Staff Picture



PERSONAL DETAILS

|  |  |
| --- | --- |
| TITLE |  |
| FIRST NAME |  |
| MIDDLE NAME |  |
| SURNAME |  |
| KNOWN AS |  |
| ADDRESS |  |
| JOB GRADE/TITLE |  |
| DATE OF BIRTH |  |
| NATIONAL INSURANCE NUMBER |  |
| MOBILE NUMBER |  |
| TELEPHONE NUMBER |  |
| EMAIL |  |
| DRIVER? **YES/NO** |  |
| NATIONALITY |  |
| **REQUIRE WORK PERMIT? YES/NO****IF YES, PLEASE STATE THE EXPIRY DATE AND EXPLAIN THE TYPE OF PERMIT** |  |

NEXT OF KIN DETAILS

|  |  |
| --- | --- |
| NEXT OF KIN DETAILS |  |
| FIRST NAME |  |
| SURNAME |  |
| OTHER NAME |  |
| ADDRESS |  |
| MOBILE NUMBER |  |
| TELEPHONE NUMBER |  |
| EMAIL |  |

BANK DETAILS **(We need a proof of bank details – Bank Statement or Cheque Book)**

|  |  |
| --- | --- |
| NAME OF BANK |  |
| NAME OF ACCOUNT |  |
| SORT CODE |  |
| ACCOUNT NO |  |
| ADDRESS |  |

GP DETAILS

|  |  |
| --- | --- |
| NAME OF GP |  |
| ADDRESS |  |
| TELEPHONE |  |

QUALIFICATIONS AND CARE TRAININGS

**(Please state all the Qualifications and Care Trainings you have)**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

NMC PIN DETAILS **(Please note that we will check the details on NMC Online Register)**

|  |  |
| --- | --- |
| NMC PIN NO |  |
| EXPIRY/RENEWAL DATE |  |
| REVALIDATION DATE |  |
| Any suspension from the NMC? |  |

PROFESSIONAL MEMBERSHIPS

**(Please do let us know if any of the below details changes)**

|  |  |
| --- | --- |
| **DATE ACCEPTED** | **NAME OF BODY** |
|  |  |
|  |  |
|  |  |

WORK/HISTORY EXPERIENCE

**(please note that we will request two reference from your most recent employer. We need a 5year Employment history, kindly explain any gaps if any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Employer Name | Address | Contact (Telephone Number and Email) | Title |
|  |  |  |  |  |
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CHARACTER REFERENCE

**(Please note that we need a character reference)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Telephone/Mobile Number | Email Address | Occupation |
|  |  |  |  |

WORK PREFERENCES (e.g. Days/Night/Preferred Location etc)

|  |  |
| --- | --- |
|  |  |
|  |  |

Please complete the below form if you have any further Qualification/Care Training/Work History

|  |  |
| --- | --- |
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DECLARATION

Please note that all the provided information will be treated in strict confidence and with accordance with the data protection act which ABDON247 LTD stick to and conform with.

Declaration of offenders Act 1974

**Have you ever been convicted of a criminal offence or received a caution?**

**YES/NO**

**If YES, please provide details of convictions including ‘spent’ and cautions below:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**NAME:**

**PRINT NAME/DATE:**

**SIGN:**