Merco The Medical Staffing Company

Please return this completed form to;

Merco Medical Staffing Ltd
1st Floor, St Georges House,
3-5 Pepys Road, Raynes Park
London SW20 8NJ

For help please contact 0208 947 3077

Application Form (Nurse & AHP)

Please complete this form as accurately as possible and return to us at the address above. Please also inform us of any future changes to your personal circumstances as soon as possible so we can keep your records up-to-date. If you need assistance with any part of this form please call us on 0208 947 3077.

Personal Information

First name(s)	
Last name	
Any other names (Please attach official proof of name change)	
Date of Birth	
Address	
Postcode	
Home telephone	
Mobile telephone	
Fax number	
E-mail address	
Full UK Driving Licence?	Y ☐ N ☐

Next of Kin

Full name	
Relationship	
Address	
Postcode	
Home telephone	
Mobile telephone	
E-mail address	

Immigration

Are you a British or EU National?	Y ☐ N ☐
Do you hold a valid VISA?	Y ☐ N ☐
VISA Type (e.g. Tier 1, Student etc)	
Please specify any work restrictions	
Nationality	
Passport number	
Passport expiry date	D D M M Y Y Y Y
VISA number	
VISA expiry date	D D M M Y Y Y Y

Qualifications

Dates (from and to)	Qualifications	Institution

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Employment History

Please provide your employment history for the last 10 years, listing the start and completion date, names of employer and contact details.
Please use the back of THIS page if more space is required.

1. Most recent employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
	Postcode
Telephone	
E-mail address	

2. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
	Postcode
Telephone	
E-mail address	

3. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
	Postcode
Telephone	
E-mail address	

4. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
	Postcode
Telephone	
E-mail address	

5. Previous employment

From	To
Grade & speciality	
Institution	
Contact person	
Address	
	Postcode
Telephone	
E-mail address	

References

Please supply names and details of two clinical professional referees. One must be from your present or most recent employer.

Do we have permission to contact your referees? Y ☐ N ☐

First referee name	
Hospital name	
Address	
	Postcode
Tel	Fax
E-mail address	
Dates worked with this nurse	

Second referee name	
Hospital name	
Address	
	Postcode
Tel	Fax
E-mail address	
Dates worked with this nurse	

Professional Appraisal Consultant, Mentor etc

Title	Name
NMC/HPC number	
Usual place of work	
Telephone	
E-mail address	
Date of last appraisal D D M M Y Y Y Y	Date of next appraisal D D M M Y Y Y Y

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Mandatory Training

It is a mandatory requirement that you update this training yearly.

Course	Training provider	Date of Certification
Life Support Accreditations		
Lone Worker Training		
Handling Violence and Aggression		
Caldicott Protocols		
Health & Safety (incl. COSHH & RIDDOR)		
Complaints Handling		
Infection Control (incl. MRSA & C.DIFFg		
Moving & Handling		
Fire Safety		
Food & Hygiene		

Professional Membership and Insurance

NMC Pin No.:	
NMC Expiry Date:	DD MM YYYY
NMC Parts of Register:	DD MM YYYY
HPC No.:	DD MM YYYY
HPC Expiry Date:	DD MM YYYY
Do you hold Professional Indemnity Insurance?	Y ☐ N ☐
Insurance held with:	
Membership/Policy Number:	
Renewal Date:	DD MM YYYY
Other Professional Memberships (RGN etc.):	
Membership No.:	
Renewal Date:	DD MM YYYY

Skills

Table 1: Which Medical IT Systems can you use?

System	Y	N
EMIS LV	☐	☐
EMIS PCS	☐	☐
Vision	☐	☐
Adastra	☐	☐
ISOFT (Torex Synergie)	☐	☐
ISOFT (Torex Premier)	☐	☐
SystmOne TPP	☐	☐
Smart Card No:		
Other:		

Table 2: Please tick the boxes which you are suitably skilled, experienced and competent to work in today.

A&E	☐	ANP	☐
Clinics	☐	Community	☐
Elderly Care	☐	ECP	☐
ENP	☐	General	☐
Gynaecology	☐	Health Visitor	☐
Home Care	☐	Nurse Practitioner	☐
ITU	☐	Learning Disabilities	☐
Medical	☐	Mental Health	☐
Midwifery	☐	Neonatal/PICU	☐
Nursing Homes	☐	Occ Health	☐
ODP	☐	Orthopeadics	☐
Peadiatrics	☐	Physicians Assistant	☐
Practice Nurse	☐	Recovery	☐
Renal	☐	SCBU	☐
Surgical	☐	Theatres	☐
Urology	☐		

Table 3: Please tick to confirm all the skills that you can perform independently

Skill	Y	N
4 layer bandaging	☐	☐
Assess and manage minor illness autonomously	☐	☐
Assess and manage minor injuries autonomously	☐	☐
Asthma Care/monitoring	☐	☐
B12 therapy monitoring	☐	☐
Baby Vaccinations	☐	☐
Basic Dressings	☐	☐
Blood Glucose Readings	☐	☐
Blood Pressure Readings	☐	☐
Comprehensive contraceptive advice & treatment	☐	☐
Contraceptive Checks - Injectable	☐	☐
Contraceptive Checks - Oral	☐	☐
COPD Care	☐	☐
CVD Care	☐	☐
Diabetes care/monitoring	☐	☐
Do you have a license to prescribe independently?	☐	☐
Ear syringing	☐	☐
Epilepsy Care	☐	☐

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Table 3 continued: Please tick to confirm all the skills that you can perform independently.

Skill	Y	N
Experience of developing treatment plans for those at risk of long term conditions	Y ☐	N ☐
Healthy lifestyle promotion	Y ☐	N ☐
Heart Failure Care	Y ☐	N ☐
Height & Weight	Y ☐	N ☐
IHD monitoring	Y ☐	N ☐
Initiation of effective emergency care for complex or urgent conditions	Y ☐	N ☐
Insulin starts and/or titration	Y ☐	N ☐
Intramuscular Injections	Y ☐	N ☐
Leg Ulcer Dressings	Y ☐	N ☐
Liquid Cytology (if yes, enter no. here: ....)	Y ☐	N ☐
Management of acute or chronic conditions	Y ☐	N ☐
Mental Health Monitoring	Y ☐	N ☐
Minor surgery as appropriate to competencies	Y ☐	N ☐
Nebulising	Y ☐	N ☐
NHS Health Checks	Y ☐	N ☐
Order investigations and referral management	Y ☐	N ☐
Phlebotomy	Y ☐	N ☐
Physical Assessment Training	Y ☐	N ☐
Pre-conceptual care & advice	Y ☐	N ☐
Pregnancy Testing	Y ☐	N ☐
Prescribe and review medication for therapeutic effectiveness	Y ☐	N ☐
Routine immunisation for national program	Y ☐	N ☐
Smoking cessation advice	Y ☐	N ☐
Spirometry	Y ☐	N ☐
Stroke Monitoring	Y ☐	N ☐
Subcutaneous Injections	Y ☐	N ☐
Tissue Viability	Y ☐	N ☐
Travel Health/Vaccinations	Y ☐	N ☐
Triage	Y ☐	N ☐
Urinalysis	Y ☐	N ☐
Venepuncture	Y ☐	N ☐
Weight Management	Y ☐	N ☐
Women's Health checks including cervical cytology	Y ☐	N ☐

Financial Details

National Insurance Number	
Tax status	PAYE ☐ Self-employed ☐ Limited Company ☐
Unique tax reference	

Bank Details

Name on account	
Name of bank/institution	
Name of limited Company	
Account number	
Sort code	☐☐–☐☐–☐☐

Occupational Health

I agree to provide evidence of immunisations to Merco before starting my first locum assignment.

Have you attended your GP in the last 12 months? Y ☐ N ☐

I understand my responsibility to have all the necessary tests if I think I have or am carrying a serious or communicable condition and to act on the advice of a suitably qualified colleague about and/or modifications to my clinical practice.

I also understand that I must take and follow advice from a consultant in Occupational Health or another suitably qualified colleague if my judgement or performance could be significantly affected by a condition or illness.

I give Merco permission to contact my GP to obtain further information if necessary Y ☐ N ☐

Print name	
Signature	
Date	D D M M Y Y Y Y

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Declarations

As a Matter of professional responsibility and due to other requirements, we need you to fill out and sign this declaration. We shall rely on this information when screening your application. A misstatement under this section is therefore an offence.

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions/Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which enables the provider to have access to vulnerable persons in the course of his/her normal duties. Your answer to the following question should therefore include 'spent' duties.

Have you ever been convicted of a criminal offence? Y ☐ N ☐

I undertake to inform Merco should I be convicted of an offence in the future. Y ☐ N ☐

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed? Y ☐ N ☐

If yes please supply details here (continue on a separate sheet if necessary)

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The DOH Circular (88, 19), Protection of Children, requires that any professional with access to Children must not be/have been a named person on the Protection Of Children Act List 99 Register.

Have you ever been included on the POCAL99 Register? Y ☐ N ☐

Please confirm that you have received, read and understood the Staff Handbook and the Terms of Contract as issued to you by Merco Medical Staffing Ltd.

I have read the staff handbook and Terms of Contract Y ☐ N ☐

I declare that the information given in this document is true and complete and is not presented in any way to mislead. I am not aware of any condition, medical or otherwise, which could affect or limit my employment or performance.

I agree that if I have or in the future give false or misleading information, that this may result in termination without notice. I acknowledged that I have been given and agree to the current Terms of Contract issued by Merco Medical Staffing Ltd.

I agree that Merco retains the right to hold this application and any other data required to process it and to pass to any authorised third party the details held within. Also, to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Print name	
Signature	
Date	D D M M Y Y Y Y