and Offence, Authority, Country)		

Professional Misconduct:

Have you been, or are you currently subject to, any fitness or practice proceedings, or suspension from an employer, or are such pending or threatened against you either in the UK or any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details (Date and Offence, Authority, Country)		

Bank Details

Name appears on account or Name of Company																								
Name of the Bank																								
Account Number														Sort code										

Declaration

Statement to be Signed by the Applicant (Candidates selected for interview will normally be notified within four weeks of the closing date.)		
Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered:		
<i>I agree that Primary Healthcare services LTD can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.</i>		
<i>I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.</i>		
Print Name	Signature	Date
FOR INTERNAL USE ONLY		
Print Name	Signature	Date

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