



Cwm Taf Morgannwg UHB Staff Bank Recruitment Form

NAME:	
FULL ADDRESS AND POSTCODE:	
MOBILE NUMBER:	
LANDLINE NUMBER:	
DATE OF BIRTH:	
NATIONAL INSURANCE NUMBER:	
EMAIL ADDRESS:	
BRANCH OF STUDY AND DATE OF FINISHING 1 ST PLACEMENT: (UNIVERSITY NURSING STUDENTS ONLY)	
ARE YOU AVAILABLE TO START IMMEDIATELY?	
WHAT ARE YOUR AVAILABLE WORKING DAYS? E.G : M-F 8hrs or MTWTFSS 12hrs	
CURRENT / LAST EMPLOYER:	
PREFERRED BAND(S):	
PREFERRED BASE/LOCATION:	
ROLE SOUGHT: E.G NURSE, HEALTHCARE SUPPORT WORKER, CATERING, HOUSEKEEPING, DRIVERS, PHYSIOTHERAPY, ETC.	
ROLE APPLIED FOR: E.G HOUSEKEEPER, PORTER, NURSE, THERAPIST, ETC.	
DO YOU HOLD A VALID FOOD HYGIENE CERTIFICATE, HOUSEKEEPER/CATERING ROLE ONLY IF YES, PLEASE PROVIDE DETAILS.	
DO YOU HOLD A VALID COSHH CERTIFICATE, HOUSEKEEPER/CATERING ROLE ONLY IF YES, PLEASE PROVIDE DETAILS.	
PROFESSIONAL REGISTRATION NUMBER AND BODY: (FOR CLINICIANS ONLY)	

<p>DO YOU HAVE THE RIGHT TO WORK IN THE UK? RIGHT TO WORK DOCUMENTATION WILL BE CHECKED.</p>	
<p>DO YOU HAVE ANY SPENT OR UNSPENT CRIMINAL CONVICTIONS? IF YES, PLEASE PROVIDE DETAILS.</p>	
<p>DO YOU HAVE ANY LIVE DISCIPLINARY SANCTIONS ON YOUR RECORD? IF YES, PLEASE PROVIDE DETAILS.</p>	
<p>DO YOU IDENTIFY YOURSELF AS BEING IN THE COVID-19 VULNERABLE GROUP?</p>	