STAY ACTIVE LTD APPLICATION

**Registration Form**

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| Stay Active Care Ltd will utilise information presented in this Registration Document and during the Registration Process to identify ad-hoc and locum opportunities for the named individual. |

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| **Personal Details** | |
| Date: |  |
| Title: |  |
| Forenames: |  |
| Surname: |  |
| Address: |  |
| Post Code: |  |
| Mobile Telephone No: |  |
| Home Telephone No: |  |
| Email Address: |  |
| Date of Birth: |  |
| National Insurance No: |  |
| Gender: |  |
| Nationality/Ethnicity: |  |
| Marital Status: |  |
| Driving Licence: |  |
| Access to a Car: |  |

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| **Emergency Contact Details** | |
| Name: |  |
| Relationship: |  |
| Telephone No: |  |
| Name: |  |
| Relationship: |  |
| Telephone No: |  |

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| **Eligibility to Work Details** | |
| Nationality: |  |
| Passport No: |  |
| Passport Expiry Date: |  |
| Visa Type: |  |
| Visa Expiry Date: |  |

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| **Payment Details** | | | |
| Umbrella Company: □ | Limited Company: □ | | PAYE: □ |
| Company Name: |  | | |
| Registration Number: |  | | |
| Address: |  | | |
| Bank/Building Society: | | Account Name: | |
| Sort Code: | | Account Number: | |
| I hereby authorise Stay Active Ltd to pay earnings directly into the Bank/Building Society/Company whose details are provided above | | | |
| Signed: | | Date: | |
| Stay Active Ltd will, as the Employment Business, ensure payment for verified work completed on a monthly basis in line with outlined payroll process. | | | |

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| **Professional Conduct** |
| Have you ever been the subject of a professional misconduct proceedings, disciplinary, suspension, dismissal or are such pending or threatened against you? |
| If Yes, please give details: |
| Stay Active Ltd will operate a Standard Notice Period of 1 week by either party to terminate an assignment. This period may vary subject to assignment. |

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| **3 Year Work Reference History – Please provide details of people in a higher position than yourself that could provide a reference. A minimum 2 references covering the last 3 years are required** | |
| Name: |  |
| Organisation: |  |
| Job Title: |  |
| Team/Ward: |  |
| Email Address: |  |
| Telephone: |  |
| Dates: | From: To: |

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| --- | --- |
| Name: |  |
| Organisation: |  |
| Job Title: |  |
| Team/Ward: |  |
| Email Address: |  |
| Telephone: |  |
| Dates: | From: To: |

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| --- | --- |
| Name: |  |
| Organisation: |  |
| Job Title: |  |
| Team/Ward: |  |
| Email Address: |  |
| Telephone: |  |
| Dates: | From: To: |

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| **Health Declaration** | |
| Please state the date and place of your most recent medical/health screening and result. | |
| Have you ever had Chickenpox? |  |
| Have you been in an environment where MRSA has been diagnosed? |  |

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| Tuberculosis BCG |  | Date: |
| Rubella |  | Date: |
| Polio |  | Date: |
| Tetanus |  | Date: |
| Hepatitis\* |  | Date: |
| \* Full Course | Booster | Titre Level |

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| Any further information we may need to know (allergies, medical condition etc.): |
| If Yes, please give details: |

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| I declare that the information given herein is true and correct and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which effect or limit my employment or performance. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, this may result in termination of assignment without notice, as well as a claim for recovery of any payments I have received together with a claim for loss of profits to Stay Active Ltd. |

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| Signature: | |
| Name: | Date: |

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| **Criminal Declaration** |
| Due to the nature of the work for which you are applying the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986. Applicants are therefore **NOT** entitled to withhold information about convictions which for the purposes are “spent” under the provisions of the Act, and in the event of employment, any failure to disclose such convictions may result in your removal from our register/assignment. The information given will remain confidential and only taken into account where, in the reasonable opinion of Stay Active Ltd, the offence is relevant to the post for which you are applying.  The information that you provide in this Declaration will be processed in accordance with the Data Protection Act 1998 and will only be used for the purpose of determining your suitability for a particular vacancy. |

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| Have you ever been convicted of a criminal offence in the United Kingdom or in any other country? |  |
| If Yes, please give details: | |

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| Do you have any criminal proceedings pending? |  |
| If Yes, please give details: | |

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| --- | --- |
| Signature: | |
| Name: | Date: |

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| **Data Protection Consent Form** |
| I am aware that personal data relating to myself (including, where relevant, sensitive personal data\*), whether obtained from myself or from any other source, will be retained by Stay Active Ltd for the purposes of providing me with temporary work and/or employment opportunities and/or training.  I acknowledge that this may require my personal data to be forwarded to other persons and lawful organisations for the purpose of conducting checks and references, to find me work and for other lawful purposes, including Audits, related to Stay Active Ltd recruitment services. Stay Active Ltd will request references from my work, education and/or personal referees and in certain circumstances, with my consent, will obtain a credit reference from a credit reference agency and/or a Disclosure from the Criminal Records Bureau. Stay Active Ltd will not request a reference from my current employer without my consent.  I acknowledge that without my consent to process my personal data in this manner Stay Active Ltd is unable to assist me in my search for work.  I understand and agree that Stay Active Ltd may pass information contained within and resulting from my application (including references, credit checks and Criminal Record Disclosures received and all forms completed by me) to the client and/or the end hirer. This information may be used by the client and/or end hirer for the purposes of processing my application, ongoing personnel administration (where applicable), compliance and safeguarding audits undertaken by the client and/or end hirer, and other lawful purposes related to my temporary assignment at, or employment with, the end hirer. I hereby consent to Stay Active Ltd passing such information to its clients and/or end hirers for the lawful purpose of seeking either temporary or permanent work, and when in assignment, complying with the requirements of the client and/or end hirer.  I hereby confirm that my personal data may be held and disclosed by Stay Active Ltd and its clients and /or end hirers for the aforementioned purposes and in the manner set out above. |

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| Signature: | |
| Name: | Date: |

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| **Equal Opportunities** |
| Stay Active Ltd is committed to a policy of equality in its employment practices. The following information will assist Stay Active to ensure that its Equality Policy is effective. It will only be used for monitoring purposes and will be treated as confidential. Please note that you do not have to provide this information if you prefer not to. |

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| **Sex** | | | | |
| Male | Female | Transgender | Transsexual | |
| **Sexual Orientation** | | | | |
| Heterosexual | Gay Man/Homosexual | Gay Woman/Lesbian | Bisexual | |
| **Marriage/Civil Partnership** | | | | |
| Married | | Civil Partnership | | |
| **Religious Beliefs** | | | | |
| Do you actively practice a religion or belief? If yes, which do you practice? | | | | |
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| **Disability – Equality Act 2010** | | | | |
| The definition of disability under the Equality Act 2010 is anyone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.  The information assists the Company in making sure reasonable adjustments as are necessary for anyone who has a disability and enables the Company to respond positively to this responsibility | | | | |
| Do you consider yourself to be covered by the Act? | | | | Yes / No |

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| **Race Monitoring Categories** | |
| Please indicate one of the five categories that describes your nationality/ethnic/national origins. | |
| **White** | |
| British | Yes / No |
| Irish | Yes / No |
| White Other (please specify) | Yes / No |
| **Mixed** | |
| White and Black Caribbean | Yes / No |
| White and Black African | Yes / No |
| White and Asian | Yes / No |
| Other Mixed (please specify) | Yes / No |
| **Asian or British Asian** | |
| Indian | Yes / No |
| Pakistani | Yes / No |
| Bangladeshi | Yes / No |
| Other Asian (please specify) | Yes / No |
| **Black or Black British** | |
| African | Yes / No |
| Caribbean | Yes / No |
| Other (please specify) | Yes / No |
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| **Maximum Weekly Working Time Opt Out** |
| Under Regulation 4(1) of the Working Time Regulations 1998, an individual can only work more than 48 hours a week on average (including overtime and time worked for another Employment Business) if they agree to do so in writing.  Please tick the relevant section and sign the below to confirm that the weekly working time does/does not apply to you. Your contract of employment is deemed to be amended to this effect, but is otherwise unaffected.  You can end this confirmation of agreement at any time by giving 4 weeks’ prior written notice. Otherwise it will continue.  After the end of the above period, any terms of employment affected by this confirmation of agreement will revert to those in force immediately prior to this confirmation of agreement. |

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| Opt In (maximum of 48 hrs per week): □ | Opt Out (can exceed 48 hrs per week): □ |
| Signature: | |
| Name: | Date: |