

# REGISTRATION APPLICATION



# ZENTARUK

PATIENT CARE IS PARAMOUNT



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**APPLICANT'S CHECKLIST FOR DOCUMENTS REQUIRED TO COMPLETE REGISTRATION  
WITH ZENTAR UK**

<b>REQUIRED DOCUMENTS</b>	
Completed Application form	<input type="checkbox"/>
Evidence of Identity/2X Address proof (Refer page 3)	<input type="checkbox"/>
Evidence of Right to Work	<input type="checkbox"/>
DBS disclosure (must be within 12 months of issue)	<input type="checkbox"/>
Occupational Health questionnaire & immunisations	<input type="checkbox"/>
Mandatory training certificates (must be within 12 months of issue)	<input type="checkbox"/>
CV covering 10 years employment history	<input type="checkbox"/>
Referee details to cover the last 3 years (x2) including most recent employer	<input type="checkbox"/>
Professional Registration- Evidence of NMC	<input type="checkbox"/>
Qualification certificates (Nursing Diploma for Nurse applications, NVQ level 2 for HCA)	<input type="checkbox"/>
Two recent passport size photos	<input type="checkbox"/>
Limited company details (if applicable)	<input type="checkbox"/>
Signed Employment Contract	<input type="checkbox"/>
Proof of NI	<input type="checkbox"/>

The acceptable documents guide overleaf will assist you with which documents are accepted for each section.

Once you have gathered and completed the above documents, please contact Zentar on **0207 348 0585** in order to proceed with your application with us.

## ACCEPTABLE DOCUMENTS GUIDE

**(Please note, if you have a valid passport (& visa if required), you may use this document to evidence your Identity and Right to Work- you will still need to provide two further documents confirming your current address.**

### \* Document must be within 3 months

### \*\* Document must be within 12 months

#### List of possible identity Documents (2 required)

*You will need to provide:* two documents confirming your current address from one of the documents labelled **G2** if you are unable to do this you may provide two forms of personal identity from the documents labelled **G3**; accompanied by a passport sized photograph of yourself.

Full or provisional photo card Driving Licence **G2**  
 EU/other photo driving licence **G2**  
 Utility Bill\* **G2**  
 Council tax statement **G2**  
 Old style paper driving licence **G2**  
 HMRC Tax notification document\*\* **G2**  
 Credit card or bank statement\* **G2**  
 Building society statement\* **G2**  
 Credit union statement\* **G2**  
 Mortgage Statement\*\* **G2**  
 Tenancy agreement\*\* **G2**  
 Benefit statement\*\* **G2**  
 Electoral register confirmation\*\* **G2**

Adoption Certificate **G3**  
 Marriage or civil partner certificate **G3**  
 Gender recognition certificate **G3**  
 Deed poll certificate **G3**  
 Firearms Certificate **G3**  
 Police registration document **G3**  
 Certificate of employment in the HM Forces **G3**  
 Document from local/central government giving entitlement\*\* **G3**  
 Tax notification (most recent)\*\* **G3**  
 P45\*\* **G3**  
 P46\*\* **G3**  
 ID Card carrying PASS accreditation

#### List of possible in date Right to Work Documents (1 required)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• British Passport (valid alone)</li> <li>• EEA Passport or Identity card (valid alone)</li> <li>• Registration Certificate (certifying permanent residence issued by the HO)</li> <li>• Residence Card/ permit (EEA)</li> <li>• Biometric Residence Permit (giving indefinite leave to remain)</li> <li>• Right of Abode in current passport</li> <li>• Full Birth Certificate (requires proof of NI)</li> </ul> | <ul style="list-style-type: none"> <li>• Full Adoption Cert (requires proof of NI)</li> <li>• Certificate of naturalisation (Requires NI)</li> <li>• Tier 2 Biometric Residence Permit</li> <li>• Tier 4 Biometric Residence Permit (student limited to 0,10,20 hrs)</li> <li>• Residence Card (family member of an EEA national)</li> <li>• Application Registration Card (requires proof of NI)</li> <li>• Certificate of Application (requires proof of NI)</li> </ul> |
|--|---|

#### List of possible documents for proof of NI

*One document from this section is required to evidence your National Insurance number*

Payslip dated within 3 months P 45 dated within 12 months Letter from HMRC dated within 12 months	P60 dated within 12 months National Insurance card Tax notification Date within 12 months
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#### Training modules required

*Specific modules for certain staff groups have been labelled. Those not labelled, are required by all workers and must be within 12 months of issue*

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Health &amp; Safety including COSHH &amp; RIDDOR</li> <li>• Infection control</li> <li>• Manual Handling</li> <li>• Fire Safety</li> <li>• Lone Worker</li> <li>• Food Hygiene- HCA's only</li> <li>• Paediatric Resuscitation &amp; Safeguarding Level 3 for RNC's &amp; PICU</li> <li>• Control &amp; Restraint (must include personal safety) for RMN</li> <li>• Advanced life support for A&amp;E &amp; Critical Care nurses</li> </ul> | <ul style="list-style-type: none"> <li>• Safeguarding Vulnerable adults &amp; children</li> <li>• Conflict Management/ Resolution</li> <li>• CPR (cardiopulmonary resuscitation)</li> <li>• Complaints Handling</li> <li>• Information Governance including Caldicott</li> <li>• Resuscitation of new born &amp; Safeguarding level 3 for NICU</li> <li>• Resuscitation of New-born and Interpretation of cardiocograph- Safeguarding Level 3, Current ITP &amp; Skills &amp; Drills training</li> <li>• Level 3, Current ITP &amp; Skills &amp; Drills training</li> </ul> |
|--|---|

**POSITION APPLYING FOR:**
**YOUR PERSONAL DETAILS:**

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other		Email Address:
Surname:		Do you hold a current driving licence: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name:		Date of Birth:
Known by any other names? (5 years) dd/mm/yy:		Nationality:
Any other names you may be known as including Maiden name:		National Insurance No:
Address:		Next of Kin's Name:
Postcode:                      Date Moved In:		Next of Kin's Address
Day Time Telephone No		Next of Kin's Telephone No:
Mobile Phone No:		Next of Kin's Mobile Phone No:
Have you changed your surname since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year From                      To Year
Have you changed your nationality since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year From                      To Year
Driving licence number	Valid From:	Valid Till:
Passport No (If applicable)	Date of Issue:	Country of Issue:

PREVIOUS ADDRESS A (if above is less than 5 years)	PREVIOUS ADDRESS B (if history provided is less than 5 years)
Address:	Address:
Postcode:	Postcode:
Time lived at address (MM/YY):	Time lived at address (MM/YY):

**YOUR PROFESSIONAL REGISTRATION DETAILS** *(Does not apply to HCA's):*

NMC Pin Number:	HPC Number (ODP):
NMC Expiry Date:	HPC Expiry Date:
Revalidation Expiry Date:	NMC Part(s) or Register:
	ENB Courses held & date when attained:

**YOUR RIGHT TO WORK DETAILS** *(Your Current Visa Status (Please tick one):*

I am a British Citizen:	<input type="checkbox"/>	If 'Other', please detail below:
I have Permanent Residency:	<input type="checkbox"/>	
I have indefinite leave to remain:	<input type="checkbox"/>	
I am a European national:	<input type="checkbox"/>	
Other: <input type="checkbox"/>	<input type="checkbox"/>	

## EMPLOYMENT HISTORY

- Please provide the last 10 years with the most recent first.
- If there are any gaps please explain.
- Continue on a separate sheet if required.

<b>Employers Name and Address:</b>	<b>Main Duties:</b>
<b>Date From:</b>	<b>Band (Grade):</b>
<b>Date To:</b>	
<b>Reason for Leaving:</b>	

<b>Employers Name and Address:</b>	<b>Main Duties:</b>
<b>Date From:</b>	<b>Band (Grade):</b>
<b>Date To:</b>	
<b>Reason for Leaving:</b>	

<b>Employers Name and Address:</b>	<b>Main Duties:</b>
<b>Date From:</b>	<b>Band (Grade):</b>
<b>Date To:</b>	
<b>Reason for Leaving:</b>	

## PROFESSIONAL CONDUCT

Have you ever been suspended from the register or dismissed or have there ever been any proceedings of medical negligence against you?

If yes, please supply the details:

## EDUCATIONAL DETAILS

Subject	School/College	Dates (from/to)	Qualification Awarded

## YOUR REFERENCE DETAIL

- Please supply details of 2 professional clinical referees, home addresses must not be used.
- One MUST be from your present employer or more recent and must be a senior band (grade) to yourself.
- You should have worked for any referee for at least 1 month where permissible. Your references must cover a minimum of 3 year period.
- Please be advised that we will contact your referees as soon as we receive your application unless otherwise advised.

REFEREE 1	
Name:	Daytime phone number:
Position:	Fax number:
Work Address:	Work Email Address:
	In what capacity was the referee known to you?:
Postcode:	How long has this person known you?:

REFEREE 2	
Name:	Daytime phone number:
Position:	Fax number:
Work Address:	Work Email Address:
	In what capacity was the referee known to you?:
Postcode:	How long has this person known you?:

REFEREE 3	
Name:	Daytime phone number:
Position:	Fax number:
Work Address:	Work Email Address:
	In what capacity was the referee known to you?:
Postcode:	How long has this person known you?:

## DECLARATION SECTION

- I understand that if I provide Zentar UK with incorrect bank details this will delay payment.
- I confirm that I have read the Zentar UK Terms of Engagment and fully understand the contents.
- I declare that under the Data Protection Act 1998, Zentar UK retains the right to keep this application and any other information associated with this application.
- I declare that I have received a copy of the Zentar UK staff handbook and have read and understood its contents.

<b>Name:</b>	<b>Date:</b>
<b>Signature:</b>	

## EQUAL OPPORTUNITIES MONITORING

We are an equal opportunity employer and positively encourage applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, or religion or belief. To enable us to improve and monitor our employment processes, please complete the section below and note that this information is confidential and will be used only for the purpose of monitoring.

### SEX: Please tick the appropriate box.

☐ Male ☐ Female ☐ Transgender ☐ Undisclosed

### DISABILITY:

Do you consider yourself to be a disabled person? ☐ Yes ☐ No ☐ Undisclosed

If yes, please give brief details of your disability:

### SEXUAL ORIENTATION:

☐ Bisexual ☐ Heterosexual ☐ Homosexual ☐ Undisclosed ☐ Other, please specify:

### RELIGION or BELIEF:

☐ Anglican ☐ Catholic ☐ Other Christian ☐ Protestant ☐ Buddhist ☐ Jewish ☐ Muslim ☐ Sikh ☐ Hindu  
☐ Other, please specify:

### ETHNIC ORIGIN:

WHITE: ☐ English ☐ Scottish ☐ Welsh ☐ Irish ☐ Other, please specify:

MIXED: ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other, please specify:

ASIAN: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other, please specify:

BLACK: ☐ Caribbean ☐ African ☐ Other, please specify:

CHINESE: ☐ Chinese Other, please specify:

OTHER: Please state:

Prefer not to answer this question ☐

### NATIONALITY:

### ELIGIBILITY TO WORK IN THE UK:

Under the Immigration, Asylum and Nationality Act 2006 (the 2006 Act). All employers are obliged to carry out prescribed document checks on candidates prior to employing them. All employers have a duty to prevent illegal working in the UK, failure to comply with the checks stated may result in the employer being liable for a civil penalty. Are you able to provide documentary evidence of your Right to Work?



**ZENTAR UK PAYMENT SETUP** *(Please choose from one of the following payment options A, B, C or D)*

<input type="checkbox"/> <b>I would like to paid via Umbrella (Zentar UK Payroll)</b>		<input type="checkbox"/> <b>I am self employed and have a Unique Tax Reference (UTR) Number, NOT through a limited company.</b>	
NI Number:		UTR number:	
Bank Account name:		NI number:	
Account number:		Bank Account name:	
Sort code:		Account number:	
Name of the bank:		Sort code:	
Please enclose a copy of your recent P45 and answer one of the following conditions that applies to you:		Name of the bank:	
<b>A.</b> This is my first job since 6 <sup>th</sup> April and I have not been receiving taxable job seekers allowance OR taxable incapacity benefit OR a state or occupational pension.			
<b>B.</b> This is now my only job, but since 6 <sup>th</sup> April I have had another job, or have received taxable job seekers allowance or taxable incapacity benefit. I don't receive a state or occupational pension.			
<b>C.</b> I have another job or receive a state or occupational Administration Charge: £ per payslip			
<input type="checkbox"/> <b>I am Self-Employed through a limited company and would like to paid into my business account.</b>		<input type="checkbox"/> <b>I would like to be paid via a limited company registered in my business name. Please set me up. There is a charge for £75.</b>	
Company name:		Title:	
Company number:		Full name:	
Is the company VAT Registered:		Address:	
Your position within the company:			
Companies registered address:		Town:	Postcode:
		National Insurance number:	
		Date of birth:	Passport number:
Town:	Postcode:	Place of birth:	Nationality
Bank account name:		Telephone number:	
Account number:		Email address:	
Sort code:		What would you like to call your company? (i.e. Zentar UK Ltd)	
Name of bank:			
		All documents including your certificate of incorporation will be given to you upon successful completion which will enable you to open a business bank account which will be used to send your payments.	
Signed by Employee:		Date:	
Print Name:			



**Refer your colleagues (Nurses only) and earn £75 for each referral!**  
**Simply, provide us with their details and we will do the rest...**

No.	Name	Phone Number	E-mail	Earn
1.				£ 75
2.				£ 75
3.				£ 75
4.				£ 75
5.				£ 75

**YOU EARN £75.00 once your Colleague/Friend completes 5 SHIFTS !**

**NOTES:**




**Head Office:**

## NURSE PROFESSIONAL INDEMNITY SELF DECLARATION

The need to have in place an indemnity arrangement is a mandatory requirement of the NMC Code

It is the professional responsibility of each nurse and midwife to ensure that you have cover which is appropriate to your role and scope of practice and its risks.

If you have personal cover in place it must be relevant to the risks involved in your practice, so that it is reasonably sufficient in the event that a claim is successfully made against you.

You are not required to provide a copy of your documents for your indemnity arrangement when you self declare. However, maintaining good records of your indemnity arrangement is a legal requirement of the NMC Code.

If you practice without cover you will be breaking the law, even though you only have to sign the declaration annually you must have cover in place at all times. We may undertake compliance checks, identification of failure to have the cover in place once you have signed a self declaration will result in referral to the NMC.

### DECLARATION

I	NMC PIN No.
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Declare that I have appropriate professional indemnity in place to cover the entirety of my professional scope of practice.

I understand that signing this declaration and failing to have the appropriate cover in place at all times would result in me being personally liable for any claims.

**SIGNED:**

**DATE:**



## DECLARATION FORM

### REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4.2 of the rehabilitation of offenders Act 1974 (Exception Order 1975). Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies and should be entered at the end of any particulars you give in support of your application. A copy of our written policy is available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of an offence? (NB the Rehabilitation of offenders Act 1974) ☐ YES ☐ NO

If yes, please supply the details:

You may be offered an opportunity to work within an environment or establishment where you come into contact with children or other vulnerable groups, or your professional occupation may fall within certain expected categories where this is likely to apply, the Rehabilitation of offenders Act 1974 (exceptions) order 1975 requires us to ask you for additional information. A DBS check (Criminal Records Bureau) may be required when this type of work is sought.

Do you have any previous convictions whether "spent", or "unspent" within the Act, including any cautions reprimands, cautions and final warnings? bind-over's or any convictions from overseas? ☐ YES ☐ NO

If yes, please supply the details:

Are you registered at DBS with update service online? ☐ YES ☐ NO

Do you hold an enhanced DBS disclosure that has been carried out in the past 1 year? YES NO

If yes, please supply a copy: (Zentor UK follows the DBS Code of Practice recommendations April 2009. A copy is available upon request.)

If No, please consent to Zentor UK carrying out a DBS check on your behalf by ticking the box. I give consent ☐

### SECURITY CLEARANCE

Have you got current security clearance? If so please give details below:

**Name:**

**Date:**

**Signature:**



## NEW EMPLOYEE CLINICAL MEDICAL QUESTIONNAIRE

### CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

Personal Information			
Title	Surname	First names	DOB
Home Tel:		Work Tel:	Mobile:
Home Address:		GP Address:	

Medical History		
<b><u>All staff groups complete this section</u></b>	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned/rejected**.

Additional Information (If you have answered yes to any questions above please provide additional information below)

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year ( <b>Include Holidays/ Vacations</b> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</b>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when	Date	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

EVD (Ebola Virus Disease)		
Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.	Yes	No
Have you travelled to any countries affected by Ebola? (Guinea, Sierra Leone, Liberia or Mali)	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>If you answered YES to the above, please list all of the countries that you have lived in/visited in the last 21 days including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</b></p>		

Additional Information
(If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	No	Date

Immunisation History			
Have you had any of the following immunisations			
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)			
Polio			
Tetanus			
Hepatitis B (If Yes is ticked please give dates below)			
Course:	1	2	3
Boosters:	1	2	3

Proof of Immunity (Please send the following)	
<b>Varicella</b>	You must provide a written statement to confirm that you have had chicken pox or shingles however we <b><u>strongly advise</u></b> that you provide serology test result showing varicella immunity
<b>Tuberculosis</b>	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result ( <b><u>Do not Self Declare</u></b> )
<b>Rubella, Measles &amp; Mumps</b>	Certificate of <b><u>“two”</u></b> MMR vaccinations or proof of a positive antibody for Rubella and Measles
<b>Hepatitis B</b>	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
<b>Hepatitis B Surface Antigen</b>	Evidence of a negative Surface Antigen Test Report must be an identified validated sample. (IVS)
<b>Hepatitis C</b>	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)

<b>HIV</b>	Evidence of a negative antibody test Report must be an identified validated sample. (IVS)
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<b>Exposure Prone Procedures</b>		
Will your role involve Exposure Prone Procedures	Yes	No

Declaration		
<p>I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.</p> <p>I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I also give consent for the Healthier Business UK Ltd to make recommendations to my employer.</p>		
Name	Signature	Date