

Firstly I would just like to say a huge thank you for your offer of support during these difficult times. Please can you complete the attached form and send it back to the medical staffing team – mso@york.nhs.uk . We have streamlined this process for staff to ensure we can bring extra staff in to the Trust in the most effective and efficient way as possible. Please be assured that we will be back in touch with you as soon as possible.

**Personal details form- Staff support- COVID 19**

|  |
| --- |
| Candidate’s Title / Name |
| Title: |  |
| First Name (s): |  |
| Middle Name (s): |  |
| Family Name /Surname: |  |
| Address / Telephone Number |
| Address: | Address Line 1 |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Town |  |
| Postcode |  |
|  |
| Telephone Number: |  |
| Mobile Telephone Number: |  |
| Email Address: |  |
|  |
| Date of Birth: |  |
| NI Number: |  |
| Right to Work – please confirm your nationality – if non EEA/EU please confirm your immigration status | EEA/EU/Other (if other please confirm your immigration status)………………………………………………………………………………………………………………………………. |
| Professional Registration Number:Which is your preferred site?(York or Scarborough) |  |
| Please detail your qualifications and ALS status – including dates |  |
| Details of your current or most recent Designated body/Responsible Officer (if applicable) |  |
| Are you a medical student?  |  |
| **Have you previously worked for York Teaching Hospital NHS Foundation Trust? If so please explain in what capacity and when you worked here.** **Please provide us with information regarding your skills and experience; this will help with our decision making to place you in the appropriate area.** **If you already have experience of working within an area in a particular specialty please provide some further details.** |  |

**Employment History**

Please record below details of the most recent role you have worked in.

|  |  |
| --- | --- |
| Have you ever worked for the NHS? | 🞎 Yes 🞎 No |
| Employer Name  |  |
|  Employer Address |  |
|  Your Job Title |  |
|  Start Date *(MM/YYYY)* |  |  End Date *(MM/YYYY)* |  |
|  Reason for leaving (if applicable)  |
|  |
|  Description of your duties and responsibilities  |
|  |
|  |
|  |
|  |
|  |

**Referee 1**

|  |  |
| --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| \*Surname/Family name |  | \* First Name |  |
| \*Relationship |  |
| Employer Name |  |
| Referee Job Title |  |
| \*Address |  |
| \*Post Code |  |
| Telephone |  | \*Country |  |
| Email |  | Fax |  |
| \*Can the referee be contacted now?  | 🞎 Yes 🞎 No |

**Referee 2**

|  |  |
| --- | --- |
| \* Type of Reference | 🞎 Employer 🞎 Educational 🞎 Personal |
| Title |  |
| \*Surname/Family name |  | \* First Name |  |
| \*Relationship |  |
| Employer Name |  |
| Referee Job Title |  |
| \*Address |  |
| \*Post Code |  |
| Telephone |  | \*Country |  |
| Email |  | Fax |  |
| \*Can the referee be contacted now?  | 🞎 Yes 🞎 No |