



Countrywide Medical Selection Limited

Personal Details	
Surname	
First Name	
Title (e.g. Mr/ Mrs/ Miss/ Ms)	
Date of Birth	
National Insurance Number	
If you have been known by another name (e.g. maiden name/ deed poll change) please provide to us in the space below all previous names and dates they were changed.	
Present UK address	
Post Code	
Country	
Home Tel	
Work Tel	
Mob Tel	
Email Address	
HPC Registration Number	
Registration Number Expiry Date:	

In Case Of Emergency – (Next of Kin Details)	
Title (e.g. Mr/ Mrs/ Miss/ Ms)	
First Name	
Surname	
Home Tel	
Work Tel	
Mob Tel	
Email Address	
Postal address	



Passport Details	
Nationality	
Country of Origin	
Do you hold a UK/ EU Passport? Please Specify	
If No, Please State Issuing Country	
What type of Visa do you hold for UK entry?	
Expiry Date of Visa	

Education/ Professional Qualifications			
Please supply a copy of all your Professional Certificates or Documents. (Where possible please provide the names of your training body so that we can verify your qualifications)			
University/ College	Qualification	Commencement DD/MM/YYYY	Qualified Date DD/MM/YYYY

Work Requirements	
Current Job Title	
Current Band	
Available From (DD/MM/YYYY):	Available To (DD/MM/YYYY):
In which geographical areas would you like to work?	
In which grade & specialty are you looking to work?	
Do you hold a current full driving licence?	
If yes, in what country?	
Do you have your own vehicle?.	
Languages spoken (Please indicate fluency):	
Would you require hospital accommodation?	



Reference 1		Reference 2	
Hospital/ Organisation		Hospital/ Organisation	
Contact Name		Contact Name	
Position		Position	
Address		Address	
Tel Number		Tel Number	
Mob Number		Mob Number	
Fax Number		Fax Number	
Email Address		Email Address	

How Did You Hear Of Us?

Which agencies are you registered with in addition to CMS?

Rehabilitation of Offenders Act 1974 (Exceptions 1975)

Due to the type of work for which you are applying the provisions of section 4 (2) of the Rehabilitation of Offenders Act 1974 do not apply by virtue of the Rehabilitation of Offenders Act 1974 (amendment order 1986). Applicants are therefore required to give information about convictions which for other purposes are then “spent” under the provision of the Act. Any such information provided will be totally confidential and will be considered only in relation to an application for the positions to which the Order applies.

Please sign if you have no such declarations

Please supply details of any convictions on a separate sheet



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Criminal Records Bureau / Overseas Police Certificates

If you are an overseas applicant who is due to or has entered the UK in the last six months we require an original police check from your country of origin dated no more than 3 months prior to your departure and enclose it with this form.

If you hold a UK Enhanced Disclosure which was issued within the last 12 months, please forward us a copy

If you have not done so already, please complete and return the CRB Questionnaire which is contained within the Registration Email.

Perm Candidates ONLY:

Countrywide Medical Selection are to provide you permanent recruitment services that is to say we will act as an agency as defined under the Employment Agencies Act 1973.

You authorise Countrywide Medical Selection to seek work on your behalf within the field of Nursing.

Applicant Declaration

I confirm that the details contained within this Registration form are correct and give my consent for Countrywide Medical Selection to retain this information in line with the Data Protection Act (1998).

I understand that any registration is subject to the receipt of satisfactory references and a satisfactory Enhanced level CRB check. I understand that my personal data and CV may be passed to Countrywide Medical Selection clients prior to my placement in any assignment, but this will simply be to ascertain my suitability for roles that Countrywide Medical Selection considers me appropriate for. I consent to references being sent to third parties.

I understand that Countrywide Medical Selection are not obliged to offer me assignments and I in turn am not obliged to accept assignments offered.

Printed Name: _____

Signed: _____

Date: _____