

APPLICANT INFORMATION

Position Applied For:		
Surname:	Forename(s):	
Title:	Date of Birth (optional):	Gender: (optional)
Address:		
Town:	County:	Postcode:
National Insurance No.:	Email:	
Home No:	Mobile No:	
Are you a registered disabled person?	YES/NO	
If YES, please give details:		
Do you hold a valid UK driving license?	YES/NO	
Do you have access to a vehicle?	YES/NO	
Please give details of endorsements/disqualifications:		

RIGHT TO WORK IN THE UNITED KINGDOM

Please delete as appropriate to indicate your right to work in the United Kingdom:

Passport No:	Issue Date:	Expiry Date:
EU CITIZEN / RIGHT OF ABODE IN THE UK / TIER 2 VISA / TIER 5 VISA / SPOUSE VISA TIER 1 (HSMP) VISA / TIER 4 VISA / ANCESTRY VISA		
OTHER? Please state:		
PLEASE NOTE: ON A STUDENT VISA YOU ARE ONLY ENTITLED TO WORK FOR 20 HOURS PER WEEK DURING TERM TIME		

MEMBERSHIP OF RELEVANT PROFESSIONAL BODIES

Please delete as appropriate: NMC/GMC/BPS/GSCC/Other _____

Registration/Membership No.:	
Membership status:	Expiry date:
Are you on the Specialist Register?: YES/NO	Please state specialty:
Do you have any restrictions on your registration?	YES/NO
If YES, please provide FULL details:	

EDUCATION/FURTHER EDUCATION/PROFESSIONAL QUALIFICATION				
Institution	Level (e.g. GCSE)	Qualification	Grade	Year Obtained

ADDITIONAL TRAINING COURSES/SEMINARS			
Institution	Course Title	Duration	Completion Date

CURRENT STUDIES				
Institution	Level	Course Title	Method of Study (e.g. day release)	Completion Date

PROFESSIONAL DEVELOPMENT				
Please provide copies of certificates for the relevant training received:				
Child Protection Training	YES/NO	Fire Safety	YES/NO	
Complaints Handling	YES/NO	COSHH	YES/NO	
Handling Violence/Agression	YES/NO	Health & Safety	YES/NO	
Manual Handling	YES/NO	First Aid	YES/NO	
Administration of Medication	YES/NO	Infection Control	YES/NO	
Basic Food Hygiene	YES/NO	POVA	YES/NO	

EMPLOYMENT HISTORY

Please include details of all previous employment, including unpaid/voluntary work undertaken in the past 10 years and accounting for any gaps in employment. A copy of your CV can be attached in addition if applicable and additional sheets may also be attached if required.

Present/most recent employer:

Employer address:

Job title:

Start date:

End date:

Current Salary:

Notice period required:

Reason for leaving:

Brief description of duties:

Employer name:

Employer address:

Position held:

Start date:

End date:

Ending salary:

Reason for leaving:

Brief description of duties:

Employer name:

Employer address:

Position held:

Start date:

End date:

Ending salary:

Reason for leaving:

Brief description of duties:

PROFESSIONAL INDEMNITY

United Consultancy Solutions recommends that you take membership with a recognised medical defence organisation.

Defence Body:

Policy No:

Expiry date:

PLEASE ENCLOSE A COPY OF YOUR PROFESSIONAL INDEMNITY CERTIFICATE

REFERENCES

Please supply the names and addresses of two referees who have agreed to give an opinion of your character, ability, experience and qualifications, one of whom should be your present/last employer. References of a personal nature i.e. friends, relatives, work colleagues are not acceptable.

REFEREE ONE

Name:

Job title:

Company Name:

Address:

Postcode:

Tel No:

Mobile No:

Fax No:

Email:

Duration of employment:

From Date:

To Date:

May we contact this person prior to interview?

YES/NO

REFEREE TWO

Name:

Job title:

Company Name:

Address:

Postcode:

Tel No:

Mobile No:

Fax No:

Email:

Duration of employment:

From Date:

To Date:

May we contact this person prior to interview?

YES/NO

NEXT OF KIN (IN CASE OF EMERGENCY)

Full Name:

Relationship:

Home Address:

Postcode:

Home No:

Mobile No:

Work No:

Email:

PAYMENT DETAILS			
Bank/Building Society:			
Address:			
Postcode:			
Name of Account Holder:			
Sort Code:		Account No:	
P45 Enclosed?	YES/NO	P46 Enclosed?	YES/NO
IT IS IMPORTANT THAT YOU PROVIDE US WITH YOUR P45 OR P46 TO ENSURE CORRECT TAXATION			

AVAILABILITY																						
Advise us of your availability and look forward to quick and efficient suitable placements																						
Interested in: FULL TIME / PART TIME / WEEKENDS / PERMANENT / TEMPORARY																						
Specific Availability Dates:			From Date:			To Date:																
Notice period required:			Current Hourly Pay Rate/Salary:																			
Preferred Location(s):																						
Preferred Grade(s):																						
Preferred Specialty(s):																						
Month:						Month:																
Date	Day	Night	Date	Day	Night	Date	Day	Night	Date	Day	Night											
<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL MISCONDUCT	
Have you ever been the subject of professional misconduct proceedings or suspension from an employer, or have such pending against you, either in the UK or abroad?	YES/NO
If YES, please provide FULL details:	

APPRAISAL DECLARATION	
Name of Appraiser:	Appraiser's GMC No:
Date of last appraisal:	Date of next appraisal:
I confirm that I have been appraised in accordance with an Approved NHS Appraisal System which includes 360 degree feedback as well as feedback from patients. I confirm that I maintain a written portfolio of my professional experience and attendance at professional development courses which also includes a written Personal Development Plan as agreed at the appraisal.	
Signature:	Date:

REHABILITATION OF OFFENDERS			
<p>Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974. In those cases, particularly where employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. This information will be treated in the strictest confidence and only taken into account where, in the reasonable opinion of United Consultancy Solutions, the offence is relevant to the post for which you are applying.</p> <p>In this section of the form you must disclose any conviction(s) you have received, including juvenile convictions, which have not become 'spent'. Although you may feel embarrassed to declare a particular conviction, you will be given a full opportunity to explain the circumstances and it is possible that it will not exclude you from appointment. If the position for which you are applying involves working with service users within the care/health sector, you will be required to undergo an Enhanced Disclosure check with the Criminal Records Bureau (CRB). Confirmation of appointment will therefore be subject to receipt of a satisfactory disclosure where applicable.</p>			
Do you have any conviction(s)?	YES/NO		
If YES, please detail the conviction(s) below			
Date	Court Attended	Offence	Penalty
Do you hold a Criminal Records Bureau disclosure carried out in the last 12 months?			YES/NO
CRB Reference No:		CRB Issue Date:	

EQUAL OPPORTUNITIES STATEMENT
<p>United Consultancy Solutions is committed to a policy of equal opportunities for all persons seeking employment and shall adhere to such a policy at all times. Our policy of equal opportunities is reviewed on an ongoing basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union. We place an obligation upon all staff to respect and act in accordance with the policy.</p> <p>United Consultancy Solutions shall not discriminate unlawfully when deciding which candidate is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. United Consultancy Solutions will ensure that each candidate is assessed only in accordance with their merits, qualifications and ability to perform the relevant duties required by the particular vacancy.</p>

DATA PROTECTION STATEMENT
<p>The information provided on this form and on any additional document supplied, will be used by United Consultancy Solutions to provide you with work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.</p> <p>We may check the information collected with third parties or with other information held by us. We may also use or pass to certain third parties information to present or detect crime, to protect public funds or in other ways permitted or required by law.</p>

CONFIDENTIALITY AGREEMENT

All information, whether verbal, written or electronic, including data supplied by United Consultancy Solutions to staff, must not be disclosed to any third party except in accordance with the Public Disclosure Act 1988. This applies to United Medical Staffing Solutions Professional Ltd, trading as United Consultancy Solutions.

I agree not to directly or indirectly contact, deal with, transact or otherwise be involved with any corporation, partnership, proprietorship, trust, individual or entity introduced by the companies without specific written permission from United Consultancy Solutions.

I agree not to directly or indirectly circumvent, avoid or bypass the companies regarding any renewals, corporation, partnerships, proprietorships, trusts or any other entities introduced by United Consultancy Solutions.

This clause shall remain in effect withstanding termination of any assignment and without limit in time. The confidentiality of an employer/employee/patient must be maintained and I understand that any breach of confidentiality will result in termination of my engagement with the company and could result in civil action.

Signature:

Date:

CANDIDATE DECLARATION AND ACCEPTANCE OF TERMS OF ENGAGEMENT

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients, to references being passed on to potential employers and I accept United Consultancy Solutions Terms of Engagement. If, before or during assignment, or within the relevant period the client wishes to employ the temporary worker direct or through another employment business, I acknowledge that the employment business will be entitled either to charge the client a fee or to agree an extension to the hiring period with the client, at the end of which the temporary worker may be engaged directly by the client or through another employment business without further charge. In addition, the employment business will be entitled to charge a fee to the client if the client introduces the temporary worker to a third party who subsequently engages the temporary worker within the relevant period.

Signature:

Date:

WORKING TIME REGULATIONS 1998

I hereby confirm that I record my agreement that Regulation 4(i), relating to maximum weekly working time will not apply to my working relationship with United Consultancy Solutions for an indefinite period. Should either party wish to amend this agreement they will do so by giving three months written notice.

Signature:

Date:

EQUALITY & DIVERSITY

It is the policy of United Consultancy Solutions to provide equal opportunities in employment. All decisions relating to recruitment, training and promotion will be made solely on the requirements of the job and shall not be influenced by any consideration of ethnic origin, religion, sex or disability. To ensure that the policy is effective it is essential that detailed monitoring is carried out which necessitates the collection of information regarding applicants.

THIS INFORMATION WILL NOT BE USED IN THE SELECTION PROCESS AND IS FOR STATISTICAL PURPOSES ONLY. IT WILL BE SEPARATED FROM THE APPLICATION PACK ON RECEIPT BEFORE ANY CONSIDERATION OF APPLICANTS TAKES PLACE.

ETHNIC ORIGIN

Please ensure you read all the categories listed below and delete appropriately to best describe your ethnic origin. NB this could be the origin of your antecedents, it is not necessarily the same as your national identity.

WHITE / BLACK-CARIBBEAN / INDIAN / BANGLADESHI / MIXED / BLACK-AFRICAN / BLACK-OTHER / PAKISTANI / CHINESE / OTHER

RELIGION/RELIGIOUS DENOMINATION/BODY

Please delete as appropriate to indicate your religion/religious denomination/body:

CHURCH OF ENGLAND / ROMAN CATHOLIC / CHRISTIANITY / HINDUISM / JUDAISM / ISLAM / BUDDHISM/ SIKHISM / OTHER / NO RELIGION

SEX
MARITAL STATUS

Please delete as appropriate to indicate your sex and marital status:

MALE / FEMALE | SINGLE / MARRIED / DIVORCED / SEPARATED / WIDOWED

SEXUAL ORIENTATION

Please delete as appropriate to indicate your sexual orientation:

BISEXUAL / HETEROSEXUAL / HOMOSEXUAL / OTHER

DISABILITY DISCRIMINATION ACT 1995

Please give details of any disability as defined within the Disability Discrimination Act 1995. A disability or health problem does not preclude full consideration for employment

Details of disability:



CONFIDENTIAL WORK HEALTH ASSESSMENT

Your answers to this questionnaire will be CONFIDENTIAL to United Consultancy Solutions and will not be given to anyone else without your written permission.

The purpose of this questionnaire is to assess whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace.

We may recommend adjustments or assistance as a result of this assessment to enable you to carry out the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment, you may be contacted by United Consultancy Solutions and may be referred to an occupational health advisor or physician.

PERSONAL DETAILS	
Title: Miss / Ms / Mrs / Mr / Dr / Professor	Sex: Male / Female
Surname:	Forename(s):
Previous Names / Aliases:	
Date of Birth:	Proposed Job Title:
Home Address:	
Post Code:	
Home Tel:	Mobile Tel:

MEDICAL DETAILS	
GP Name:	GP Tel:
GP Address:	
Post Code:	
Clinical diagnosis and management of TB and measures for prevention and control (NICE 2006)	
Have you lived continuously in the UK for the last 5 years?	YES / NO
If NO, please list all of the countries in which you have resided in the last 5 years. If you have lived in a country listed by the WHO as being a country with a high prevalence of TB for a period of 3 months or more during the last 5 years, we will require evidence of chest Xray, Mantoux test or Quantiferon blood test.	

Have you had or been in recent contact with TB?	YES / NO
Have you had a BCG vaccination? Date of Vaccination:	YES / NO
Do you have any illness/impairment/disability, physical or psychological, which may affect your work?	YES / NO
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	YES / NO
Are you receiving, or waiting to receive, any treatment, medication or investigation at present?	YES / NO
Do you think you may require any adjustments or assistance in order to help you to do your job?	YES / NO
Do you have any of the following: A cough which has lasted for more than 5 weeks? Unexplained weight loss? Unexplained fever?	YES / NO YES / NO YES / NO
If you have answered YES to any of the above, please give further details on a separate sheet	

IMMUNISATION DETAILS

Have you had any of the below immunisations?		
Diphtheria/Polio & Tetanus	YES / NO	Dates:.....
MMR x2 Evidence of 2 immunisations or serology report for Measles, Mumps and Rubella required	YES / NO	Dates:.....
Varicella History of disease or evidence of 2 immunisations required	YES / NO	Dates:.....
Hepatitis B Evidence of primary course required	YES / NO	Dates:.....
Tire level following primary course Evidence required	YES / NO	Dates:.....
Hepatitis B Booster Evidence required	YES / NO	Dates:.....
Tire level following booster Evidence required	YES / NO	Dates:.....
BCG vaccination Record card showing vaccination given or Heaf Grade 2/Mantoux 6 – 15mm or scar sighted by GP or Occupational Health Nurse required.	YES / NO	Dates:.....
If you have answered NO to any of the above, please give further details on a separate sheet		

ONLY HEALTHCARE WORKERS INVOLVED IN PATIENT CARE/PATIENT CONTACT/BODY FLUID SAMPLE HANDLING, I.E. EXPOSURE PRONE PROCEDURES, ARE REQUIRED TO COMPLETE THE FOLLOWING SECTION

Exposure Prone Procedures (EPP) are those procedures where the worker's gloved hand may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, would or confined anatomical space where the hands or fingertips may not be completely visible at all times.

EPP staff include: all surgeons (including FY1 and FY2 doctors with a rotation into an EPP area), dental staff, theatre staff, midwives and A&E doctors and nurses.

EPP staff MUST provide documentary evidence of Hepatitis B surface antigens, Hepatitis C and HIV dual screen status. These must be Identity Validated Samples. Health clearance for EPP may not be given until these results have been processed. If results are not available you will need to be tested and, at the time of testing, show formal photographic evidence of your identity e.g. passport or driving licence. This is in order to comply with the Department of Health Guidance on testing for Identity Validated Samples.

Healthcare Workers have a legal duty to inform United Consultancy Services if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.

Will you be performing Exposure Prone Procedures (EPP)?	YES / NO
If YES, please answer the questions below:	

Have you ever tested positive for HIV/AIDS?	YES / NO
Have you ever tested positive for Hepatitis B?	YES / NO
Have you ever tested positive for Hepatitis C?	YES / NO

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I give permission for a member of the United Consultancy Solutions team to communicate with my own General Practitioner, or any other health professional, if further information is required and for that GP or healthcare professional to give details of my clinical condition or other relevant information to the Occupational Health advisor/clinician at United Consultancy Solutions.

I understand that I shall be contacted to obtain my fully informed consent before any report is requested and that under the Access to Medical Reports Act 1988:

- I have the right to see the report before it is sent.
- I am entitled to ask the doctor to amend or modify information which I consider to be inaccurate.
- I have 21 days from notification to seek access to the report.

*I do/do not wish to seek access to this report.
(please delete as appropriate)

Signed: Date:

I understand that if any recommendations to my employer are necessary as a result of this Work Health Assessment, United Consultancy Services will discuss the recommendations with me prior to discussion with my employer.

*Please delete one of the following statements before signing below:

*I give consent for United Consultancy Solutions to make recommendations to my employer without me having seen a written copy of the recommendations beforehand.

* I would like to see a written copy of any recommendations before they are sent to my employer.

Signed: Date:

VARICELLA DECLARATION

I, the undersigned, confirm that I have had Varicella (chicken pox) in the past.

Signed: Date:

CANDIDATE DOCUMENTS CHECKLIST

Please use this form to ensure that all required documents have been included

Application Form	<input type="checkbox"/>
Work Health Assessment	<input type="checkbox"/>
P45 or P46	<input type="checkbox"/>
Equality and Diversity Questionnaire	<input type="checkbox"/>
Copies of Professional Qualification Certificate(s)	<input type="checkbox"/>
Copies of Professional Registration Certificate(s)	<input type="checkbox"/>
Copy of Professional Indemnity Insurance Certificate	<input type="checkbox"/>
Copies of Professional Development Certificate(s)	<input type="checkbox"/>
Evidence of current CRB Disclosure if less than 12 months old. (to ensure compliance, United Consultancy Solutions will process a new CRB application if evidence cannot be provided).	<input type="checkbox"/>