

Register with Myrtle Healthcare

Your Personal Details

Title: (Drop down menu with the following options: Mr/Ms/Miss/Mrs/Other)

First Name:

Last Name:

Date of Birth:

NI Number:

Contact Details

Email:

Phone Number:

Address Line 1:

Address Line 2:

Town/City:

County:

Postcode:

About Yourself

Post Applying For: (Drop down: HCA/RGN/RMN/Support Worker/.....)

Experience relevant to post applying for: Choose ONE from: None/Less than 1 year/1-2 years/More than 2 years)

Are you currently working, or have worked in the last 6 months, in the position you are applying for: Yes/No

Your eligibility to work in the UK

(Choose from the following options)

- I am eligible to work in the UK and do not need a work permit
- I already have permission to work in the UK
- I need to apply for a work permit to work in the UK

CV Upload: (Optional)

How did you hear about Myrtle Healthcare:

(Choose from the following options)

- Referred by a friend
- Online Job Advert(Please specify Website)
- Online Search(Myrtle Healthcare Website)
- Headhunted(Approached by Myrtle Healthcare recruitment team)
- Other(Please specify)

References:

(Please provide details of 2 referees from your current or most recent employer. We will contact them once we have processed your application and only if you are selected)

Referee 1:**Job title:****Title:****Name:****Email:****Phone:****Referee 2:****Job title:****Title:****Name:****Email:****Phone:****Emergency Contact:****Title:****First Name:****Last Name:****Relationship to you:****Phone Number:****Declaration of Criminal Record:**

1) Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Excepons) Order 1975 (as amended in 2013) by SI 2013 1198?

- Yes
- No

2) Do you have any convictions, cautions, reprimands or final warning which would not be filtered in line with current guidance?

- Yes
- No

3) Have you had a police check in another country within the last 6 months? If so, please provide details below and enclose a copy if held

- Yes
- No

4) Have you ever been suspended or are you currently under investigation by an NHS Trust, professional body or any other organization?

- Yes
- No

Please give details if you have answered YES to any of the questions above

I confirm that I have read this document fully and that all the information provided is correct to the best of my knowledge and belief. I give consent to contact referees regarding the information I have provided unless specified otherwise. I will inform Myrtle Healthcare should anything change that might affect my position and I understand that the information given on this form will be processed by computer and used for registration purposes, under the Data Protection Act 1998.

SUBMIT