



Candidate consent form

I, _____, hereby give my consent to the Company to process the following information:

Personal data

- Name
- Date of birth
- Contact details, including telephone number, email address and postal address
- Next of kin details
- Experience, training and qualifications
- CV and references
- Immunisations and health checks
- Passport / online Biometric checks (where applicable)
- National insurance number
- Online Checks including DBS, GMC, NMC, All relevant Training
- Pay information

Sensitive personal data (If applicable)

- Disability/health condition relevant to the role
- Criminal conviction
- Medical conditions to be declared prior to working with Coben Healthcare Limited

I consent to the Company processing the above personal data for the following purposes:

- For the Company to provide me with work-finding services.
- For the Company to process with or transfer my personal data and sensitive personal data to their NHS and private clients in order to provide me with work-finding services.
- For the Company to process my data on a computerised database which support the NHS and private clients including but not limited to DePoel Limited in order to provide me with work-finding services.
- For the Company to process my data using automated decision-making processes, including arranging interviews with/introduction to a prospective employer in relation to a particular job role and managing the introductory process
- To send you information we think you might find useful or which you have requested from us, including information about our services and any events we are running
- For the Company to process records relating to you and also records relating to our business.
- For the Company to process my criminal records (DBS Check) and Information about your health, including any medical condition, health and sickness records, medical records and health professional information
- I also consent to the Company processing my personal data with third parties including the framework CPP and any Master vendors, Regulatory bodies HMRC and the GMC/NMC/CQC/MEDSU/Umbrella Companies (where relevant) for the purposes of internal audits and investigations carried out on the Company to ensure that the Company is complying with all relevant laws and obligations.

I am aware that I have the right to withdraw my consent at any time by informing the Company that I wish to do so.

Signed by Candidate Name:

Signature:

Date:

If you would rather e-mail your consent, please reply with the following statement;

“I, (insert your name) hereby give my consent to Coben Healthcare to process the information listed within the consent form”