



Canary Teleradiology Application

Please complete all parts of the form and ensure you sign and date all declarations. Please write clearly in block capitals.

Personal Information

Title (Mr/Miss/Mrs etc.):

Surname:

Forename:

Middle names:

Current Address:

Postcode:

NI Number:

Mobile Phone Number:

Home Phone Number:

Email Address:

Have you ever been known by another name? (E.g. Maiden names, previous middle names, previous surnames and/or forenames)

If yes, please declare all names below and confirm the years they were used:

Names:

Dates used:

Next of Kin Full Name:

Relationship:

Contact Number:

Emergency Contact Name (if different to above):

Relationship:

Current Address:

Contact Number:

Do you require any reasonable adjustments to be made or special facilities to be provided to enable you to attend any projects?

Professional Registration, Qualifications and Educational Information

Position Applied For:

Revalidation Date:

Professional Registration Body (please circle):

HCPC GMC Other:

Responsible Officer Name (doctors only):

Professional Registration Number:

Qualification:

Date Achieved:

Name and Address of University/College:

Date of Last Appraisal:

Completed by (name of organisation):

Work History

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Schedule 3 states that you must supply a full work history CV and that any gaps in employment should be explained on your CV. Please provide the last 10 years of your work history, you must provide the months and years of employment. An electronic copy of your CV should be provided at the registration stage. CV templates can be provided, please request from your Account Manager. If you are unable to provide a full work history CV we will be unable to proceed with your application.

Working Time Regulations

Working Time Regulations The Working Time Regulations 1998 requires that a worker's average time spent at work does not exceed 48 hours within 17 rolling weeks unless you hereby agree to exceed this limit. I hereby confirm that I am willing to opt out of the Working Time Directive. I understand that I can opt out of this agreement at any time on the condition that I provide Canary Locums Limited (Teleradiology) one weeks' notice.

Signed:

Print Name:

Dated:

Please note should you choose not to opt out of the Working Time Directive that it is your responsibility to ensure that you do not work in excess of 48 hours per wee

References

Please note that we will need to obtain satisfactory references to complete your registration with and before you are offered a project. Please provide contact details of referees that we may approach from each place of employment in the last three years. Your referees must have supervised your work and be of a more senior grade/band. If we are unable to gain an appropriate reference from a supervisor we will approach HR. Please note we will need to obtain a reference(s) from your current employers. Please only provide official work email addresses. Please provide as much detail as you can for all referees. By providing details below you are granting permission for us to apply for your references.

Organisation:

Referee Name:

Professional Title:

Telephone:

Work Email:

Department:

Work Address:

Dates Employed

From:

To:

We may also need to obtain a character reference to cover any gaps in employment. Please provide contact details for a character referee, they must be an upstanding member of the community and must have known you for a minimum of three years.

Forename:

Surname:

Fax Number:

Telephone:

Referee Job Title:

Email Address:

Rehabilitation of Offenders Act 1974 (exception) Order 1975, as amended in 2013 or the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015 and the Disclosure of Criminal Convictions

The position that you are applying for has been identified as exempt under the Rehabilitation of Offenders Act (1974) (exceptions) Order 1975, as amended in 2013 or the Rehabilitation of Offenders Act 1974 (Scotland) Amendment Order 2015 ("these Acts"). Applicants are therefore required to disclose information about any convictions (including reprimands and final warnings provided they are not 'protected'). Note: The Amendments to these Acts in 2013 (England, Wales & Northern Ireland) and 2015 (Scotland), mean that certain convictions and cautions are now 'protected' and do not, therefore, have to be disclosed. Are you currently under investigation and/or do you have any previous convictions, cautions, reprimands, final warnings, bind-overs or any convictions from overseas that are not 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, as amended in 2013 or the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015?

YES

NO

A criminal record will not necessarily preclude you from our register. Offences will be considered according to the nature and circumstances of the offence, length of time ago and type of work for which you are applying. All circumstances will be taken into account; however inconsistencies compared with the information given above may invalidate your application. Once accepted on to our register our clients also need to consider your conviction information to assess whether it precludes you from the specific position for which you are proposed. We will require you to provide a statement detailing the circumstances surrounding the conviction information you have supplied. Criminal record information will always be shared confidentially and at an appropriate level. By signing this application form you give permission to share your DBS check with our clients.

Signed:

Name:

Date:

Professional Misconduct, Investigation & Disciplinary Action

1) Have you ever been referred to the Disclosure and Barring Service (DBS) or any other organisation or list barring you from working with children and/or vulnerable adults?

Yes

No

2. Are you or have you ever been subject to an investigation, hearing, warning or complaint by any employer, agency or professional body?

Yes

No

3. Have you ever undergone disciplinary action by an employer or been dismissed by an employer?

Yes

No

4. Are there any other matters that may be relevant to the position being applied for which might cause your reliability or suitability for agency work to be called into question?

Yes

No

If you have answered yes to any of the above questions please provide further details on a separate sheet or via email to your Account Manager. Please ensure you include the name of the employer/organisation, the date, the allegations and the outcome.

Signed:

Name:

Date:

Declarations

Please read the following declarations carefully:

1. I declare that all the information provided by me to and its subsidiaries, is true and accurate and has not been presented in a way as to mislead or misinform. If I have omitted or subsequently omit information which may affect my ability to work in my chosen profession, I understand that Canary Locums Limited (Teleradiology) may cease to offer me further placements with immediate effect or may terminate the registration process.
2. I confirm I am aware and give permission for my personal information to be processed outside of the European Economic Area.
3. I can confirm that I have received, read and understood the Canary Locums Limited (Teleradiology) handbook and that I will abide by the agency's policies and procedures.
4. I can confirm that I will abide by my regulatory/professional body's Code of Practice.
5. I can confirm that I have been given a copy of the Terms and Conditions of Service issued by Canary Locums Limited (Teleradiology), that I have read and understood those Terms and agree to abide by them at all times.
6. I confirm that I have read and understood the information relating to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, as amended in 2013 or the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Amendment Order 2015, and have declared all relevant information.
7. I hereby give permission for and its subsidiaries to apply for an Enhanced DBS Check/Disclosure Scotland, or to verify my existing DBS certificate via the Update Service when I register with the agency and on an on-going annual basis.
8. I hereby give consent for my DBS check/Disclosure Scotland and its content being disclosed to prospective employers.
9. I declare that, if in future, I am cautioned or convicted of an offence I will inform Canary Locums Limited (Teleradiology) immediately.
10. I declare that, if in future, I am subject to any misconduct proceedings, disciplinary action, involved in an investigation or am suspended from duty by any other employer or agency I will inform Canary Locums Limited (Teleradiology) immediately.
11. I declare that, if in future, I am referred to my professional body that I will inform Canary Locums Limited (Teleradiology) immediately.
12. I declare that, if in future, any circumstances that may affect my fitness to practice, such as changes to my health; I will inform Canary Locums Limited (Teleradiology).
13. I hereby give my express permission for Canary Locums Limited (Teleradiology) and its subsidiaries to contact the UKBA to perform a check on my Biometric Residence Permit, if applicable.



Canary Locums

14. I hereby give my express permission for Canary Locums Limited (Teleradiology) and its subsidiaries to obtain and verify all my occupational health results and reports, qualifications and training information where necessary.

15. I expressly consent to any sensitive personal data being disclosed as part of my application and used in connection with search for work, subject to relevant data protection legislation.

16. I expressly consent to all the data contained in my personal file being made available to external organisations for audit and inspection purposes; including my medical information and immunisation history.

17. I agree to abide by the Data Protection Act 1998 with regard to all information regarding Canary Locums Limited (Teleradiology) and its subsidiaries, clients, candidates, patients and any other third party who I interact with during my registration with Canary Locums Limited (Teleradiology). I will not attempt to deliberately procure any information pertaining to Canary Locums Limited (Teleradiology), clients, candidates, patients or any third parties that would be deemed to be outside of my job description. I will not discuss information either verbally or in writing and if I am unsure about how to treat any information I shall immediately contact my Account Manager for clarification.

18. I hereby agree that I will act in a professional manner at all times when representing Canary Locums Limited (Teleradiology) and its subsidiaries and that I will fully cooperate with the instructions and duties allocated to me during each and every assignment.

19. I acknowledge that it is my responsibility to ensure that my skills and knowledge are continuously updated and that I will always endeavour to carry out my duties and responsibilities to the best of my ability.

20. I will immediately inform Canary Locums Limited (Teleradiology) and its subsidiaries if any complaint is made against me whilst attending an assignment via the agency or any other body

Signed:

Dated:

Print Name:

Profession:

Equal Opportunities Form

Canary Locums Limited (Teleradiology) has an equal opportunities policy that complies with of anti-discrimination legislation and means that candidates are selected without discrimination. In order to ensure that Canary Locums Limited (Teleradiology) continues to comply with current legislation we would be grateful if you could complete and return this form. Please note that all responses will be handled in strictest confidence and will only be used for statistical monitoring. They do not form any part of the application process and this information will not be held on your file. We may provide summary data to our clients. However, this data will remain anonymous and will be independent of any recruitment activity. All data is held in line with the Data Protection Act 1998.

Gender Are you:

Male: Female Prefer not to say:

Disabilities Do you have a disability as defined by the Equality Act 2010?

Yes: No: Prefer not to say:

Religious Beliefs My religion or belief is:

I have no religion or belief: Prefer not to say:

Ethnic Origin: How would you describe your ethnic origin?

Chinese	White/Asian	Asian
White	White/Black Caribbean	Black Caribbean Black
Prefer not to say	White/Black African	Black African

Other, please state:

Sexuality

Gay woman/Lesbian Straight/Heterosexual Bisexual

Prefer not to say other, please state:

Marital Status

Single Married Divorced

Widowed Civil Partnership Prefer not to say

Other, please state: