**STATUTORY AND MANDATORY DECLARATIONS.**

**Please ensure you read and sign all the declarations below**

1. **DATA PROTECTION:**

I understand that PE Global Healthcare may hold data about me, whether obtained directly from me or from other sources, and that some of this data may be sensitive. This data may be held indefinitely, and I give my permission for this data to be disclosed to third parties in the course of seeking employment or training for me.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **REHABILITATION OF OFFENDERS:**

The position you are applying for is listed in Schedule 1, Part II of the Rehabilitation of Offenders Act (Exceptions) Order 1975, we are therefore entitled to ask Exempted Questions as defined by Section 113(5) of The Police Act 1997 about you.

The nature of the work placements offered by us means the terms of Section 4 part 2 of the Rehabilitation of Offenders act (1974) (exceptions) Order 1975, apply. You must declare here any convictions or cautions you have ever received, even those which would normally be considered spent.

Have you ever received a Criminal Conviction**? YES / NO** Have you ever received a Police Caution? **YES / NO**

Are you, as far as you know, under investigation by the Police? **YES / NO** Do you have any Prosecutions pending? **YES / NO**

Has there ever been a suggestion that you are unsuitable to work with Vulnerable People? **YES / NO**

If you have answered **YES** to any of the above, please provide a full written statement with your application. Any information you provide will be treated in the strictest confidence.

 I understand that my DBS Certificate information may be shared with any Client considering employing me on a temporary or permanent basis. I will inform PE Global Healthcare immediately if anything changes that affects my answers to the above.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **WORKING TIME REGULATIONS**

I, the undersigned, agree with PE Global Healthcare / Locum Express UK that the limit in regulation 4(1) of The Working Time Regulations Act 1998 shall **not** apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with The Working Time Regulations 1998). I agree that I will comply with any and all policies of the employer which relate to its maintenance of records of my hours of work. This agreement can be terminated by me giving one months’ notice in writing to PE Global Healthcare. The agreement shall apply from today’s date until further notice. I agree that I will comply with any and all policies of the employer which relate to maintenance of records of my hours of work.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **DECLARATION OF ACCURACY**

The information provided in this Application form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with PE Global Healthcare.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **TERMS & CONDITIONS**

I confirm that I have the Right to Work in the UK.

I understand that my registration with PE Global Healthcare is subject to receipt of at least 2 satisfactory references and an enhanced DBS.

I furthermore understand that PE Global Healthcare are unable to guarantee continuous Locum work, and that they are under no obligation to pay for hours not worked under any circumstances.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**