

M: (+64) 021 2988 099
F: (+64) 03 331 6018

W: www.sonographersmedical.co.nz
E: sandra@sonographersmedical.co.nz

REGISTRATION FORM

PERSONAL DETAILS

Profession: Sex: M / F
 Title: Surname:
 Forenames:
 Contact Address:
 Post Code:
 Telephone No: Home: Work: Mobile:
 Email Address:
 Do you monitor your email frequently? YES NO
 Would you like us to use email as our normal means of contact for general news? YES NO
 Would you like to be added to our email newsletter? YES NO

 National Insurance Number: __/__/__/__/__ P45 Enclosed? YES NO

NEXT OF KIN DETAILS

Title: First Names: Surname:
 Address:
 Post code:
 Relationship: Contact Number:

PROOF OF IDENTITY

In line with UKBA guidance on the prevention of illegal working we will need to verify and take copies of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Sonographers Medical for temporary work

Nationality: Are you a British Citizen / E C National? YES NO
 If no, what is the nature of your Right to Work in the UK?
 Are there restrictions on your passport / visa limiting your Right to Work in the UK? YES NO
 Are you subject to Work Permit Provisions? YES NO

If you do not understand the questions given above, explain why you have a Right to Work in the UK and supply copies of any relevant paperwork.

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PROFESSIONAL EXPERIENCE

(Most recent first).

Current or Last Employer, Name & Address:

..... Grade / Dept:

Clinical Experience:

.....

.....

From: To: Reason for Leaving:

Name & Address of Employer:

..... Grade / Dept:

Clinical Experience:

.....

.....

From: To: Reason for Leaving:

Name & Address of Employer:

..... Grade / Dept:

Clinical Experience:

.....

.....

From: To: Reason for Leaving:

Name & Address of Employer:

..... Grade / Dept:

Clinical Experience:

.....

.....

From: To: Reason for Leaving:

PROFESSIONAL QUALIFICATIONS

(Please submit copies of all Vocational Certificates).

University / Institution.	Qualification.	Date Obtained.
.....
.....
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STATE REGISTRATIONS

Health Professions Council

Registered Name: Registration Number: Valid Until:

Alternative State Registration.

Organisation:

Registered Name: Registration Number: Valid Until:

Please ensure you provide Original certificates of your State Registration.

PROFESSIONAL COLLEGES, SOCIETIES, UNIONS

Name of Organisation:	Type of Membership.	Number.	Renewal Date.
.....
.....
.....

ADDITIONAL SKILLS & QUALIFICATIONS

Please indicate here any sub-specialty skills, qualifications and preferences. Also indicate if there are fields you would prefer not to work in. (example : first aider)

.....

UK BANK DETAILS

Account Name: Account Number:

Sort Code: (Six digits in format XX – XX – XX)

Name of Bank:

Bank Address: Post Code:

Building Society Roll number (if relevant):

AVAILABILITY

Dates Available for Locum Work (if known):

In which parts of the Country are you prepared to work:

Sub-specialties in which you are prepared to work:

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Type of Work Preferred: Full Time / Part time / Annual Holidays / Weekends / Other :

If available, would you require accommodation? Yes No

Do you have own Transport available & UK acceptable Driving Licence? Yes No

Any additional information regarding Placements:

CRB DISCLOSURE

Do you have any unspent* criminal convictions? Yes/No

If yes, state convictions and dates

*Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of [insert company name], the offence is relevant to the post to which you are applying. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

HEALTH AND DISABILITY

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek? Yes/No

If yes, please specify

DATA PROTECTION STATEMENT

The information that you provide on this form and on any CV given will be used by **Sonographers Medical** to provide you 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.

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 prevent or detect crime, to protect public funds, or in other way permitted or required by law.

CANDIDATE DECLARATION

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that **Sonographers Medical** will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

Signed by candidate

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Name

Date.....

EQUAL OPPORTUNITIES

(This will be detached from the application form and stored in a private confidential file.)

Sonographers Medical is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective sex, sexual orientation, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Sonographers Medical shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers **Sonographers Medical** will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

Name:.....

Registered body No:

Position applied for:

1) Ethnic Category: The following categories are based on those used in the 2001 census as recommended by the EHRC. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

Please tick the box below which best describes the ethnic category to which you belong:

- A White
- British
 - Irish
 - Any other White background – *please write in below*
-

- B Mixed – *please also tick one of the boxes below*
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background – *please write in below*
-

- C Asian or Asian British
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background – *please write in below*
-

- D Black or Black British
- Black Caribbean

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- Black African
 Any other Black background – *please write in below*

.....

E Chinese or Chinese British or other ethnic group

- Chinese
 Any other ethnic background – *please write in below*

.....

2) Gender: Please tick appropriate box:

Male []

Female []

3) Disability: Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the EHRC 0845 604 6610)

Yes [] No []

4) Age: Please state your age and date of birth:

Age [] Date of Birth .../... /... DD/MM/YY

5) Religion: Please state your religion: