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93 Swingate Lane, London SE18 2DB Tel/Fax: +44 (0) 203 719 9207 Reg No: 9260047

info@azbaidoocoltd.com, www.azbaidoocoltd.com

**Personal Details:**

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: (Female/ Male)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FirstName(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Working in the U.K.:**

Are you eligible to work in the U.K.? \_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require a Work Permit? ..................... Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are on residence permit, Permit No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date of Residence Permit \_\_\_\_\_\_\_\_\_\_\_\_N.I.Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing Details**

Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Band\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Qualified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When Qualified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMC PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select your speciality or specialities that you would wish to be considered for.**

*\_\_\_A&E \_\_\_Anaesthetics \_\_\_\_Cannulation*

*\_\_\_Cardiac \_\_\_CCU \_\_\_\_CDU*

\_\_\_*Chemo \_\_\_Community \_\_\_\_Dermatology*

*\_\_\_Dialysis \_\_\_District \_\_\_\_Endoscopy*

*\_\_\_Elderly \_\_\_General Wards \_\_\_\_ General Wards*

*\_\_\_Gynaecology \_\_\_Haematology \_\_\_\_Histopathology*

*\_\_\_HDU \_\_\_\_ITU \_\_\_\_Medical*

*\_\_\_Microbiology \_\_\_\_NICU \_\_\_\_Nuclear Medicine*

*\_\_\_Nurse Practitioner \_\_\_\_Nurse Prescriber \_\_\_\_Oncology*

*\_\_\_Orthopaedics \_\_\_\_Paediatrics \_\_\_\_PICU*

*\_\_\_Prison Nursing \_\_\_\_Radiology \_\_\_\_Recovery*

*\_\_\_Renal \_\_\_\_SCBU \_\_\_\_School Nursing*

*\_\_\_Scrub \_\_\_\_Substance MIsuse \_\_\_\_Surgery*

*\_\_\_Theatre \_\_\_\_Trachea \_\_\_Ventilation for paeds*

**Equality & Diversity Monitoring Information**

**Gender: Do you have disability issue?**

*\_\_\_Male \_\_\_Yes*

*\_\_\_Female \_\_\_No*

*\_\_\_I do not wish to disclose \_\_\_I do not wish to disclose*

**Religion or Belief: Sexual orientation:**

*\_\_\_Christianity \_\_\_Heterosexual*

*\_\_\_Hinduism \_\_\_Bisexual*

*\_\_\_Islam \_\_\_Gay Man*

*\_\_\_Atheism \_\_\_Gay Woman (Lesbian)*

*\_\_\_Judaism \_\_\_I do not want to disclose*

*\_\_\_Sikhism*

*\_\_\_Buddhism*

*\_\_\_Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_I do not want to disclose*

**Ethnicity:**

*\_\_\_White British \_\_\_White Irish*

*\_\_\_White Other \_\_\_White & Asian*

*\_\_\_White & Black African \_\_\_White & Black Caribbean*

*\_\_\_Mixed Other \_\_\_Bangladeshi*

*\_\_\_Pakistani \_\_\_Indian*

*\_\_\_Asian Other \_\_\_Black African*

*\_\_\_Black Caribbean \_\_\_Black Other*

*\_\_\_Chinese \_\_\_Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_I do not want to specify*

**In confidence:**

*As Healthcare worker, you must undergo an enhanced DBS disclosure.*

Rehabilitation of Offenders Act (exceptions) Order 1975 as amended in 2013

*Do you have any convictions (spent or suspended), cautions, reprimands, or final warning by the police or any court in the United Kingdom or abroad.*

*\_\_\_\_\_Yes \_\_\_\_\_No.*

*If you have answered yes, please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*Have you been DBS checked? \_\_\_\_\_\_Yes \_\_\_\_\_\_No*

*If yes, by which company (Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Are you on the DBS update service? \_\_\_\_\_Yes \_\_\_\_No*

*If yes, ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or Reference No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Referees:**

1. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Telephone No(s).: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

*E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Telephone No(s).: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signed by applicant.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete the registration form, attach your C.V., and forward it to; info@azbaidoocoltd.com, or post to; A.Z. Baidoo & Co. Limited, 93 Swingate Lane, London, SE18 2DB.*

***\*Complete the employment history if you do not have a C.V.***

***BANK DETAILS***

ACCOUNT NAME: .......................................................................................................

NAME OF BANK: ..........................................................................................................

BRANCH ADDRESS: .....................................................................................................

.....................................................................................................................................

SORT CODE: ................................................................................................................

ACCOUNT NO. : ...........................................................................................................

***EMPLOYMENT HISTORY***

**Present/Last Employer** (Name & Address): .................................................................

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..................................................................................................................................

Job Title & Main Duties: .............................................................................................

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..................................................................................................................................

Start/Leaving Dates (mm/yyyy): .................................To: .........................................

Reason for Leaving: ...................................................................................................

**Previous Employer** (Name & Address): ......................................................................

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Job Title & Main Duties: .............................................................................................

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Start/Leaving Dates (mm/yyyy): .....................................To: .........................................

Reason for leaving: .......................................................................................................

**Previous Employer** (Name & Address): ..........................................................................

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Job Title & Main Duties: ..............................................................................................

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Start/Leaving Dates (mm/yyyy): .....................................To: ........................................

Reason for leaving: .....................................................................................................

**Previous Employer** (Name & Address): ......................................................................

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Job Title & Main Duties: ..............................................................................................

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Start/Leaving Dates (mm/yyyy): .....................................To: ......................................

Reason for leaving: ........................................................................................................

***EDUCATION AND TRAINING***

University/College/Training Qualification Date of completion

1

2.

3.

4.

5.

*\*You are allowed to use extra sheets if you have more information to give.*