

Application Form –Psychiatry

Please use BLOCK CAPITALS to complete the form:

PERSONAL DETAILS

Mr./Mrs./Miss/Ms:		Surname:	
First name (as appears on GMC register):			
Other name(s):		Maiden Name (If any):	
Date of birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			
Postcode		Country:	
Home Tel No.		Mobile No.	
Email Address		NI No.	
Do you have current driving license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have use of a car/motorcycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Next of kin			
Name		Relationship:	
Contact Tel no.		Country:	
Have you taken the IELTS Exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the certificate		
Section 12 Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the certificate		
Do you wish to register as a limited company?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the certificate		
May we contact you with details of placements between midnight and 5am?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROFESSIONAL INDEMNITY INSURANCE

Zentar requires you to have your own Professional Indemnity insurance. Do you already have this in place?

☐ Yes ☐ No (If not, zentar requires you to have this, please contact the MDU (0800716376), the MPS (08457 187 187) to another suitable organization to arrange the relevant cover.

Are you an EU citizen? ☐ Yes ☐ No Do you hold a British or EU passport? ☐ Yes ☐ No



If you do not hold a British/EU passport, do you hold any of the following?

- ☐ Spousal Visa ☐ Ancestry Visa ☐ Residency Visa ☐ Working Holiday/Youth mobility (Tier 5)
☐ Student Visa (Tier 4) ☐ Work permit/sponsorship (Tier 2)

Other (Please specify):

Expiry Date:

PROFESSIONAL BODY REGISTRATIONS

PROFESSIONAL BODY	REGISTRATION NO.	EXPIRY DATE	DATE OF APPLICATION	APPLICATION NO.

CURRENT AND PREVIOUS EMPLOYMENT

Please list your last 10 years of employment, starting with your current or most recent employer. It is important that you explain any gaps in employment of over 3 months in duration.

NAME AND ADDRESS OF HOSPITAL/EMPLOYER	POSITION	FROM (MONTH/YEAR)	TO (MONTH/YEAR)





ZENTARUK
PATIENT CARE IS PARAMOUNT

PROFESSIONAL QUALIFICATIONS AND TRAINING (Including Post Graduate Diploma, Training Course etc)

QUALIFICATION	PLACE WHERE OBTAINED	FROM (MONTH/YEAR)	TO (MONTH/YEAR)

Date of last Basic Life Support Training:

Date of last Moving and Handling Training:

Date of last Health and Safety Training:

Please provide documentary evidence of all of the above; all certificates will be verified:

PROFESSIONAL REFREES

Please give the names and contact details of 3 professional referees from your current/previous employment. Referees must have worked in a senior position to yourself. Please be aware that Zentar are unable to offer you work until satisfactory references have been obtained, and that Zentar are required to obtain references for you on an annual basis.

REFERENCE 1

ORGANIZATION:

DATES EMPLOYED:

REFREE NAME:

PROFESSIONAL TITLE:

PROFESSIONAL WORK ADDRESS:

EMAIL:

TELEPHONE:

FAX:

CAPACITY IN WHICH KNOWN:

CAN WE CONTACT IMMEDIATELY? ☐ Yes ☐ No

REFERENCE 2

ORGANIZATION:

DATES EMPLOYED:

REFREE NAME:

PROFESSIONAL TITLE:

PROFESSIONAL WORK ADDRESS:

EMAIL:



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6 Berghem Mews, Blythe Road, Kensington, W14 0HN

Phone: 02073480585 Fax: 02072930112 W: www.zentar.co.uk Email: info@zentar.co.uk



TELEPHONE:		FAX:	
CAPACITY IN WHICH KNOWN:			
CAN WE CONTACT IMMEDIATELY?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DECLARATIONS	
CRIMINAL RECORDS.	
<p>Please note that under new filtering rules - certain offenses may be removed from your criminal record after 11 years (5.5 years if you were under the age of 18) Cautions will be removed after 6 years (2 years if you were under the age of 18); providing that this was your only offence and did not result in a custodial sentence. Serious offences will never be filtered. If you are unsure of whether your conviction/caution/reprimand is filtered, please see the DBS website for more information before signing the declaration. If you do not declare a conviction/caution/reprimand that later appears on your DBS this could result in dismissal or non-employment. Please tick:</p>	
Do you have any convictions, cautions or reprimands that are not “protected” as defined by the Rehabilitations of Offenders Act (amended 2013)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above, please give details below: 	

Please note that if at any stage whilst working for Zentar we receive a DBS Enhanced Disclosure that highlights information you have not declared, then you will be removed from your assignment.

- I understand that if I am charged or cautioned after signing this declaration, I must inform Zentar.
- Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct? Yes No
- I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by Zentar , which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.
- I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Questionnaire.
- I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future that Zentar may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to Zentar.
- I acknowledge and confirm that Zentar is authorised to apply for and obtain a Disclosure and Barring Service Check (including the online status update service check if app) and references from any previous employers and educational establishments.
- I acknowledge that my personal details will be stored and handled correctly by Zentar in accordance with the Data Protection Act 1998 however; I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents – DBS, Occupational Health, References).
- I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Zentar.



- I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform Zentar.
 - I understand that if it is pre-authorized that my travel expenses will be reimbursed outside of the Zentar Privilege Payments scheme, I cannot make a duplicate claim under the Zentar Privilege Payments Scheme and that any attempt to do so will be treated seriously.
 - I acknowledge that if any of my details stated on this Application Form change, or my circumstances change, which may affect my ability to work for Zentar, I must inform Zentar immediately.
 - I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (e.g. GMC) or being investigated by my current or previous employer. I will inform Zentar if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Zentar.
 - I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.
 - I acknowledge that should I reach the 12 week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if Zentar deems it necessary.
- I give my permission for Zentar to run a Right to Work check with the Home Office if I provide them a Biometric Residence Card for my Right to work in the UK.

SIGNED:

DATE:

