

Please complete all sections using CAPITAL LETTERS and return with required documents

## APPLICATION FORM

### Personal Details

Surname:	Forenames (include all middle names):	Preferred Name:
Title:	Date of Birth:	Previous names:
Home Tel:	Mobile:	Work Tel:
Email Address:	Nationality:	Professional registration no: Are there any restrictions on your registration? Yes <input type="checkbox"/> No <input type="checkbox"/>
Present Address:		
Driving Licence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Licence:	Licence No:
Passport no:	Visa/BRP/Resident Permit details (if applicable):	Expiry date:
Are you a British Citizen / Have EU Settlement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any restrictions on your Passport to prohibit you working in the UK? If yes, please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you subject to work permit provisions? If yes, please provide a copy of the work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Next of Kin Details (in the case of emergency who should we contact?)

Surname:	Forename:	Relationship:
Address:		Tel Day:
		Tel Evening:
Is the next of kin aware you have provided TLA with their personal information: Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Education & Training – if on your CV please advise “See CV”

University/Institution	Qualification	Date of Qualification

### Employment History (please continue a separate sheet if required) – if on your CV please advise “See CV”.

Date From:	Date To:	Employer's Name and Address:	Job Title and Description	Specialty	Reason for leaving:

Have you ever been subject to Disciplinary Action, Suspension or Dismissal? <i>If yes, please outline:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Fit to Practice:</b> Have you ever been subject to a Restriction or Suspension by your Professional Body? <i>If yes, please outline:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your current grade and your salary expectations?	

## Availability

When are you available?	From:	To:		
Are you interested in:	Long Term <input type="checkbox"/>	Short Term <input type="checkbox"/>	Part time <input type="checkbox"/>	Other <input type="checkbox"/>
	Mornings <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>

## If Part-time please indicate preferred days (tick where appropriate)

Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Weekends <input type="checkbox"/>
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What is your closest main line or tube station:	How far would you travel? hrs/miles	Do you own a car?
Do you have any commitments that reduce your flexibility to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please state:		

## Bank Details

Please supply evidence that the account is in your name, e.g. bank statement (within last 3 months)

Name of Bank:	National Insurance Number:	
Bank Address:		
Account holder:	Sort code:	Account No:
P45 enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/>	P46 required Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Language skills

	WRITTEN			SPOKEN		
	Fluent	Good	Fair	Fluent	Good	Fair
Are you competent in understanding and using both written and oral English? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you speak any additional languages? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## References

In line with framework requirements TLA are required to obtain references covering a 3-year work history. Please supply the names and work email addresses of professional referees covering this period. One must be from your present or most recent employer- They must be working at a more senior grade/level or be your immediate line manager and you must have worked for that person for a period of not less than three months duration.  
(Please continue on a separate sheet if necessary)

1. Name:	Position (including Band/Grade):	Tel:
Fax no:	Email address:	Mobile no:
Work address:		
Dates of employment from:	Dates of employment to:	In what capacity and for how long has this person known you?
Can we apply for references from the above persons immediately?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the referee aware you have provided TLA with their personal/contact information:		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Name:	Position (including Band/Grade):	Tel:
Fax no:	Email address:	Mobile no:
Work address:		
Dates of employment from:	Dates of employment to:	In what capacity and for how long has this person known you?
Can we apply for references from the above persons immediately?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the referee aware you have provided TLA with their personal/contact information:		Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Name:	Position (including Band/Grade):	Tel:
Fax no:	Email address:	Mobile no:
Work address:		
Dates of employment from:	Dates of employment to:	In what capacity and for how long has this person known you?
Can we apply for references from the above persons immediately?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the referee aware you have provided TLA with their personal/contact information:		Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that I have provided the above referee details to TLA Group–The Locum Agency and provide my consent to the named referee/employer to provide TLA Group with a reference as required. (\*please note TLA will not apply for any references unless you have ticked 'yes' we can apply immediately) I consent to TLA Group to contact and request references/performance reviews from positions obtained through them

Signed:	Print name:	Date:
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## PLEASE ENSURE YOU SIGN AND COMPLETE THE FOLLOWING SECTIONS

### Declaration of Health (all questions must be answered and declaration signed and dated)

Do you have any medical conditions that could affect your abilities to cover the roles you are being employed for? <b>If YES please advise of details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer or have suffered from Mental or stress related illness? <b>If YES please advise of details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer or have suffered from a Drug or Alcohol related problem? <b>If YES please advise of details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you ordinarily enjoy good health? <b>If NO, please advise of details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever left work for health reasons? <b>If YES, please advise of details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you returning to work after having been signed off? <b>If YES, you must provide evidence of a 'fitness to work' certificate from your GP. We cannot place you in assignments if this is not provided as it could pose a health risk and jeopardise insurance.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you travelled outside of the UK in the last 21 days? <b>If YES, please advise of location:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<small>Workers who have travelled to countries which have been classed as 'high risk' may undergo additional Occupational Health Risk Assessments.</small>		
<b>I declare that I have answered the above questions fully and honestly. I am not aware of any physical or mental disability which will affect my working capacity. I consent to TLA Group disclosing medical data to clients when required.</b>		
<b>Signed:</b>	<b>Print name:</b>	<b>Date:</b>

### Rehabilitation of Offenders Act (all questions must be answered, and the declarations signed and dated)

Because of the nature of the work for which you are applying, the provisions of Section 4 (2) and further Orders made by the Secretary of State under the provisions of this section of the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975 are not applicable, therefore applicants are required to give information about convictions which for other purposes are "spent" under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

Have you ever been the subject of a conviction, caution, reprimands and warnings? <b>If "Yes" please give details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any criminal proceedings pending? <b>If "Yes" please give details:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an Enhanced DBS certificate? <b>If 'yes' please supply a copy of your current DBS certificate.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**It is a condition of proceeding with your application that TLA Group initiate an "Enhanced" DBS Check annually. However, should you hold a DBS which is registered with the Update Service, TLA Group must view the original certificate.**

Convictions and any other criminal record information obtained through the DBS checking service will not necessarily be a bar to employment opportunities. All circumstances will be taken into account. However, any inconsistencies when compared with the information given on this application may invalidate your application. A full copy of the DBS check will be forwarded to you directly by the DBS. A summary of results are provided to TLA Group.

I hereby confirm my understanding that a copy of the DBS Check will be retained by TLA Group and on occasions may be shared with framework auditors or clients. Should I have a registered DBS, I understand by signing below I authorise TLA Group to check the Update Service Website at point of registration and monthly throughout the duration of a placement. The copy of my DBS is retained in order to produce to third party audit organisations for compliance and audit purposes. TLA Group may utilise data from the DBS Disclosure when sourcing work opportunities, in accordance with the DBS code of practice. All sensitive information will be retained in a secure place, and in full compliance with GDPR May 2018.

<b>Signed:</b>	<b>Print name:</b>	<b>Date:</b>
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### Declarations (all questions must be answered and declaration signed and dated)

I declare that the details given by me on this application form are correct to the best of my knowledge and belief. I understand that if I withhold any relevant information or I have given any information which is false or misleading this may lead to my application being rejected, or if already appointed, to my dismissal. I understand that information given on this form will be processed by a computer and used for registration purposes under the Data Protection Act. I also authorise TLA Group to disclose any convictions declared above to any potential employers in accordance with the CRB Code of Practice and the Rehabilitation of Offenders Act. (Please complete where applicable and sign below).

#### Equal Opportunities Declaration

I confirm that I have read and understand the equal opportunities policy and procedures to follow

Yes ☐ No ☐ Not Applicable ☐

#### Health & Safety Declaration

I confirm that I have read and understand my health and safety responsibilities.

Yes ☐ No ☐ Not Applicable ☐

#### Permanent Employment Declaration

I confirm that TLA Permanent & The Supply Agency (both part of TLA Group) may act on my behalf in identifying suitable permanent positions

Yes ☐ No ☐ Not Applicable ☐

#### Payment deductions for PAYE workers

I confirm that TLA Group (as per their standard terms of engagement) will deduct directly from my weekly pay PAYE, National Insurance contributions and any other sums that may be due.

Yes ☐ No ☐ Not Applicable ☐

<b>Signed:</b>	<b>Print name:</b>	<b>Date:</b>
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**Working Time Directive (WTD)** The Working Time Directive (WTD) is health and safety legislation intended to protect workers from risks that arise from working excessively long hours or long periods without breaks. You are entitled to work a maximum average working week of no more than 48 hours. However, if you would like to work more than 48 hours on a regular basis you need to contact your recruitment consultant for more details.

<b>Signed:</b>	<b>Print name:</b>	<b>Date:</b>
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## Mandatory Training – MUST BE COMPLETED ANNUALLY and in line with Mandatory & Statutory Training ('Skills for Health' aligned CSFT)

Have you recently attended or completed any Practical and/or Online Courses?  
If yes, please provide certification

YES ☐ NO ☐

I understand that all Mandatory training must be completed annually, and the training modules may be subject to change. I confirm that I will complete all Practical and Online training as required. I understand that should I fail to attend or cancel/rebook any training without relative notice I will be charged.

NB: Obtaining Practical Training Certificates will be subject to a charge of £70 per certificate plus £25 administration fee + VAT and having completed 150 hours work via TLA

Signed:	Print name:	Date:
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**Original Document Checklist** - Copies of the following documents are required before we can place you in locum work. This is a contractual requirement of the National Framework Agreement for the Supply of Locums to the NHS. Please note in addition to the list below you will be required to complete further compliance requirements and to attend an interview to verify original documents.

Evidence of:	Evidence Required:	Enclosed YES / NO
Updated Curriculum Vitae – in a day/month/year format	CV covering all work history from Schooling. Any gaps 3 weeks or more must be explained on CV.	
Right to work in UK	Passport/Visa/ BRP/Home Office letter if applicable	
Proofs of Address & Proof of NI Number	2 x Proofs of Address dated within last 3 months & proof of NI number.	
Professional Registration	Proof of payment/renewal to professional body	
Qualifications / Training Certificates	Originals	
Two colour passport sized photographs	For ID badge purposes	
Payment for DBS if applicable	Or proof of DBS registered with update service	
Medical Vaccinations	Hep B, TB, MMR (Measles, Mumps & Rubella) & Varicella. NB Varicella can be self declared if you have had Chicken Pox.	

### CV'S

TLA will endeavour to secure you suitable positions, we will retain your CV unless you specifically request we remove your information from our database. Please confirm your acceptance to TLA retaining your CV.

YES ☐  
NO ☐

I understand that any personal data held by TLA Group is liable to be inspected by NHS approved procurement partners as part of audit procedures.

Signed:	Print name:	Date:
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I understand that I will be required to provide TLA-The Locum Agency, as and when requested, Payslips and corresponding bank statements showing net pay figures received from Umbrella Companies. Proof is required to ensure that appropriate PAYE & NI deductions are made in line with HMRC regulations and are part of the Framework external auditor requirements.

Signed:	Print name:	Date:
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**Right to Work Checks** - I confirm that I agree that TLA Group can carry out any Right to Work Checks as deemed necessary.

Signed:	Print name:	Date:
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**Handbook Declaration** - I confirm that I have read the TLA Group Candidate Handbook, where I have understood the policies, procedures and guidance given.

Signed:	Print name:	Date:
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**Indemnity Insurance** - All Qualified Health Professionals are required to hold individual Indemnity Insurance to the value of £3 million (please provide evidence of this)

Name of Insurer:	Expiry date:	Policy no:
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If you do not hold Professional Indemnity Insurance, please sign the following statement. I do not currently hold Medical Insurance.

Signed:	Print name:	Date:
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### Performance Appraisal

We need to have a record of your arrangements for annual appraisal by an appropriate practitioner. Can you please provide the date of your last appraisal and the date of your next appraisal along with details of your Appraiser.

Name of Appraiser:	Contact Details:	Date of Last Appraisal:	Date of next Appraisal:
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If you have not had an appraisal – please tick this box: ☐

# IMPORTANT DECLARATIONS – THIS MUST BE COMPLETED IN FULL

**GDPR – General Data Protection Regulations\* (from 25<sup>th</sup> May 2018)** - The law is changing. **TLA – The Locum Agency** holds both 'personal' and 'sensitive' data. To enable us to process and hold your data you **MUST 'opt in'** specifically to confirm how you wish TLA to process your information.

Please read our 'Website Privacy Notice' on [www.thelocumagency.co.uk](http://www.thelocumagency.co.uk)

**You must opt-in to receive information from TLA.** To 'opt-in' please tick the options by which you wish to receive information.:

Email ☐ Phone ☐ Text ☐ Post ☐

TLA are required to hold 'sensitive data\*' by signing the declaration below, you are 'opting in'.

<b>Signed:</b>	<b>Print name:</b>	<b>Date:</b>
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**Please note:** You can unsubscribe at any time or change your options by emailing: [info@tlagroup.co.uk](mailto:info@tlagroup.co.uk) or login to our website at [www.thelocumagency.co.uk](http://www.thelocumagency.co.uk) and visit our landing page.

- Sensitive data includes medical information (proof of immunity to obtain a Fit to Work Certificate) and DBS details (all candidates are required to have an Enhanced DBS).
- Your sensitive data will be shared with our OH Provider to obtain a fit to work certificate, and when requested your Fit to Work Certificate and DBS will be shared with our clients.
- Personal data includes name, address, telephone numbers, email address, date of birth, marital status, proofs of address, financial data.

**N.B. Where we are required to collect personal data by law, or under the terms of the contract between you and us, and should you do not provide us with the data when requested, we may not be able to perform the contract (for example - to provide our services to you) and we will be unable to assist you.**

**By law we are required keep basic information about our candidates (including contract, identity, financial and transaction data) for six years after they cease being candidates for tax purposes.**