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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 |  |
| First Name(s) |  |
| Surname |  |
| Date Of Birth |  |
| Address |  |
| Nationality |  |
| E-mail address |  |
| Mobile Phone No |  |
| Home/Work Phone No |  |

***Nursing Details:***

|  |  |
| --- | --- |
| Qualification |  |
| Where Qualified |  |
| Date Qualified |  |
| NMC PIN |  |
| Expiry Date |  |
| CBT Results |  |
| OSCE Results |  |

***Please tick (x) below to indicate your speciality/specialities for consideration.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A&E |  | Anaesthetics |  | Cannulation |  |
| Cardiac |  | CCU |  | CDU |  |
| Chemo |  | Community |  | Dermatology |  |
| Dialysis |  | District |  | Endoscopy |  |
| Elderly |  | General Wards |  | ICU |  |
| 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. |  |

***Please tick (x) below for Quality & Diversity Monitoring Information***

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender:** |  | **Do you have disability issue?** |  |
| Male: |  | Yes |  |
| Female |  | No |  |
| I do not want to disclose |  | I do not wish to disclose |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion or Belief** |  | **Sexual orientation** |  |
| Christianity |  | Heterosexual |  |
| Hinduism |  | Bisexual |  |
| Islam |  | Gay |  |
| Atheism |  | Lesbian |  |
| Judaism |  | I don’t want to disclose |  |
| Sikhism |  | other |  |
| Buddhism |  |  |  |
| Other (Please specify) |  |  |  |
| I do not want to disclose |  |  |  |

***Ethnicity:***

|  |  |  |  |
| --- | --- | --- | --- |
| Pakistani |  | Bangladeshi |  |
| White British |  | White Irish |  |
| White Other |  | White & Asian |  |
| White & Black African |  | White & Black Caribbean |  |
| Mixed Other |  | Indian |  |
| Asian |  | Black African |  |
| Chinese |  | Black Other |  |
| I don’t want to specify |  | Other (Please specify below |  |

|  |
| --- |
|  |

**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:*

|  |
| --- |
|  |

*Have you been DBS (Police) checked?*

|  |  |  |  |
| --- | --- | --- | --- |
| *Yes* |  | *No* |  |

*If yes, by which company:*

|  |  |
| --- | --- |
| *Name* |  |
| *Date* |  |

***Signed by applicant***

|  |  |
| --- | --- |
| ***Name*** |  |
| ***Signature*** |  |
| ***Date*** |  |

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