**Application Form (Agency to Bank)**

**\*Please note by completing this form there is an expectation you will complete a minimum number of shifts as per the relevant policy**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | | | |
| **NI No:** |  | | | | | **Date of Birth:** |  | | | | | |
| **Surname:** |  | | | | | **Forename(s):** |  | | | | | |
| **Title:** |  | | | | | **Maiden Name:** |  | | | | | |
| **Address:** |  | | | | | | | | | | | |
| **Post Code:** |  | | **Email:** |  | | | | | | | | |
| **Work Telephone:** | |  | | | **Mobile Telephone:** | | |  | | | | |
| **Are you able to commute effectively within the Trust boundaries?** | | | | | | | | | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Details** | | | | |
| **Agency** |  | | | |
| **Supervisor Name:** |  | | | |
| **Job Title:** |  | **Email Address:** |  | |
| **Date Commenced:** |  | **Expected End Date:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** | | | |
| **Signature** |  | **Date:** |  |

**Part B – Manager Confirmation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MANAGER CONFIRMATION** | | | | | |
| **Name of Applicant:** |  | | | | |
| **Do you have any concerns regarding the applicant’s ability to fulfil this role on the bank?** | | | | | |
|  | | | | | |
| **Are you able to confirm that this applicant is a current agency staff?** | | **Yes** |  | **No** |  |
| **Has the agency worker worked with you for more than 3 months?** | | **Yes** |  | **No** |  |
| **Are you supportive of the application to join the Bank?** | | **Yes** |  | **No** |  |

**References need to cover the last 3 years.**

**Referee 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Job title** |  |
| **Organisation name** |  | **\* Relationship** |  |
| **\*Address** |  | | |
| **Telephone** |  | **Email** |  |
| **Period reference covers** |  | **Period reference covers** |  |

**Referee 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*Surname/Family name** |  | **First Name** | |  | |
| **Title** |  | | | | |
| **\*Address** |  | | | | |
| **Telephone** |  | **Email** |
| **\* Relationship** |  |  | **\*Can we contact prior your referee?** | | **🞎 Yes 🞎 No** |

**Equality and Diversity Monitoring Information**

To help ensure equal opportunities across the trust and provide accurate reporting, please complete the below questionnaire. The information will be stored securely as part of your Electronic Staff Record.

|  |  |
| --- | --- |
| Which of the below best describes your Religious Belief: | |
| Atheism  Christianity  Buddhism  Hinduism  Islam | Jainism  Judaism  Sikhism  Other  Prefer not to say |
| Which of the below best describes your Sexual Orientation: | |
| Heterosexual or straight  Bisexual  Undecided | Gay or lesbian  Other sexual orientation not listed  Prefer not to say |
| Please enter your Nationality below. This should match your Right to Work documentation: | |
|  | |
| Please enter your Ethnic Origin below:  For example, White British, Black Nigerian, Malaysian, Asian Indian, Other etc.  Or enter Prefer Not to Say if you do not wish to disclose this information | |
|  | |

**Please complete this form and submit to:-**

**Recruitment Team, Humber Teaching NHS Foundation Trust, Mary Seacole Building, Willerby Hill, Beverley Road, Willerby, HU10 6ED**

**Or Email at**

[**Hnf-tr.recruitment@nhs.net**](mailto:Hnf-tr.recruitment@nhs.net)

