

# Sirona Medical Candidate Registration Form

## PERSONAL DETAILS

Title:

Surname:

First Name (s):

Male

Female

Address:

Postcode:

Telephone Number:

Mobile Number:

Email Address:

Date of Birth:

National Insurance Number:

Do you hold a full UK driving license?: Yes / No

## EMERGENCY CONTACT

Name:

Relationship:

Contact Number:

Email Address:

## RIGHT TO WORK DETAILS

Nationality:

Do you require a visa to work in the UK?

YES

NO

Visa Type:

Visa Expiry Date:

Any work restrictions?

YES

NO

## PROFESSIONAL QUALIFICATIONS

Primary Qualification Held:

Where was this obtained:

Date of Qualification:

If any other qualifications held, please list below;

## PROFESSIONAL REGISTRATION

Who is your professional registration held with: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Do you have any conditions to practice? YES NO

If yes, please state your conditions; \_\_\_\_\_

## PROFESSIONAL INDEMNITY COVER

Who is your professional indemnity cover held with: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

## APPRAISAL & REVALIDATION

Date of last appraisal: \_\_\_\_\_

Date of upcoming appraisal: \_\_\_\_\_

Name of appraiser: \_\_\_\_\_

Location of appraisal: \_\_\_\_\_

When are you due to be revalidated (if applicable): \_\_\_\_\_

## PROFESSIONAL REFEREE DETAILS;

Please provide a minimum of two clinical, professional referees. One must be from your present or most recent employer and both must be a senior grade to yourself who have supervised your work. References must cover at least 3 years of clinical employment.

*By signing this application form, you confirm that you are happy for Sirona Medical to contact your referees unless otherwise stated.*

1) Referee Full Name: \_\_\_\_\_

Referee Job Title: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Ward: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Professional Email Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

2) Referee Full Name: \_\_\_\_\_

Referee Job Title: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Ward: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Professional Email Address: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

## REHABILITATION OF OFFENDERS / DBS CHECKING

Due to the nature of the work for which you are applying, you are exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974. Applicants are therefore required to give 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 to the positions in which the order applies.

**\*Failure to declare a conviction that later comes to light, may require us to exclude you from our register or terminate an assignment early.**

1	Do you have any convictions, cautions, reprimands or final warnings?	Yes	No
2	At present, are you the subject of criminal charges or disciplinary action?	Yes	No
3	Are you currently subject to any investigation by an employer or professional body, or have you been in the past?	Yes	No
4	Have you had an enhanced DBS check (formerly CRB) within the last 12 months?	Yes	No
5	Is your DBS part of the annual, online update service?	Yes	No
6	Do you provide consent for Sirona Medical to regular check the status of your online DBS?	Yes	No

If your DBS certificate is part of the annual update service, you will need to provide us with a full, clear copy of your Certificate before we can complete the check online.

If you do not have a DBS certificate that is part of the annual update service, then we will need to complete a new check through Sirona Medical. The Compliance team can advise you how to do this. We strongly advise that once you receive your new certificate that you join the DBS update service for an annual cost of £13. This will stop the need for a new disclosure being made every year. We will be happy to provide more information regarding the DBS update service should you require it.

## STAFF HANDBOOK

Upon registering with Sirona Medical you will have received a copy of our Staff Handbook which includes important information. You must read and familiarise yourself with the contents of our handbook, and in turn we will keep you updated with any changes.

Please tick:

<input type="checkbox"/>	I confirm that I have received, read and fully understood Sirona Medical's Staff Handbook and will adhere to its contents.	
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## WORKING TIME REGULATIONS

The Working Time Regulations 1998 requires Sirona Medical to limit your average working week to 48 hours, unless you agree that this limit does not apply to you.

Please tick below to confirm if you wish these regulations to apply;

<input type="checkbox"/>	I do not agree to limit my working week to 48 hours maximum	
<input type="checkbox"/>	I agree to limit my working week to 48 hours maximum	

Signed:

Date:

## DECLARATIONS

By signing below, you are confirming the following declarations;

	I have completed this application form fully and to the best of my knowledge. All information I have provided is true and I am aware that if any of my details change I must notify Sirona Medical immediately.
	I am permitted to work in the UK, and should I have any restrictions on my right to work within the UK these have been declared within this form.
	I understand that the information I have provided on this form will be used by Sirona Medical for registration purposes only and they will retain these details for as long as reasonably necessary in accordance with the Data Protection Act 1998.
	I am not aware of any condition, medical or otherwise, which could affect my employment or limit my performance, other than those I have previously declared within my medical questionnaire.
	I confirm that I have received, read and fully understood Sirona Medical's Staff Handbook and will adhere to its contents.
	I give my consent for Sirona Medical to carry out a DBS status check for the duration of my registration with them.
	I am aware that certain compliance documents expire and it is my responsibility to ensure they are kept up-to-date.
	I consent to my personal information being made available for the purpose of audits and any relevant third parties. This applies to all of the documentation I have provided to Sirona Medical including, but not limited to, my DBS, fitness to work certificate, reference checks, CV and right to work documents.

Print Name:

Date:

Signature: