

REGISTRATION DOCUMENT

Personal Details

Forenames: _____

Surname: _____

Title – Mr/Mrs/Miss/Ms: _____ Previous Names: _____

Address: _____

_____ Post Code: _____

Tel.No: _____ Mobile: _____

Date of Birth: _____ Nationality: _____

National Ins. No: _____ Are you eligible to work in the UK: _____

Are you receiving any benefits: **Yes** **No** (Circle as appropriate)
If yes then write them on a separate sheet

UKCC PIN if applicable: _____ Expiry Date: _____

Do you have a current UK driving licence? _____

What language skills do you have? _____

Next of Kin/Emergency Contact

Name and Address: _____

_____ Post Code: _____

Phone No: (with Area Code) Daytime: _____ Evening: _____

Relationship to you: _____

ACADEMIC & PROFESSIONAL DETAILS

Name & Address of Schools Attended	From: Mth/Yr	To: Mth/Yr	Qualifications/Credits Gained

EMPLOYMENT DETAILS

Employer's Name & Address (current or most recent first)	From: Mth/Yr	To: Mth/Yr	Post Held

HEALTH ASSESSMENT

Have you suffered from any of the following?

Heart Conditions: Yes No , Mental Disorders: Yes No , Back Trouble: Yes No

Chest Conditions: Yes No , Epilepsy: Yes No , Major Operations: Yes No

Diabetes: Yes No , Difficulty with Sight or Hearing: Yes No ,

Any Physical Disability: Yes No ,

Are you currently on any Medication: Yes No

If yes, please state what it is and the condition it is taken for?

Do you have any Allergies: Yes No

Have you had any illness in the last twelve months that has prevented you from working form more than one week? Yes No

If you have answered yes to any of the above, please give a brief description on a separate sheet of paper.

IMMUNISATIONS

Please tick the vaccinations you have had:

Rubella TB/BCG Polio *Tetanus *Hepatitis B
(* Please give details)

To help monitor the Equal Opportunities Policy, please fill in the following information as appropriate

I would best describe my ethnic origin as:

African Afro Caribbean Asian Other _____

Indian White British White Other _____

Female Male

REFERENCES

Please give details of two Professional References, one of which must be your present or most recent employer.

First Reference:	Second Reference:
Name: _____	Name: _____
Address: _____ _____ _____	Address: _____ _____ _____
Post Code: _____	Post Code: _____
Tel. No: _____	Tel. No: _____
Position: _____	Position: _____

Can the above references be contacted before Interview: YES: NO:
(Please Circle as appropriate)

The above references must be completed with the full postal address and post code.

**Failure to complete the references in full will delay your starting date with
First Practice Healthcare Ltd**

REHABILITATION OF OFFENDERS ACT 1974

Offenders Act 1974 (exceptions order 1975), exempts any employer which is concerned with the provisions of Health Services that enables the holder to have access to persons in receipt of such services in the course of his normal duties.

Your answer to the following question should include any spent or pending convictions.

Have you ever been convicted of a criminal offence?

Yes

No

If yes please give details: _____

DECLARATION

I declare that all the information given above is true and correct and having read the Terms & Conditions of Membership agree to abide by them.

Signature: _____

Date: ____/____/____

Any information found to be false or incorrect during the first interview, may cause the interview to be suspended and the offer of employment deferred until a later date.