



Tom and T Care Agency Limited

71-75, Shelton Street, Covent Garden, London, WC2H 9JQ

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APPLICATION FORM

PERSONAL DETAILS

(Please state your details as indicated in your NMC Certificate)

1. Title:
2. Forename(s):
3. Maiden Name:
4. Surname:
5. Surname (If different) on NMC/HPC Card:
6. Date of Birth:
7. Marital Status:
8. NMC (or HPC) Pin (HPC Reg.) Number:
9. NMC (or HPC) Pin (HPC Reg.) Expiry Date:
10. Current working Band? :
11. Aspiration working Band? :

CURRENT ADDRESS DETAILS

1. House Name &/or No:
2. Telephone. Home:
3. Street:
4. Telephone Home:
5. Pager No. :
6. County:
7. Other No. :
8. Country:
9. Postcode:
10. Tel. Mobile:
11. E-Mail Address:

NATIONALITY AND ELIGIBILITY TO WORK IN THE UK

1. Do you hold a British Passport:
2. Passport Number:
3. Are you an EU Citizen? :
4. Passport Expiry Date:

Please confirm Nationality, and for non EU Nurses, please confirm your eligibility to work in the UK as a Nurse (Please provide supporting documentation)

PROFESSIONAL REFEREES

1. Title:
2. Surname:
3. Surname (If different) on NMC/HPC Card:
4. Date of Birth:
5. Marital Status:
6. Maiden Name:
7. NMC (or HPC) Pin (HPC Reg.) Number:
8. NMC (or HPC) Pin (HPC Reg.) Expiry Date:
9. Current working Band? :
10. Aspiration working Band? :

CURRENT ADDRESS DETAILS

1. House Name &/or No:
2. Tel. Home:
3. Street:
4. Tel. Home:
5. Town:
6. Pager No. :
7. County:
8. Other No. :
9. Country:
10. Postcode:

11. Tel. Mobile:

12. E-Mail Address:

NATIONALITY AND ELIGIBILITY TO WORK IN THE UK

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LIMITED COMPANY BANK DETAILS OR IF PAYE PERSONAL BANK DETAILS

Please note the details below are the account details of where your wages will be paid into

1. Bank/Building Society Name:

2. Bank/Building Society Address:

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3. Postcode:

4. Account Holder Name(s) :

5. Account Number:

6. Sort Code:

7. Building Society Reference:

8. Unique Taxpayer Reference (Mandatory unless you are paid PAYE) :
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WORKING TIME DIRECTIVE: WTR 48 HOUR WORKING WEEK OPT-OUT

The Working Time Directive requires that a worker's average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit. Please sign the declaration below in order that we may lawfully employ you if your hours exceed 48. Please note that by signing this opt-out you are not committing to a working week of more than 48 hours, but rather allowing yourself to be offered assignments that could take you over this threshold.

TAX STATUS

Please note I wish to be paid gross for assignments with Tom and T Care Agency Limited. I will take account of my own income tax and national insurance contributions. If I have not provided my self-assessment number it is because this is my first year of self-assessment. Once the Inland Revenue provide me with a self-assessment number, it will be passed onto Tom and T Care Agency Limited.

1. Full Name:
2. NMC PIN:
3. Signature:
4. Date:

IMPORTANT INFORMATION

PLEASE SIGN THE DECLARATION ABOVE AND PRINT YOUR NAME TO CONFIRM THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THE PAYMENTS WILL BE PROCESSED TO THE RELEVANT ACCOUNT AND THAT YOUR HOURLY PAY IS FULLY INCLUSIVE OF BOTH THE PENSION CONTRIBUTIONS AND HOLIDAY PAY INCLUDING SSP & SMP IN LINE WITH THE WORKING TIME REGULATIONS 2003. ALSO, AS INDICATED, PLEASE ENTER YOUR NMC NUMBER TO ENSURE A SMOOTH PAYROLL SERVICE WE RECOMMEND THAT YOU COMPLETE THIS FORM FULLY AND RETURN WITH YOUR COMPLETED REGISTRATION FORMS.