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| 1st Staff Limited, The Civic Building, 2nd Floor, 323 High Street, Epping, CM16 4BZ | | |
| www.1ststaff.co.uk | 0330 174 8191 | Info@1ststaff.co.uk |

**STAFF REGISTRATION FORM**

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| **Name:** |  |
| **Profession:** |  |
| **Date completed:** |  |
| **Location met** |  |

**If you are unable to scan this form, please print your name and date as confirmation that we may accept your authorization by return email without signature. Please forward a signed form to us as soon as possible thereafter.**

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| **Print Name:** |  | **Date:** |  |

1st Staff Ltd request that you fill in this form honestly and accurately as it is then used in the recruitment process to assess your suitability for temporary assignments.

By completing and signing the form, you should understand that any offer of a temporary assignment made based on any omissions or untrue, inaccurate, or misleading information, either deliberate or accidental, may be withdrawn or could result in your assignment being terminated.

Should you have any queries regarding the completion of the form or have any concerns about providing the information requested in this form, please contact your consultant.

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| **PERSONAL DETAILS** |

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| Pronoun:  Surname: | Forenames:  Middle Names: |
| Do you wish to be known by another name? |  |
| Have you ever been known by any other name: YES/NO  If yes please specify:  If name change through marriage, this MUST be supported e.g. copy of marriage certificate | |
| Date of Birth: | |

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| Current Permanent Home Address:  Postcode: | |
| Home Phone: | Mobile Phone: |
| Email address: | |
| Nationality: | National Insurance Number: |

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| **EMERGENCY CONTACT:** |

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| Name: | Relationship: |
| Address:  Postcode: | |
| Contact Number: |  |

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| **PLEASE PROVIDE ADDRESSES FOR THE LAST 5 YEARS IN ORDER TO MEET OUR POLICIES AND PROCEDURES CRITERIA. – PLEASE CONTINUE ON SEPARATE SHEET IF NECESSARY** |

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| --- | --- |
| Address: | |
| Postcode: | Dates covered from: / / to / / |
| Address: | |
| Postcode: | Dates covered from: / / to / / |
| Address: | |
| Postcode: | Dates covered from: / / to / / |
| Address: | |
| Postcode: | Dates covered from: / / to / / |

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| **SOURCE**: |

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| How did you hear about 1st Staff Ltd? |
| If recommended, please provide the person who referred you: |
| Please list any other agencies you are listed with: |

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| **QUALIFIED TEACHERS ONLY** |

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| What is the name of your teaching qualification? |
| When did you gain your teaching qualification? |
| What is your DFES/Teacher reference Number? |
| Are you registered with the Teaching Agency? |
| What is your main area of teaching (Primary/Secondary/SEN)? |

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| **AVAILABILITY** |

Please specify your availability:

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| Part time / Full time: |  |
| Preferred Days: |  |
| Mornings / Afternoons: |  |
| How far are you willing to travel? |  |
| Do you have a valid driving licence? |  |
| Do you own a car you are willing to use for work purpose or will you use other means of transport? | |

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| **PERSONAL STATEMENT** |

Please send your CV with this application form or provide a brief statement outlining any qualifications or experience you feel will help you in your role.

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| **REFERENCES:** |

Please provide us with **at least two** referee details to cover the **last 2 years** to meet our policies and procedures criteria. One referee must be your line manager from you current or most recent employer. Please continue on a separate sheet is necessary.

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| --- | --- |
| Company Name:  Address: | Contact Name & Position of Referee: |
| Contact Number: | Email Address: |
| Dates covered: From / / to / / | May we contact immediately? |

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| --- | --- |
| Company Name:  Address: | Contact Name & Position of Referee: |
| Contact Number: | Email Address: |
| Dates covered: From / / to / / | May we contact immediately? |

|  |  |
| --- | --- |
| Company Name:  Address: | Contact Name & Position of Referee: |
| Contact Number: | Email Address: |
| Dates covered: From / / to / / | May we contact immediately? |

|  |  |
| --- | --- |
| Company Name:  Address: | Contact Name & Position of Referee: |
| Contact Number: | Email Address: |
| Dates covered: From / / to / / | May we contact immediately? |

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| **DISCIPLINARY** |

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| Have you ever been subject of disciplinary action or ongoing disciplinary action? |
| If yes, please give details: |

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| **HEALTH & DISABILITY** |

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| **Basic Health History**  **We believe that the following questions are relevant to the requirements of the role.** | |
| Is there any aspect of your health that may affect your ability to work? |  |
| Have you any reason to believe you may be infected by any communicable disease? |  |
| Do you suffer from blackouts, fits or attacks of giddiness? |  |
| Any type of allergy? |  |
| Frequent diarrhoea, vomiting, or constipation? |  |
| Heart, circulation and blood disorders? |  |
| Disorders of eyes, ears or nose? |  |
| TB or any infectious disease? |  |
| Diabetes? |  |
| Jaundice or Anaemia? |  |
| Are you attending or waiting to attend any hospital appointments for treatment or investigation? |  |
| Are you taking any regular prescribed medication? |  |
| Can you carry out all aspects of the job without any special adaptions? |  |

**Please provide any additional information that you feel is relevant to this declaration:**

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**Should you feel that any section of the following Medical Questionnaire is not applicable to you, please tick here and opt out of completing it.**

**HEALTH DECLARATION:**

I declare that in signing below that to the best of my knowledge and belief, all of the information I have provided in relation to my health, is true and correct and that I have not knowingly withheld any information. I understand that if it is later found that I have been untruthful, or that I have knowingly omitted any relevant information, disciplinary proceedings may be introduced against me that might lead to my dismissal from the post to which I have been placed. I understand and agree that if there are any significant changes in my health status after signing this declaration, that it is my duty to inform my Agent, as a further screening of my health may be appropriate.

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| **Applicant’s signature:** |  | **Date:** |  |

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| **GDPR STATEMENT** |

By registering and providing your contact details you agree to us contacting you about our services relevant to your profession. You also agree to receiving notifications alerting you when there are requirements outstanding regarding your registration. You consent to 1st Staff Ltd passing on your personal data to potential employers and 3rd party auditing bodies. You have the right to withdraw consent at any time. This can be requested by sending an email in to us. You have the right to request a copy of your personal data. This can be requested by sending an email in to us. A request can also be made via email to have your data deleted from our system. This will not include data required to be retained for legal purposes. A full copy of our Data Protection Policy can be sent upon request.

I hereby confirm that my personal details may be held and disclosed in the manner contained herein.

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| **Applicant’s signature:** |  | **Date:** |  |

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| **UPDATE SERVICE DECLARATION** |

You have supplied 1st Staff Ltd with a copy of your Enhanced Disclosure and Barring Service certificate, which was carried out by an organization other than ourselves. In accordance with DfES guidelines and as your certificate is dated within the last twelve months, we are required to confirm the authenticity of this disclosure.

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| Candidate Name: |  |
| Date of birth: |  |
| DBS Disclosure No: |  |
| Date Disclosure issued: |  |
| Counter signatory: |  |
| Company/LEA: |  |

Is your DBS certificate registered with the update service?

If Yes, please provide the reference number?

Do you give permission for us to check the Update Service?

**In order to carry out this procedure, please sign the following consent.**

I confirm that I have provided 1st Staff Ltd with a copy of my current DBS certificate and that I agree to 1st Staff using this information for verification purposed. Please therefore confirm such details relating to the disclosure is necessary to 1st Staff Limited’s assessment of my suitability for the position.

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| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **REHABILITATION OF OFFENDERS ACT** |

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 apply.

Applicants are therefore required to provide information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation for positions to which the order applies.

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| Have you at any time been convicted of an offence? Yes / No |
| If “Yes” please give details of the conviction and dates: |
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| Have you ever had any convictions filed against you or pending? Yes / No |
| If yes, please give details: |
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It is a condition of proceeding with your application that you apply for an 'enhanced’ DBS (PREVIOUSLY KNOWN AS CRB) disclosure through 1st Staff Ltd or produce a disclosure which you have already obtained as long as it is no older than one year. Convictions and any other criminal record information obtained through the Criminal Records Bureau’s Disclosure Service will not necessarily be a bar to employment. All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application. Failure to declare a convict ion may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

It is a condition of engagement that clients will be informed of details of criminal convictions, Cautions, Reprimands and Final Warnings so that they make an informed decision as to whether or not engage a candidate on a temporary assignment.

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| **Applicant’s signature:** |  | **Date:** |  |

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| **CONFIDENTIALITY AGREEMENT** |

1st Staff Ltd requires all staff on our register to comply with the confidentiality policy of our company, the confidentiality Policies and Procedures of Clients and the relevant Code of professional conduct. This undertaking also encompasses the provisions and principles within the Data Protection Act 1984 and 1988, which concerns the protection of personal information.

In summary you must treat information about service users as confidential and use it only for the purposes for which it was given. You must protect this information from improper disclosure at all times. Written information must be stored in a confidential place.

Agency staff must not disclose to any person (other than a person authorised by 1st Staff Ltd or the Client) any information acquired by them in connection with the work assignments they undertake. This will include:

* The identity of any service users at any of the work place settings
* Confidential information concerning contracts, charges, procedures and other privileged information from 1st Staff Ltd, or clients

**Computer Access within the Clients Establishment:**

As an Agency Worker you may be give Authorisation by the Client to gain access to certain computer systems and certain programs and data within those systems. You must not attempt alone, or in concert with others, to gain access to data or programs to which authorisation has not been given. In using any Client computer systems, as an agency worker you must:

* Observe the computer security instructions in respect of the proper use and protection of any password used in connection with such computer systems and if there is a need to use or insert into any computer and floppy disk, CD ROM disk, removable hard drive or any other device for the storage and transfer of data programs;
* Not load any program onto any computer via disk, typing, electronic data transfer or any other means.
* Not access any other computer or bulletin board or information service (including, without limitation, the internet) except with the specific prior authority from the clients representative.
* Not download any files or connect any piece of computer equipment to any network or other item of computer equipment except with the prior authority of the clients representative.

**Declaration:**

I have read and understood this confidentiality policy and I agree to comply.

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| **Print Name:** |  |
| **Signature:** |  |
| **Date:** |  |