

TUPE Bank Member step guide

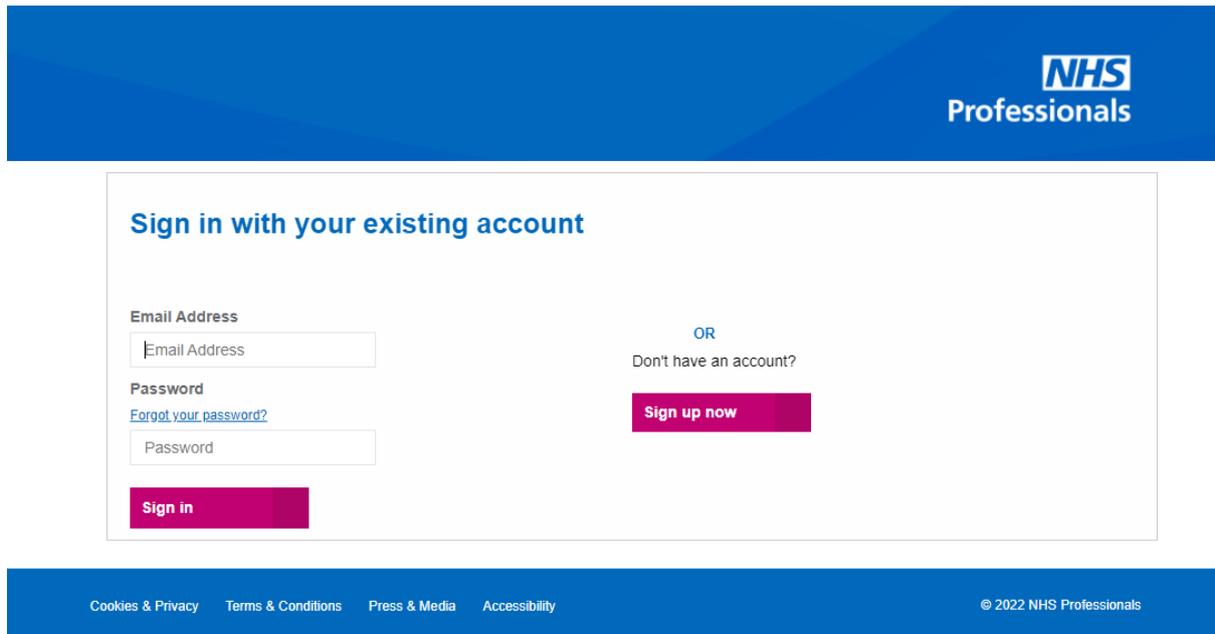
Step guide to support you with accessing Join Bank and verifying your personal details.

This allows us to verify the details that your employer provided us with as part of the TUPE process, so we can insure we hold the most up to date details for you.

You will have received an email notification with a Link from NHS Professionals (NHSP) to prompt you when it is time to complete your transfer application.

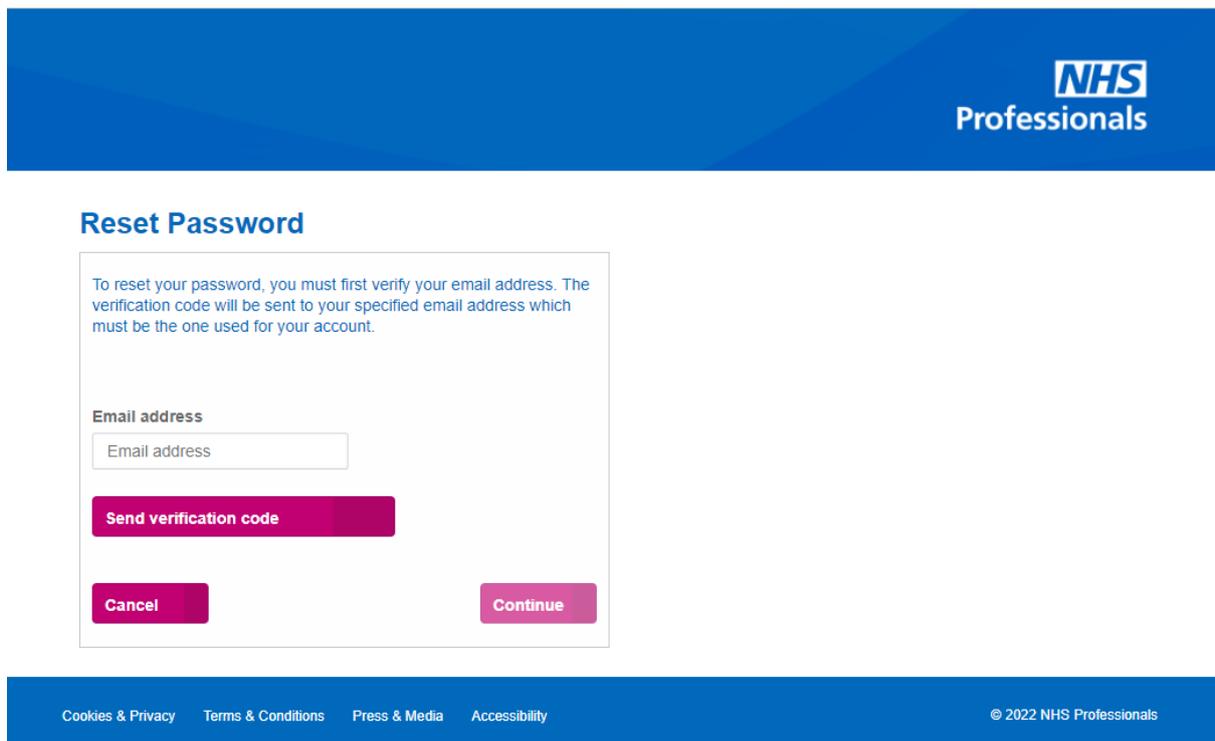
The link will navigate you to the following page:

Please enter the email address that you received the Initial communication to.



The screenshot shows the NHS Professionals login interface. At the top right is the NHS Professionals logo. The main heading is "Sign in with your existing account". Below this, there are two input fields: "Email Address" and "Password". A link for "Forgot your password?" is positioned below the password field. To the right of the input fields, there is an "OR" separator, a link for "Don't have an account?", and a "Sign up now" button. A "Sign in" button is located at the bottom left of the form area. The footer contains links for "Cookies & Privacy", "Terms & Conditions", "Press & Media", and "Accessibility", along with the copyright notice "© 2022 NHS Professionals".

You will need to select **Forgot your password**; this will navigate you to the following page:

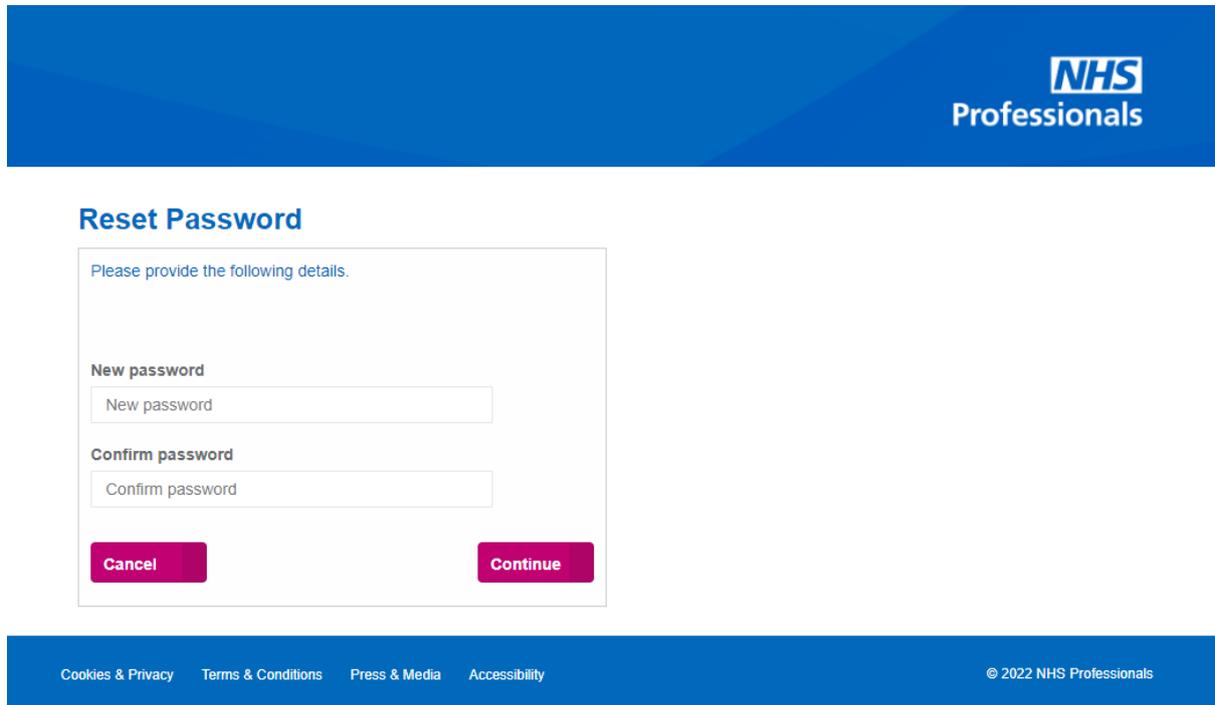


The screenshot shows the "Reset Password" page on the NHS Professionals website. At the top right is the NHS Professionals logo. The heading is "Reset Password". Below the heading, there is a paragraph of text: "To reset your password, you must first verify your email address. The verification code will be sent to your specified email address which must be the one used for your account." Below this text is an "Email address" input field. A "Send verification code" button is positioned below the input field. At the bottom of the form area, there are two buttons: "Cancel" and "Continue". The footer contains links for "Cookies & Privacy", "Terms & Conditions", "Press & Media", and "Accessibility", along with the copyright notice "© 2022 NHS Professionals".

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Please input the same email address (where you received the link) and click **Send verification code**.

This will send a code to you email address. Once received please enter the code and you will then be navigated to reset password:



The screenshot shows the NHS Professionals 'Reset Password' interface. At the top right, the NHS Professionals logo is displayed. The main heading is 'Reset Password'. Below this, a light blue box contains the instruction 'Please provide the following details.' followed by two input fields: 'New password' and 'Confirm password'. At the bottom of the form are two buttons: 'Cancel' and 'Continue'. The footer of the page contains links for 'Cookies & Privacy', 'Terms & Conditions', 'Press & Media', and 'Accessibility', along with the copyright notice '© 2022 NHS Professionals'.

Once your password has been reset you will be navigated to your **Transfer profile** where you will be required to complete the pre-loaded application. Please note, this isn't an actual application, your registration will transfer automatically, and this form is so we are able to verify the details we have been provided for you.

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If you need any support or have any questions, please give us a call on 0333 014 4367 or send us an email implementationonboarding@nhsprofessionals.nhs.uk.

Verifying your Personal Details

This allows us to verify the details that Trust/ Client provided us with as part of the TUPE process, so we can insure we hold the most up to date details for you.

Once you have logged in you will be navigated to 'My Application' TAB. Here will be a pre-loaded application.

My Applications

Application Number	Application Type	Application Status	Trust	Created On
[Redacted]	Bank Only	Active	[Redacted]	08/04/2022 12:08 PM

My Applications
My tasks
My Profile
Change Password

Please click here

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Transfer Details: Work details

You will be unable to update this TAB. This will confirm the data transferred. Please click Next.



Transfer Details

Work details | Personal details | Compliance details | Declaration disclosure | Bank details | Emergency contact | Uniform | Confirmation

WORK DETAILS

Please select where you would most like to work* [Redacted]

Staff Group* [Redacted]

Assignment Group(s) [Redacted]

Assignment(s) [Redacted]

Field(s) of practice [Redacted]

Assignment Code(s) [Redacted]

Pre-Loaded
Do Not Edit

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Transfer Details: Personal details

Please note some of your details will be input on this TAB, Please verify these details are correct and up to date. Once confirmed click Next.



Transfer Details

Work detailsPersonal detailsCompliance detailsDeclaration disclosureBank detailsEmergency contactUniformConfirmation

PERSONAL DETAILS

Title * <input type="text"/>	Address line 1 * <input type="text"/>
First name * <input type="text"/>	Address line 2 * <input type="text"/>
Surname * <input type="text"/>	City <input type="text"/>
Date of birth * <input type="text" value="28/09/2022"/>	County <input type="text"/>
National Insurance number * <input type="text"/>	Postcode * <input type="text"/>
Mobile number * <input type="text"/>	Gender at birth * <input type="text"/>
Home telephone <input type="text"/>	Gender Identity * <input type="text"/>
	Ethnicity * <input type="text"/>

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Transfer Details: Compliance Details- Right to work details

Please note some of your details will be input on this TAB, Please verify these details are correct and up to date. Once confirmed click Next.



Transfer Details

Work detailsPersonal detailsCompliance detailsDeclaration disclosureBank detailsEmergency contactUniformConfirmation

RIGHT TO WORK DETAILS

Nationality*	<input type="text" value="Please Select..."/>
Right to work type*	<input type="text" value="Please Select..."/>
LearnSpace Details	
Do you have a LearnSpace account?	<input type="text" value="Please Select..."/>

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Transfer Details: Declaration Disclosure

Please complete the NHSP Declaration form filling in all boxes and confirmation at the bottom.



Work details Personal details Compliance details Declaration disclosure Data details Emergency contact Uniform Confirmation

Criminal Convictions Declaration Form

Before completing this form, it is important to note the following points:

1. You must answer all the questions.
2. This form will be provided directly to the designated Trust, who will review the response contained within the form. This form will not be reviewed by NHS Professionals, unless we are expressly asked to do so by the designated Trust.
3. Before starting yes or no, please ensure that you read the explanatory notes provided underneath each question. These notes are intended to guide you in determining which additional information you need to provide in support of your answers.
4. If you answer yes to any of the questions, please use the space provided to include all relevant information or evidence in support of your application.
5. You are not required to disclose information about pending offences.
6. Please review the privacy notice setting out how the information will be used.

Guidance for applicants

General guidanceGuidance documents

Please answer the questions below:

You should select no, if any convictions are protected (or filtered out) by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2015. Please refer to information about protected convictions and cautions in the useful guidance section.

Are you currently bound over, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country? Please Select...

You should select no, if any convictions are protected (or filtered out), and/or have become spent as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) 2015. Please refer to further information about protected and spent convictions and cautions in the guidance for applicants section which accompanies this form.

Have you ever received a police caution, reprimand or final warning in the United Kingdom or in any other country? Please Select...

Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of? Please Select...

Are you aware of any current investigations being undertaken by the police following allegations being made against you in the United Kingdom or in any other country? Please Select...

Have you ever been investigated by NHS Business Services Authority (formerly NHS Counter Fraud and Security Management Services) or any other investigatory body resulting in a current or past conviction or any formal action being taken against you? Please Select...

Have you ever been dismissed by reason of misconduct from any employment, volunteering office, or other position previously held by you? Please Select...

Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or learning body in the UK or in any other country? Please Select...

You should select no where any right to appeal has been upheld and where that appeal has resulted in your case being fully exonerated.

Have you ever been removed from the register, or have conditions or sanctions been placed on your registration, or have you been issued with a warning by a regulatory or learning body in the UK or in any other country? Please Select...

Are you subject to any other prohibition, limitation, or restriction that means we are or may be unable to consider you for the position for which you are applying? Please Select...

IMPORTANT

In line with the UK General Data Protection Regulation (GDPR), implemented by the Data Protection Act 2018, the NHS Privacy Notice for Applicants and Bank Members informs you of the ways in which your personal data will be processed.

The UK GDPR gives extra protection to personal data relating to criminal convictions and offences or related security measures, which is also known as 'criminal offence data'. The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 2018. The information contained in this form may be made available to both NHS Professionals and the designated Trust where you have applied to undertake assignments as a bank member. It will be used to determine the success of your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, NHS Professionals will not retain this declaration form any longer than is necessary, see further details on the Supplementary Guidance Notes for Applicants document, which we have provided above. The declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisations who are authorised to view it as a necessary part of their work.

In confirming acceptance of this declaration, I can confirm that:

- I have been notified of the purpose of processing the information within the Declaration Form and any associated data that I provide
- I have been informed that the information will be processed in accordance with the Data Protection Act 2018
- I am aware that my data may be shared with both NHS Professionals and the designated NHS Trust I have applied to undertake assignments at
- I am aware that the information will be used to determine the success of my application
- I am aware that the information will be used for the purposes of prevention and detection of fraud.

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Transfer Details: Bank Details



Transfer Details

Work detailsPersonal detailsCompliance detailsDeclaration disclosureBank detailsEmergency contactUniformConfirmation

BANK DETAILS

Account holder's name*

Bank/Building society name*

Account number*

Branch name

Sort code*

Roll number

HMRC Information ([Click here for information](#))

Taxation Statement*

Do you have a Student Loan which is not fully repaid?*

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Transfer Details: Emergency Contact Details



Transfer Details

Work detailsPersonal detailsCompliance detailsDeclaration disclosureBank detailsEmergency contactUniformConfirmation

EMERGENCY CONTACT DETAILS

Emergency Contact Name*

Relationship*

Primary Telephone Type*

Secondary Telephone Type

Primary Telephone Number*

Secondary Telephone Number

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Transfer Details: Uniform

NHSP provide uniform for your role, should you require any support with you uniform details please do contact us.



Transfer Details

Work detailsPersonal detailsCompliance detailsDeclaration disclosureBank detailsEmergency contactUniformConfirmation

UNIFORM

Full Delivery Address

Address line 1*

Address line 2

City

County

Post code*

The role you perform does not require you to wear a NHS Professionals uniform. Please click next to continue your application. [Size guide](#)

Please select your outfit for assignment group: Administration - Office Services

Outfit Select quantity

[Choose size](#)

Garment details			
#	Garment type	Select size	Cannot find my size
			View garment

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Transfer Details: Confirmation

At the end of the application details section please read and click **'Consent & Confirm and Submit'**

Work details Personal details Compliance details Declaration disclosure Bank details Emergency contact Uniform **Confirmation**

THANKS FOR YOUR APPLICATION

NOTIFICATION:

Optima Health are NHS Professionals chosen Occupation Health Service provider. They are a leading supplier of Occupational Health (OH) services in the United Kingdom. Employing the largest pool of employed, skilled medical practitioners, outside of the NHS, Optima Health supports more than 150 customers and 800,000 employees throughout the UK.

Optima Health is highly experienced in building safe and secure electronic systems and is fully compliant with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and the Access to Medical Records and Reports Act.

Under the Data Protection Act 2018 and the UK GDPR, your OH data will be processed under NHS Professionals' legitimate interest and as necessary for the purposes of preventative/ occupational medicine, for the assessment of your working capacity. Please be assured that OH data processing will either be carried out by, or under the responsibility of a health professional.

To learn more about how your data is processed, please see the below links:

- [NHS Professionals Privacy Notice](#)
- [Optima Health Privacy Notice](#)

Optima Health are NHS Professionals chosen Occupation Health Service provider.

You will find information relating to the Occupational Health referral and immunisation process [here](#)

Please read this information carefully as this will provide NHS Professionals consent to refer your information to Optima Health Ltd.

DECLARATION:

In agreeing to progress my application, I can confirm that:

- I have been notified of the purpose of the Health Assessment and I am aware of the reasons for being referred to an occupational health service provider ("Optima").
- I am aware of the referring manager(s) that are added to this referral.
- I am aware of the possible outcomes of the Health Assessment including the potential need to undertake a consultation and that I may or may not be cleared to work within role specified
- I agree to attend a Clinical Assessment (by telephone, video or face-to-face if required) where this is necessary.
- I am aware that the Health Assessment will result in a written report being made and will be available by the listed referring managers
- I understand that my details may be provided to 3rd party sub-contractors (where necessary) purely for the purposes of delivering the referral.
- I consent to contact from Optima Health via indicated methods including SMS, E-mail, and Voicemail where applicable.
- I am aware that Optima is a third-party data processor acting on behalf of NHS Professionals as the data controller.
- I am aware NHSP are going to provide reports, when required, to any recruiting trusts in the event reasonable adjustments need to be accommodated.
- I am aware following the health assessment process, you will be referred onto the relevant immunisation provisions required which are assessed against your role.

Following your consent, we will pass your name, contact information and other relevant details to Optima, who will invite you to complete the initial Health Assessment form via their online portal. If you have any difficulties completing this form, please contact NHS Professionals for advice.

Consent*

By selecting 'Confirm and submit' you confirm that the information provided in this application is correct and any changes to your circumstances will be communicated to NHS Professionals. You will shortly receive an email requesting that you provide documentation to support your application. Please respond with this information as quickly as possible.

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[Confirm and submit](#)

Once Submitted your Application Status will present as Submitted as seen below:

	Application Number ↑	Application Type	Application Status	Trust	Created On
		Bank Only	Submitted		08/04/2022 12:08 PM

[New Application](#)

My Applications

- My Tasks
- My Profile
- Change Password

Thank you.