

Registration Form for Nurses

1: PERSONAL INFORMATION

Full Name

Date of Birth Day Month Year

Gender Male Female Non-binary Prefer not to say

Right to Work in the UK Yes No

(if no, provide Visa Type and Expiry Date)

Address

Contact Details Phone Number Email Address

National Insurance Number

BRP Number

2: PROFESSIONAL QUALIFICATIONS

Year

Nursing Qualifications

NMC Expiry Date Day Month

NMC PIN (Nursing and Midwifery Council)

Other Relevant Certifications

3: WORK EXPERIENCE

Current/Most Recent Role

Start Date End Date

Total Years of Nursing Experience <1 year 1-3 years 3-5 years 5+ years

Specialist Areas of Expertise

Availability Full-time Part-time Temporary On-call

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4: Compliance

DBS (Disclosure and Barring Service) Check Yes No

(If yes, provide DBS Certificate Number and Issue Date)

Immunization Record

Reference 1 Name Position Email

Contact Number Relationship to Applicant

Reference 2 Name Position Email

Contact Number Relationship to Applicant

Occupational Health Clearance Yes No

5: Emergency Contact

Name

Relationship

Phone Number

6: Declarations

- I consent to background and employment checks as required by the agency
- I agree to the storage and processing of my personal data in accordance with GDPR

Signature