

## Internal Registration Form

Post Applied for

### Personal Details

Surname	Initial	D.O.B.
Address	Skills (please tick skills/area of expertise)	
Postcode	Venepuncture <input type="checkbox"/>	HV <input type="checkbox"/>
Home Tel. No.	Cannulation <input type="checkbox"/>	DN <input type="checkbox"/>
N.I. Number	IV Drugs <input type="checkbox"/>	Renal <input type="checkbox"/>
	Catheterisation <input type="checkbox"/>	A&E <input type="checkbox"/>
	General Medical <input type="checkbox"/>	Theatre <input type="checkbox"/>
	General Surgical <input type="checkbox"/>	
	Care of Elderly/Stroke <input type="checkbox"/>	
	Midwifery <input type="checkbox"/>	
	Learning Disabilities <input type="checkbox"/>	
	Other (please specify)	

### Present Post

Hospital/Base	Ward/Department/Area
Sister/Charge Nurse (For reference purposes)	Contracted Hrs/Week
Pay Number	NMC Registration Number
Job Title & Grade	Expiry Date:

### Preferences (Areas in which you would like to work, please circle one or all if applicable)

MK	HM	WGH
Community Hospitals	Community Health Centres/ G.P. Practices	Weekly Pay – YES or NO (Please circle preference)

### Superannuation Details:

If you do not wish to join the NHS Superannuation scheme for your bank post, please tick box

### Criminal Convictions

Have you any previous convictions	Are you subject to pending criminal convictions
If yes, please give brief details of ALL criminal conviction on a separate piece of paper which should be returned with this application form. Should you be employed with the Nurse Bank and a failure to disclose a conviction is subsequently discovered, you would be liable to dismissal or other disciplinary action by the Trust.	

### Declaration

I declare that, to the best of my knowledge, the information contained on this form is true and accurate and I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for registration within the Nurse Bank Service.

Signature

Date