

SECTION 10– APPLICANT BANK DETAIL

NAME OF STAFF:.....

NAME OF ACCOUNT HOLDER:.....

NAME OF BANK / BUILDING SOCIETY:.....

BANK ACCOUNT NUMBER (8 digits):

--	--	--	--	--	--	--	--

SORT CODE (6 digits):

--	--	--	--	--	--

I authorise my salary to be transferred to the above mentioned account

SIGNATURE..... DATE:.....

SECTION 11– FOR OFFICE USE ONLY

	Ref No.	Date Received
DBS Completed		
DBS Online Registration Completed		
DBS Confirmation Letter		
	YES	NO
NMC PIN Check		
NMC Fitness to Practice Check		
INTERVIEW OUTCOME:.....		
	YES	NO
List 99 Checked		
REMARKS:.....		
.....		



57-59 Whitehorse Road, Croydon CR0 2JG
Tel: 0280 683 2299 Fax: 0203 150 1422

Email: application@assuranceagency.co.uk / compliance@assuranceagency.co.uk

Business Hours: 9am – 6pm

24hrs On Call- (07930 963 434 / 07939 569 229)



APPLICATION FORM

Please print in black

POSITION APPLIED FOR:.....

(The information that I give 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 registering with Assurance Healthcare Ltd.)

(THIS FORM REMAINS THE PROPERTY OF ASSURANCE HEALTH CARE LTD AND FORMS PART OF YOUR EMPLOYEE RECORD)

SECTION 1- PERSONAL DETAILS

Title (Dr/Mr/Miss/Mrs, etc).....

Surname (Block letters):..... First Name:.....

Middle Name..... Marital Status.....

Address:.....

Town /City:..... Postcode:.....

Telephone:..... Mobile No.....

Email Nationality.....

Mobile..... NI Number:.....

Type of Work..... How did you hear about us?:.....

Do you hold a current driving licence?..... Do you own a Car?.....

SECTION 2 - REFERENCES

Name..... Name.....

Address..... Address.....

Town:..... Post Code..... Town:..... Post Code.....

Occupation..... Occupation.....

Tel..... Ext:..... Tel..... Ext:.....

Fax: Fax:

Email:..... Email:.....

(Note: Please give the names of two references, including your present or most recent employer, who we may approach to obtain both work and character experience for nursing / care services reference (not relatives or friends).. Also use referees official email address.)

SECTION 3 - NEXT OF KEEN TO BE NOTIFIED IN CASE OF EMERGENCY:

Name..... Relationship to Applicant.....

Telephone..... Email:.....

SECTION 4- ALL APPLICANT

PLEASE TELL US ABOUT YOUR FURTHER EDUCATION QUALIFICATIONS & COURSES (e.g NVQ, BTEC, Diploma, Degree,

Course:..... Date:..... Certificated Yes/No:.....

Course:..... Date:..... Certificated Yes/No:.....

Course:..... Date:..... Certificated Yes/No:.....

SECTION 5-REGISTERED NURSE ONLY

Registered Nurses NMC P.I.N:..... Expiry Date:.....

SECTION 6- EMPLOYMENT HISTORY

Title: of Post:.....

Full / Part Time:.....

Name and address of previous employer

Dates

From:.....

To:.....

Main Responsibilities:.....

Reason for Leaving:.....

Title: of Post:.....

Full / Part Time:.....

Name and address of previous employer

Dates

From:.....

To:.....

Main Responsibilities:.....

Reason for Leaving:.....

Title: of Post:.....

Full / Part Time:.....

Name and address of previous employer

Dates

From:.....

To:.....

Main Responsibilities:.....

Reason for Leaving:.....

SECTION 7- ADDITIONAL INFORMATION

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION (Continue on separate sheet if necessary).

SECTION 8- REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1975 (Exception) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE: YES: ☐ NO: ☐

HAVE YOU RECEIVED A CAUTION BY THE POLICE: YES: ☐ NO: ☐

If yes please give full details on a separate sheet. A positive declaration will not necessarily preclude you from employment.

Do you agree to obtaining a DBS Enhanced Disclosure through Assurance Healthcare Ltd before introductions can be made (subject to terms and conditions) YES: ☐ NO: ☐

What is the best way for us to contact you. Phone: ☐ Text ☐ Email ☐ By post: ☐ By All: ☐

SECTION 9- DECLARATION OF CONFIDENTIALITY

Registration with Assurance Nursing & Employment Agency Ltd implies acceptance of our Code of Confidentiality. In the course of your duties you may have access to confidential information about service users and colleagues. On no account must information relating to identifiable persons be divulged to anyone other than Registered Manager or his /her assistant.

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Assurance Nursing & Employment Agency Ltd may be entitled either to charge the client an introduction/ transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I.....confirm that I have read and agreed the above Conditions of Registration for Employment.

Signature..... Date.....



Assurance Nursing & Employment Agency Ltd

Caring for the people

AGENCY WORKERS DIRECTIVES POLICY

This Policy document covers the Agency Workers Directives and Regulations effective October 2011

As an Agency Staff there are New entitlements - from Day 1

The regulations provide new entitlements giving agency workers the same access to certain facilities provided by the hirer and information on job vacancies as comparable permanent workers and employees from the first day of their assignment.

These are:

- access to facilities; such as the staff canteen, transport facilities, car parking and child-care facilities
- access to vacancies; the right to be notified of any job vacancies within the hirer

This is not a right to special treatment, for example, if a crèche is full and any permanent recruit has to go on a waiting list, this will also apply to the agency worker. Similarly, this could happen with car park spaces.

When a staff is assigned to a new place of work, the person in charge will go through all the day 1 entitlements for Agency workers which may not only be limited to above.

New entitlements - after 12 weeks

Under the new regulations, after 12 weeks employment additional entitlements come into force.

These additional new equal treatment entitlements relate to relevant terms and conditions, namely pay and other basic working conditions and will only come into effect after an agency worker completes a 12 week qualifying period with the same hirer, in the same role.

The entitlements

These entitlements include:

- key aspects of pay related to work undertaken on assignment
- duration of working time
- night work
- rest periods
- rest breaks
- annual leave
- ante-natal appointments.

It will be necessary for agencies and hirers to understand what agency workers would have received in terms of pay and basic working conditions as if they had been recruited directly.

OFFICE ADDRESS

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www.assuranceagency.co.uk

The right to equal treatment will not apply until an agency worker has worked in the same role for a hirer for 12 continuous weeks. Importantly, any change of agency during the 12 week period will not affect qualification.

There is no minimum amount of work that needs to be completed in order for a week to count as one of the 12 for qualification purposes.

Pregnant agency workers will now be allowed to take paid time off for ante-natal appointments during any assignment.

Calculating the 12 week qualification

The 12 week qualifying period is triggered by working in the same job with the same hirer for 12 calendar weeks.

A calendar week in this context will comprise any period of seven days starting with the first day of an assignment. Calendar weeks will be accrued regardless of how many hours the worker does on a weekly basis.

Therefore, even if the agency worker is on assignment for only a couple of hours a week, it will still count as a week and they will still be entitled to equal treatment after 12 calendar weeks calculated in this way.

For example, an agency worker begins work on a Tuesday so all work done up to and including the following Monday will count as one calendar week.

A new qualifying period will only begin if the new assignment with the same hirer is substantively different and/or there has been a minimum of six weeks break between assignments.

An agency worker can qualify for equal treatment after 12 weeks in the same role with the same hirer, regardless of whether they have been supplied by more than one agency for part of that period of time.

The qualifying clock

The working patterns of agency workers can be irregular. The Regulations therefore provide for a number of circumstances in which breaks in the assignment of an agency worker do not prevent him or her from completing the qualifying period.

These provisions can best be explained by thinking of the qualifying period as a clock which runs from zero to 12. Sometimes a gap between assignments – or a move to a new assignment - will mean that the clock is reset to zero and must start again. In other circumstances a break will merely ‘pause’ the clock which will then continue to tick when the agency worker returns. In some limited circumstances, the clock will continue to tick even if the agency worker is not working on an assignment.

Reasons for the qualifying clock to reset to zero

- most commonly it will be because an agency worker begins a new assignment with a new hirer
- where an agency worker remains with the same hirer but is no longer in the same role. The circumstances in which an agency worker is regarded as no longer working in the same role are considered below
- if there is a break between assignments with the same hirer of 6 weeks or more (which is not one which ‘pauses’ the clock or during which it continues to ‘tick’)

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Types of break that will cause the qualifying clock to 'pause'

- A break for any reason where the break is no more than six calendar weeks
- A break of up to 28 weeks because the agency worker is incapable of work because of sickness or injury
- Any break which is for the purpose of taking leave to which the agency worker is entitled, including annual leave
- A break up to 28 calendar weeks to allow the agency worker to perform jury service
- A break caused by a regular and planned shutdown of the workplace by the hirer (for example at Christmas)
- A break caused by a strike, lock out or other industrial action at the hirer's establishment

Breaks where the clock continues to tick

- Breaks due to pregnancy, childbirth or maternity which take place during pregnancy and up to 26 weeks after childbirth.
- Any breaks due to the worker taking maternity leave, adoption leave or paternity leave.

In each of these cases the clock will continue to tick for the originally intended duration of the assignment, or the likely duration of the assignment (whichever is longer).

Meaning of the same role

If a change in position is to require an agency worker to re-qualify for equal treatment, the whole or main part of the new role must be 'substantively different' from the previous role.

A further requirement is that the agency must have notified the worker in writing of the type of work they will be required to carry out in the new role.

Breaks between assignments

The general rule under the Regulations is that any break between assignments of six weeks or less, in the same role, shall not break 'continuity' for qualification purposes.

Working for multiple hirers

An agency worker might work for more than one hirer during a week (or even during a day). They may therefore have more than one qualifying period running at any one time.

Working through multiple agencies

An agency worker might work for a hirer for 6 weeks with one agency and is placed with the same hirer three weeks later by another for a further eight weeks. As there has not been a six week break between the assignments, the agency worker will be entitled to equal treatment after 6 weeks on the second assignment.

Name: _____

Signature: _____

Date: _____

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STATEMENT OF TERMS AND CONDITIONS OF EMPLOYMENT

In accordance with the requirements of the Employment Rights Act 1996 this statement describes the main terms and conditions of your employment with Assurance Nursing & Employment Agency Limited.

1. Employee

Name:

Address:

Postcode:

Telephone Number:

2. Date of Commencement of Employment

Your Employment with Assurance Nursing & Employment Agency Limited began on the

No previous employment counts as continuous employment with this or any associated employer.

3. Job Title

You are employed as a

The Company reserves the right to make changes to the job title/job description and duties to be undertaken by the jobholder from time to time.

4. Hours of Work:

Your hours of work are a minimum of zero hours per week. There are no fixed days associated with your employment. You will be notified of the shifts/days on which you will be required to work and your start and finish times, by publication of a staff rota from time to time which may include nights, weekend working and sleep ins.

5. Remuneration:

You will be paid fortnightly in arrears by BACS transfer every **alternate Friday**. Your pay advice will show your basic rate of pay, and statutory or voluntary deductions and the amount of your net pay. If you have any specific queries about your pay these should be raised with **Assurance Nursing & Employment Agency Limited**.

6. Place of Work:

Your normal place of work will be variable due to the nature of the business. **The Company offices are located at 57-59 Whitehorse Road, Croydon, Surrey, CR0 2JG** You will not be required to work outside the United Kingdom.

7. References

Engagement is subject to satisfactory references.

You are strictly prohibited from providing any reference for or on behalf of any employee, past or present, on behalf of the Organisation whilst you are in employment or after leaving the employer.

8. Professional Responsibilities (Nurses)

You are required to comply with the NMC Code of Professional Conduct for Nurses, Midwives and Health Visitors and to keep your registration on Part 1 of the NMC Live Register up to date, submitting a copy of your PIN Number and expiry date upon each renewal to the company.

You will be expected to attend study days/courses as required to fulfill the statutory requirements of PREP and continue your own professional development. Study days in excess of this will be at the discretion of the company and on funding being available.

9. Annual Holidays:

Due to the nature of the industry, in that we provide care services, Bank/Statutory holidays form part of the normal working week. Therefore, you will not be entitled to additional pay or holidays if your normal shift/rota coincides with one of these days.

The holiday year runs from 1st April to 31st March. Your full annual entitlement depends on the hours worked.

Holiday entitlement may not be carried forward to the next year. All holidays must be arranged at times to be agreed with the company. No more than 2 weeks holiday entitlement may be taken at any one time except in exceptional circumstances.

Holidays will be approved on a first come first serve basis taking into account the needs of the business and the care of the service user. Holidays will only be accrued for the hours you have worked and not be paid in advance.

Payment on a Public/Bank Holiday: If you are scheduled to work on a bank/statutory holiday you will be paid at the rate of the NHS Authority enhancement. If you fail to attend work due to sickness/injury, the absence will be treated in accordance with our sickness/injury absence procedures.

10. Notification of Absence

If you are unable to attend work for any reason whatsoever you must inform your Manager as soon as is practicable but not later than 2 hours prior to the commencement of your shift, as to the reason for absence and if possible notifying the date when you hope to return to work. If you are late in notifying sickness absence or fail to notify the company at all you may lose all or part of your sick pay and in addition this may render you subject to disciplinary action. Unauthorised absence will not be paid. If you are absent through sickness for longer than one day you must telephone your Manager on the third day to give him or her further information regarding your condition and expected date of return.

1) Evidence of Incapacity for Work

Doctors' certificates are no longer issued for short-term illness. If you are ill for seven days or less you should on your return report to your Manager and explain in full the reasons for your absence. You will be required to complete a self-certification form.

If sickness absence continues for eight days or more you should obtain a medical certificate from your doctor and forward it without delay to the Company. Further certificates should be submitted each week for as long as the illness lasts.

You are required to make regular weekly telephone contact with your Manager to give him or her up to date information regarding your state of health, treatment plan and anticipated return. This is in addition to the timely submission of medical certificates for sick pay purposes as required above. Upon your return to work you will be required to complete a self-certification form and submit this to your Manager. Failure to comply with this rule will automatically render you ineligible for any sick pay and may result in disciplinary action.

The Company reserves the right to require medical certificates to be submitted at more frequent intervals.

In the case of two periods of self-certificated absence in any calendar year the Company reserves the right to request medical evidence before subsequent periods of absence less than seven days are paid. In addition the Company reserves the right to require you to attend a medical examination with the Company's doctor as and when it deems necessary. This may be a requirement where there is concern about the nature and duration or frequency of your illness and the implications for the business and your capability to perform your job.

Where you are absent from work because of an injury caused by a third party any sick pay paid to you by way of a loan must be repaid from the damages you recover from the third party where such damages are paid by order of any Court or compromise or settlement of the action.

11. Pension

Subject always to the rules of the scheme from time to time in force, the employee shall be entitled to participate in any Stakeholder pension scheme operated by the Company for the benefits of its employees. Full details of the scheme are available on request. The company reserves the right to withdraw or terminate its participation in any of its benefit schemes or to substitute another scheme or to alter the benefits available upon giving one months notice.

12. Dress and Appearance

It is important that the Organisation should maintain a professional image to clients and other members of the public. Consequently, it is essential that all members of staff should maintain a smart and neat appearance.

All staff are expected to wear uniforms where provided. The company will replace without charge, uniform damaged due to normal wear and tear. However, you will be responsible for the cost of replacement should this be due to negligence. You are responsible for maintaining the cleanliness of the uniform.

Upon termination of your employment you should return your uniform. If this is returned in an unsatisfactory condition the cost of replacement (or a proportion, as decided by the company) will be payable by you or be deductible from any final payments due to you.

The Organisation's dress code must be strictly adhered to all times, failure to observe it will result in disciplinary action and may lead to dismissal.

There is no objection to the wearing of jewellery, but it should not cause danger nor be detrimental to the overall appearance. If members of staff have any queries relating to the advice set out above, they are requested to raise the matter in the first instance with their Manager.

13. Identification Badges

Staff must at all times carry their identification badges, your line manager will inform you how and when these should be worn. Identification must be produced if requested.

14. Notice of Termination to be given by Employer Under 1 month's service – Nil

1 month but less than 2 years service – 1 week,

2 years service or more – 1 week for each completed year of service to a maximum of 12 weeks.

13. Notice of Termination to be given by Employee Under 3 month's service – 1 week 3 month's service or more –1 weeks per year of service to a maximum of 3 months

The Company reserves the right to waive notice periods and to make a payment in lieu of notice. If you terminate your employment without giving your contractual period of notice the Company reserves the right to make a deduction from your final pay equal to the amount which would have been paid in salary during the appropriate notice period. (This includes any amount due from accrued holiday pay not yet taken).

During any procedure in which you are under notice (whether given by you or by the Company) to terminate your employment, it is hereby agreed that the Company shall be entitled to require that you need not perform your duties or attend the Company's offices. Where the Company requires you to remain away from work during your notice procedure you will be required to comply with any conditions laid down by the Company and whilst

on full pay during such time you will not be permitted to work for any other person or firm or on your own behalf without the Company's prior written permission.

15. **Shortage of Work/Lay Offs**

If there is a shortage of work for whatever reason the Company will endeavour to maintain continuity of employment wherever possible by placing people on short time or laying them off without pay. In such circumstances as much advance notice as can reasonable be given, will be if, in the Company's opinion it becomes necessary to do so.

16. **Criminal Records**

Your employment is subject to a satisfactory disclosure from the Disclosre and Barring Service (DBS) in accordance with the Rehabilitation of Offenders Act 1974 and the Police Act 1997.

You are further required to inform the Company immediately if at any time during your employment you are convicted of any criminal offences or are in receipt of any indictments or police cautions. Any such information disclosed to the Company will be processed in accordance with the Data Protection Act 1998. Failure to notify the Company will be processed in any such convictions; indictments or cautions may result in disciplinary action up to and including dismissal.

Upon commencement of your employment a deposit of £[[insert as appropriate]] will be taken from you in respect of the cost to the Company of obtaining the check and upon completion of a three month probationary period, this will be returned to you.

17. **Disciplinary Rules/Appeals and Procedures**

A copy of the Company's disciplinary procedure is attached to this document.

18. **Grievance Procedure**

A copy of the Company's grievance procedure is attached to this document.

19. **Health and Safety at Work**

Employees are reminded that they have a statutory duty to observe all health and safety rules and to take all reasonable care to promote the health and safety at work of themselves and their fellow employees. You are required to comply with the Company's health and safety rules and with all rules laid down by the Health and Safety at Work Act, the Workplace (Health, Safety and Welfare) Regulations 1992 and other European legislation together with all regulation made under them or under any other industrial safety statutes. Failure to comply with such rules may lead to dismissal. The Company places paramount importance on health and safety and welfare of employees at work. Every employee is further required to take such steps as are reasonably practicable to ensure the health and safety of him/herself and others affected by his/her work. (You must make use of all protective clothing and equipment that are provided for you and) you must co-operate with the management in all respects for the full implementation of the Health and Safety Policy. Wilful breaches of the Health and Safety Policy will be dealt with through the disciplinary procedure.

Confidential Information

- a.

You must not, whether during your employment with the Organisation or after the end of it, whether you resign or are dismissed by the Organisation, unless expressly authorised in writing by your Manager, disclose to any unauthorised person or use any confidential information relating to the business affairs or trade secrets of the Organisation. This includes detail about the practice, business dealings or affairs of the Organisation or any of the Organisation's clients or clients, actual, potential or past or as to any other matters, which have come to your knowledge by reason of your employment.
- b.

During the course of your employment you may have access to, gain knowledge of or be entrusted with information of a confidential nature. This shall include but is not limited to:-
- i)

The identity, address or telephone number of any Resident / Client in our care, either actual, potential or past, including the identity, address or telephone number of any relative, or other person who is or was connected to, related to or has had dealings with, any resident / client in our care.
- ii)

Any confidential papers and reports on the resident / clients in our care.
- iii)

Any list or lists of the Organisation's resident / clients in our care whether in written or printed form or held in an electronic medium.

You agree that you shall not either during the course of your employment or at any time after its termination, make use of, for your own or another persons benefit, or divulge to a person not authorised by the Organisation to receive it, any confidential information as described or referred to above concerning the Organisation's business which may have been disclosed to or have otherwise come into your possession in the course of your employment.

If such disclosure or misuse of information occurs during the course of your employment the Organisation will treat such conduct as gross misconduct and reserves the right to terminate your employment without notice or payment in lieu. Such misconduct is described in the Organisation's disciplinary procedure, which forms part of the Contract of Employment.

You are strictly prohibited from providing any reference for or on behalf of any employee, past or present, whether in your own capacity or purporting to be on behalf of the Organisation whilst you are in employment or after leaving the employer. In the event that any such reference is provided this is considered to be Gross Misconduct for which disciplinary action will be taken which may result in your dismissal. In addition you may also be personally liable for any losses incurred by the Organisation as a result.

20. **Data Protection Act 1998**

In accordance with the Data Protection Act 1998 the Company is required to obtain your consent to process personal data held on your personnel file and the Company's computer systems.

By signing this documentation I give the Company permission to collect, retain and process personal information about me. This information will only be used in order to monitor compliance with the Law, best practice, security, equal opportunity and non-discrimination.

21. **Collective Agreements**

There are no collective agreements affecting your terms and conditions of employment.

22. **Changes in Terms and Conditions/ Personal Circumstances**

Should there be any changes in your terms and conditions of employment within the Company you will be notified by personal consultation and written notification and/or through notices published on the notice board. You are under a duty to inform the Company of any change in your personal circumstances such as your address.

23. **Data Protection Act 1998**

In accordance with the Data Protection Act 1998 the Company is required to obtain your consent to process personal data held on your personnel file and the Company's computer systems.

By signing this documentation I give the Company permission to collect, retain and process personal information about me. This information will only be used in order to monitor compliance with the Law, best practice, security, equal opportunity and non discrimination.

I accept that these terms and Conditions of Employment replace any existing contractual arrangements I may have with the Company. I confirm that I have received the original statement of Terms and Conditions of Employment of which this is a copy.

I.....hereby accept the terms and conditions of employment as set out above

.....
Employee's Signature

.....
Date



Assurance Nursing & Employment Agency Ltd

Caring for the people

WORKING TIME DIRECTIVE OPT OUT AGREEMENT

The Working Time Regulations 1998 state that Temporary Workers shall not work in excess of 48 hours per week on an assignment with the Client/Company unless the Temporary agrees in writing that this limit should not apply.

Temporary Workers have the option to exempt themselves from the maximum number of hours permitted under the directive. Should you choose to do so please sign and return the section below.

I wish to notify Assurance Nursing & Employment Agency Ltd that the Working Week limit shall not apply to any future assignments. I also understand that I am able to end this Agreement by giving Assurance Nursing & Employment Agency Ltd seven working days notice in writings.

If you accept the above agreement, please sign below.

Name:.....

Signature:.....

Date:.....

CONFIDENTIALITY AGREEMENT

Agency Worker Confidentiality Agreement

To Assurance Nursing & Employment Agency Ltd

1. In return for Assurance Nursing & Employment Agency Ltd or its clients providing information to me in the course of my assignment as an Agency Worker with the clients, I promise to do the following in relation to the information given to me or obtained by me in the course of such placement ("the information"):
 - I promise to hold the information in the strictest confidence, and to ensure that it is kept in a safe and secure place when not in use. I acknowledge that no Information is to be removed from Customer premises without the permission of the Customer;
 - I promise to use the Information only for the purpose of the work for which I have been given such Information;
 - I promise not to disclose it to any third party or to copy the Information except as may be required in the course of my duties.
2. I agree that any breach of this undertaking by me or any third party to whom release the Information may result in legal proceedings being commenced against me including a claim for the recovery of any losses or damages incurred by the Customer as a result of that breach

Name:.....

Signature:.....

Date:.....

DATA PROTECTION STATEMENT

The information that you provide to Assurance Nursing & Employment Agency Ltd and on any CV given will be used by the agency to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerized database and consent to us transferring your personal details to our clients.

We may check the information collected, with third parties or with information held by us.

We may also use to pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law

Name:.....

Signature:.....

Date:.....

IN CONFIDENCE

The position you have applied for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) [*the Exceptions Order*] and, in certain circumstances, the Police Act 1997. This means that when considering any such appointment, the employing organisation is permitted to request a standard or enhanced disclosure through the Disclosure and Barring Service (known as a DBS check).

Both standard and enhanced DBS disclosures contain information about any convictions, cautions, reprimands and final warnings that are not protected under the DBS filtering rules as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013.

Before you complete this form, it will be important for you to read the highlighted note in the section below.

Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please note that from 29 May 2013, a number of significant changes were introduced under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (S.I. 2013/1198) which means that certain spent (old) or minor convictions and cautions are now protected (i.e. filtered) when specific conditions are met.

Any such convictions and cautions will no longer be included in any request for a standard or enhanced DBS check and you are no longer required to declare this information as part of a self-disclosure request or when completing a job application.

If you have a criminal record and are unsure about what might be revealed about you as part of a DBS check, or the type of information you should consider declaring when completing this form, the following links to guidance will help provide more clarity:

- [The simple guide to filtering](http://hub.unlock.org.uk/knowledgebase/filtering-simple-guide/) – Unlock

<http://hub.unlock.org.uk/knowledgebase/filtering-simple-guide/>

- [Practical guidance on the DBS filtering rules](https://www.nacro.org.uk/) - NACRO

<https://www.nacro.org.uk/>

Before you can be considered for appointment with **Assurance Nursing & Employment Agency Limited** we need to be satisfied about your character and suitability.

Where the position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012) an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

Assurance Nursing & Employment Agency Limited aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other such information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position.

If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish, to discuss the matter with the recruiting manager. As part of assessing your application, we will only take into account criminal records and other information declared which is relevant to the position being applied for.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Please answer all of the questions within this form.

If you answer '**YES**' to any of the questions, please use the space indicated to provide any information that you believe may have a bearing on your suitability for the position for which you are applying.

Please use the continuation sheet provided in this form to include any additional information or supplementary comments you wish us to consider in support of your application. You may continue on a separate sheet if necessary.

It is important to stress that answering 'yes' to any of the questions below will not necessarily bar you from an appointment within the NHS. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying, and the particular circumstances.

1. Are you currently bound over, or do you have any convictions, cautions, reprimands or final warnings that would not be protected (filtered) as defined by the Exceptions Order 2013 - that have been issued by a Court or Court-Martial in the United Kingdom or in any other country?

NO ☐

YES ☐

If **YES**, please provide details of the order binding you over and/or the nature of the offence, penalty, sentence or order of the Court, the date and place of the Court hearing.

It is important that you understand the changes that came into force from May 2013 under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 – please refer to guidance for applicants in the section above.

You are not required to tell us about parking offences.

Please include any additional information, or other supplementary comments that you believe to be relevant.

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

NO ☐
YES ☐

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future, while you are in our employment.

You are not required to tell us about parking offences.

Please include any additional information, or other supplementary comments that you believe to be relevant.

3. Are you aware of any current investigations being undertaken by NHS Counter Fraud and Security Management Service (NHS CFSMS) following allegations of made against you?

NO ☐
YES ☐

If **YES**, please provide details of the nature of the allegations made against you, and if known to you, any action to be taken against you by NHS CFSMS.

Please include any additional information, or other supplementary comments that you believe to be relevant.

4. Have you been investigated by the Police, the NHS Counter Fraud and Security Management Service (NHS CFSMS), or any other investigatory body resulting in a current or past conviction or dismissal from your employment or volunteering position?

NO ☐
YES ☐

If **YES**, please provide details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the investigatory body.

Investigatory bodies include: HM Customs and Excise, Inland Revenue, Financial Service Authority, Department of Trade and Industry, Department of Work and Pensions, immigration and border force, security agencies, local authorities etc.

This list is not exhaustive and you must declare any investigation conducted by an investigatory body.

Please include any additional information, or other supplementary comments that you believe to be relevant.

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

NO ☐
YES ☐

If **YES**, please provide details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

Please include any additional information, or other supplementary comments that you believe to be relevant.

6. Have you ever been removed from the register or have conditions or undertakings been made on your registration by a fitness to practice committee, regulatory or licensing body in the United Kingdom or in any other country?

NO ☐
YES ☐

If **YES**, please provide details of any conditions or undertakings which have been applied to your professional registration and the name and address of the regulatory or licensing body concerned.

You are not required to provide details where any right to appeal has been upheld AND where that appeal has resulted in your case being fully exonerated.

Please include any additional information, or other supplementary comments that you believe to be relevant.

7. Are you currently subject to a fitness to practice investigation and/or proceedings by a regulatory or licensing in the United Kingdom or in any other country?

NO ☐
YES ☐

If **YES**, please include the reasons given for the investigation and, where applicable, the details of any proceedings, limitations or restrictions that currently apply to your professional registration, and the name and address of the regulatory or licensing body concerned.

Please include any additional information, or other supplementary comments that you believe to be relevant.

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

NO ☐
YES ☐

If **YES**, please include details.

Please include any additional information, or other supplementary comments that you believe to be relevant.

9. Are there any other matters in your background that may be relevant to the position being applied for, which might cause your reliability or suitability to be called into question?

NO ☐
YES ☐

If **YES**, please include details.

It is important that you read and understand the changes that came into force from May 2013 under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 – please refer to guidance for applicants in the section above.

Please include any additional information, or other supplementary comments that you believe to be relevant.

Continuation sheet

If you have answered '**YES**' to any of the questions above, please use this space to provide any additional information or supplementary comments you wish us to consider as part of your application. You may continue on a separate sheet if necessary.

Please indicate the number of the question to which the information relates.

Declaration

IMPORTANT

The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Act defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

Where you are applying for a position which involves regulated activity as defined by the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012), this will also include information about any barring decision made by the Disclosure and Barring Service (DBS) against the Adults and/or Children's barred lists.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining 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, **Assurance Nursing & Employment Agency Limited** will not retain this declaration form any longer than necessary - see further details in the supplementary guidance for applicants which was provided with your application form. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I have read the supplementary guidance notes for applicants that accompanied my application form, and I consent to the information provided in this declaration form being used by **Assurance Nursing & Employment Agency Limited** for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals).....

DATE.....

Please complete and return this Model Declaration Form in a separate envelope marked 'Confidential'. Forms should be returned to:

NAME.....

JOB TITLE: **Human Resources Manager**

ADDRESS: Assurance Nursing & Employment Agency Limited,
57-59 Whitehorse Road, Croydon, CR0 2JG

If you wish to withdraw your consent at any time after completing this declaration form, or you have any queries relating to the type of information required as part of this form, please contact: **Human Resources Manager, Assurance Nursing & Employment Agency Limited, 57-59 Whitehorse Road, Croydon, CR0 2JG**

All enquiries will be treated in strict confidence.



Assurance Nursing

& Employment Agency Ltd

Caring for the people

Assurance Nursing & Employment Agency Ltd is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an ongoing basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat anyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Assurance Nursing & Employment Agency Ltd shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Assurance Nursing & Employment Agency Ltd will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

In that respect to monitor our commitment to equal opportunity, please fill in the form below:

The options are listed alphabetically.

Asian

- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Any Other Asian Background
(specify if you wish)

.....

Chinese

- ☐ Any Chinese Background
(specify if you wish)

.....

White

- ☐ White background
- ☐ Irish
- ☐ Any Other Ethnic Background (specify if you wish)

.....

Black

- ☐ African
- ☐ Caribbean
- ☐ Any Other Black Background (specify if you wish)

.....

Mixed Ethnic Background

- ☐ Asian and White
- ☐ Black African and White
- ☐ Black Caribbean and White
- ☐ Any Other Mixed Ethnic Background
(specify if you wish)

.....

Name:.....

Signature:.....

Date:.....

Assurance Nursing & Employment Agency Limited

Assurance Healthcare Limited GENERAL DATA

PROTECTION REGULATION GDPR-10

Title: EMPLOYEES AND WORK SEEKERS PROCESSING OF PERSONAL DATA CONSENT (FORM)

1.0 I accept that the Service holds personal data about me and I hereby consent to the processing by the Service or any associated company of my personal data for any purpose related to the performance of my contract of employment or my continuing employment or its termination or the conduct of the Service's business, including, but not limited to, payroll, human resources and business continuity planning purposes.

2.0 I also explicitly consent to the Service or any associated organisation processing any sensitive personal data relating to me, for example sickness absence records, medical reports, particular health needs, details of criminal convictions and equal opportunities monitoring data, as necessary for the performance of my contract of employment or my continuing employment or its termination or the conduct of the Service's business.

3.0 Finally, I consent to the Service providing my personal data to a third party where this is necessary for the performance of my contract of employment or my continuing employment or its termination or the conduct of the Service's business, for example, any authority legally entitled to the information, to a pension scheme provider in relation to my membership of a pension scheme or to clients auditors or clients in the pursuance of seeking or continuing work.

Name:

Signature:

Date:...../...../.....

SECTION 10– APPLICANT BANK DETAIL

NAME OF STAFF:.....

NAME OF ACCOUNT HOLDER:.....

NAME OF BANK / BUILDING SOCIETY:.....

BANK ACCOUNT NUMBER (8 digits):

--	--	--	--	--	--	--	--

SORT CODE (6 digits):

--	--	--	--	--	--

I authorise my salary to be transferred to the above mentioned account

SIGNATURE..... DATE:.....

SECTION 11– FOR OFFICE USE ONLY

	Ref No.	Date Received
DBS Completed		
DBS Online Registration Completed		
DBS Confirmation Letter		
	YES	NO
NMC PIN Check		
NMC Fitness to Practice Check		
INTERVIEW OUTCOME:.....		
	YES	NO
List 99 Checked		
REMARKS:.....		
.....		



57-59 Whitehorse Road, Croydon CR0 2JG
Tel: 0280 683 2299 Fax: 0203 150 1422

Email: application@assuranceagency.co.uk / compliance@assuranceagency.co.uk

Business Hours: 9am – 6pm

24hrs On Call- (07930 963 434 / 07939 569 229)

Photograph

APPLICATION FORM

Please print in black

POSITION APPLIED FOR:.....

(The information that I give 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 registering with Assurance Healthcare Ltd.)

(THIS FORM REMAINS THE PROPERTY OF ASSURANCE HEALTH CARE LTD AND FORMS PART OF YOUR EMPLOYEE RECORD)

SECTION 1- PERSONAL DETAILS

Title (Dr/Mr/Miss/Mrs, etc).....

Surname (Block letters):..... First Name:.....

Middle Name..... Marital Status.....

Address:.....

Town /City:..... Postcode:.....

Telephone:..... Mobile No.....

Email Nationality.....

Mobile..... NI Number:.....

Type of Work..... How did you hear about us?:.....

Do you hold a current driving licence?..... Do you own a Car?.....

SECTION 2 - REFERENCES

Name.....	Name.....
Address.....	Address.....
Town:..... Post Code.....	Town:..... Post Code.....
Occupation.....	Occupation.....
Tel..... Ext:.....	Tel..... Ext:.....
Fax:	Fax:
Email:.....	Email:.....

(Note: Please give the names of two references, including your present or most recent employer, who we may approach to obtain both work and character experience for nursing / care services reference (not relatives or friends).. Also use referees official email address.)

SECTION 3 - NEXT OF KEEN TO BE NOTIFIED IN CASE OF EMERGENCY:

Name..... Relationship to Applicant.....

Telephone..... Email:.....

SECTION 4- ALL APPLICANT

PLEASE TELL US ABOUT YOUR FURTHER EDUCATION QUALIFICATIONS & COURSES (e.g NVQ, BTEC, Diploma, Degree,

Course:..... Date:..... Certificated Yes/No:.....

Course:..... Date:..... Certificated Yes/No:.....

Course:..... Date:..... Certificated Yes/No:.....

SECTION 5-REGISTERED NURSE ONLY

Registered Nurses NMC P.I.N:..... Expiry Date:.....

SECTION 6- EMPLOYMENT HISTORY

Title: of Post:.....

Full / Part Time:.....

Name and address of previous employer

Dates

From:.....

To:.....

Main Responsibilities:.....

Reason for Leaving:.....

Title: of Post:.....

Full / Part Time:.....

Name and address of previous employer

Dates

From:.....

To:.....

Main Responsibilities:.....

Reason for Leaving:.....

Title: of Post:.....

Full / Part Time:.....

Name and address of previous employer

Dates

From:.....

To:.....

Main Responsibilities:.....

Reason for Leaving:.....

SECTION 7- ADDITIONAL INFORMATION

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION (Continue on separate sheet if necessary).

SECTION 8- REHABILITATION OF OFFENDERS ACT

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1975 (Exception) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the Order applies, and should be entered at the end of any particulars you give in support of your application.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE: YES: ☐ NO: ☐

HAVE YOU RECEIVED A CAUTION BY THE POLICE: YES: ☐ NO: ☐

If yes please give full details on a separate sheet. A positive declaration will not necessarily preclude you from employment.

Do you agree to obtaining a DBS Enhanced Disclosure through Assurance Healthcare Ltd before introductions can be made (subject to terms and conditions) YES: ☐ NO: ☐

What is the best way for us to contact you. Phone: ☐ Text ☐ Email ☐ By post: ☐ By All: ☐

SECTION 9- DECLARATION OF CONFIDENTIALITY

Registration with Assurance Nursing & Employment Agency Ltd implies acceptance of our Code of Confidentiality. In the course of your duties you may have access to confidential information about service users and colleagues. On no account must information relating to identifiable persons be divulged to anyone other than Registered Manager or his /her assistant.

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Assurance Nursing & Employment Agency Ltd may be entitled either to charge the client an introduction/ transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I.....confirm that I have read and agreed the above Conditions of Registration for Employment.

Signature..... Date.....



HEALTH CARE ASSISTANT

STAFF NAME: _____

DATE: _____

LOCATION: ANEA – 57-59 Whitehorse Road, Croydon, CR0 2JG

INTERVIEW QUESTIONNAIRE FOR HEALTH CARE ASSISTANTS:

Why do you want the job?

What made you become a HCA?

PERSONAL QUALITIES:

- 1) How would your colleague describe you?

- 2) What personal qualities do you think are necessary for this role?



3) What motivates you to work hard?

4) What are your strengths/weaknesses?

PROFESSIONAL DEVELOPMENT:

1) What have you done to professionally develop?

2) How have you kept your knowledge and skills up to date?

TEAMWORK:

1) What does good teamwork mean to you?



COMMUNICATION SKILLS:

- 1) Why is communication important within a team?

- 2) Describe a situation where you've had to deal with a difficult patient?

- 3) Describe a time when something didn't go to plan. What did you do?

QUALITY/RISK:

- 1) What makes a good shift?

LEADERSHIP:

- 1) How do you support your colleagues?



2) Describe a situation when you had to make a difficult decision

3) Describe an emergency situation and how you dealt with it.

POLICY/PROCESS:

1) What is safeguarding?

WHAT WOULD YOU DO IF:

1) A patient tells you they're being abused. What would you do?

2) If a nurse told you to do something you're/weren't trained to do, what would you do?

3) What would you do if you noticed that drugs had gone missing from the unit?

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	No	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

BBV (Blood Borne Virus)		
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.</p>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered yes, please state when;	Date:	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Information	
(If you have answered yes to any questions above please provide additional information below)	

Immunisation History					
Have you had any of the following immunisations			Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Polio			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tetanus			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (If Yes is ticked please give dates below)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Course:	1	2	3		
Boosters:	1	2	3		

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we <u>strongly advise</u> that you provide serology test result showing varicella immunity

Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella and Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of Hepatitis B Surface Antigen Test (Inc. 'e' antigen and DNA viral loads if applicable) Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable) Reports must be an identified validated sample. (IVS)
HIV	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

UK General Data Protection Regulation (UK GDPR)
<p>All information supplied by you will be held in confidence by Healthier Business UK Ltd. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Healthier Business UK Ltd. Your personal data may be required to be seen by an occupational health advisor or physician; however it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP's, Specialists or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), refusal of consent and withdrawal of consent without detriment (withdrawal of consent can be exercised at any stage of the process). The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation.</p> <p>Further information regarding your rights under GDPR can be found on the following: https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/</p> <p>If you wish to have sight of our privacy policy, please send your request to support@hbcompliance.co.uk</p>

Consent		
<p>Consent is a process rather than a one off decision, for consent to be valid, it must be voluntary and informed. You have the right to withdraw your consent at any stage of the process, either verbally or in writing. Further information regarding consent is available on the 'Candidate Screening Leaflet'.</p>		
All staff groups complete this section	Yes	No
Do you consent to this questionnaire and your immunisation reports being assessed by an Occupational Health Advisor for the purpose of providing a Fitness to Work Certificate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you consent to our Occupational Health Advisors speaking with you regarding any declaration you may have made relating to your medical history?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you consent to our Occupational Health Advisors making recommendations to your employer/agency to assist with your ability to carry out your prospective role?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Declaration		
<p>I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.</p> <p>I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.</p>		
Name	Signature	Date

IMMUNISATION RECORDS DETAILS NEEDED TO WORK IN HOSPITAL

BCG Scar verification OR

Heaf Test / Mantoux results confirmation

We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result

Mumps, Measles & Rubella (MMR) immunity

A full course of MMR vaccine (2 injections) OR

A positive Rubella antibody blood result

A positive Measles antibody blood results

A positive Mumps antibody blood result

Certificate of vaccination or blood test result is required showing the immunity levels

Chicken Pox (**Varicella**) immunity,

Certificate of vaccination or a positive blood test result, or self declaration.

If negative, evidence of a full course VZ vaccine (2 injections)

Hepatitis B immunity(3 injections)

You must provide a copy of the most recent pathology report showing titre levels of 100 Miu/ml or above if possible or antigen status if titre level is below 100lu/l. The report must be an identified validated sample.

Hepatitis C (Nurses in Operating Theatres, Midwives or Accident and Emergency services)

Proof of Hepatitis C non-infectivity is required for staff performing exposure prone procedures. As appropriate, please either provide an identified validated sample of your most recent UK pathology report or sign the opt out Hepatitis B Surface Antigen Proof of a negative result

Immunisation Centre

Prescription Counter

Grosvenor House

160 Gillet Road

Thornton Heath

CR7 8SN

Tel: **020 3659 3149**

Mayday Occupational Health- 0208 401 3000 ext 4351

Lewisham Occupational Health – 0208 314 7777

Kings Occupational Health – 0203 299 3387

Arumas Health Services- Tel: **020 33724073**

Bloods

Private Lab – The Doctor Laboratory (TDC)

58 Wimpole Road, London W1M 8LQ

Tel - 0207 460 4800 Fax – 207 460 4848

LITERACY TEST

You have been allocated thirty minutes in which to complete this test. During this test you are not permitted to use a dictionary. The test has been designed to test your basic literacy skills and includes the following;

- Spelling
- Punctuation and
- Grammar

Question 1 Homecoming is an example of a compound word. Please match the word on the left with an appropriate word on the right to create a suitable word by joining with a line.

Tin	ship
Sweet	lap
Pop	foil
Hob	corn
Steam	meat
Over	nail

Question 2 Please circle the most suitable adverb for the gap in this sentence.

The presentercaptivated the audience.

spitefully successfully tightly boastfully

Question 3 Please circle the most appropriate word to complete this sentence.

The diamond ring weighed at least 2.....

carrots karats carats carets

Question 4 Please circle the right pronoun to correctly finish this sentence.

I have a feeling that took a wrong turn at the last set of traffic lights.

it she her

Question 5 Appropriately select “they’re, their or there” in each of the gaps in this sentence.

..... are at least 40 members of staff who know..... holiday rota will be altered to reflect..... change in shift pattern.

Question 6 Appropriately select “two, to or too” in each of the gaps in this sentence.

For the last years there has been many staff involved in the organisation of this conference get the funding established.

Question 7 Please circle an appropriate antonym from the list which means the opposite of the underlined word in the following sentence.

Dr Jones had a strong suspicion that the blood sample was contaminated.

week robust sturdy weak

Question 8 Please circle an appropriate synonym from the list which means the same as the underlined word in the following sentence.

It would appear that the children were very articulate during the classroom debate.

aphasic fluent incoherent inarticulate

Question 9 The word below is spelt phonetically. Please write the correct spelling of this word in the answer box provided.

Admishun

Question 11 Rewrite the sentence below by replacing the verb underlined using the past tense.

For example: It is going to be cloudy today. It was cloudy today.

There are a huge number of activities to coordinate.

Question 12: Please circle the correctly spelt word from the available choices in order to complete the sentence below.

The whole group were completely.....in their treatment of the lecturer.

dissscourteous discourteous diskcourteous disccorteous

Medication Test for RGN and RMN

Staff Name: _____

Date: _____

Score: _____/21

Pass mark: **18**

Checked by: _____

Useful conversion guide:

<u>Unit</u>	<u>Symbol</u>	<u>Equivalent</u>
1 Kilogram	Kg	1000 gram
1 gram	g	10000 milligram
1 milligram	mg	1000 microgram
1 microgram	mcg	1000 nanogram
1 Litre	L	1000 millilitres

Convert the following:

1. Convert 500 mcg to mg _____
2. Convert 1.04 g to mg _____
3. Convert 1750 mls to L _____
4. Convert 100 ng to mcg _____
5. Convert 0.05 kg to g _____
6. Convert 2.5 mg to g _____

Oral medications:

7. A patient is prescribed Prednisolone 20 mg. The stock available is 10 mg. How many tablets will you administer?

8. Digoxin 100 mg tablet is prescribed. The stock available is 25 mg. How many tablets will you administer?

9. A 60 year old woman with angina is prescribed 135 mg Verapamil t.d.s. The stock strength available is 90 mg. how many tablets will she need to take for each dose?

10. Patient A is prescribed Flucloxacillin 400 mg q.d.s. The stock strength available is 200 mg capsules. What is the total number of tablets she will required to take in 24 hours?

11. 575 mg Augmentin is prescribed t.d.s. What is the total amount of Augmentin to be given in a day?

12. A patient is prescribed Codein Phosphate 60 mg/tablet. How many tablets will you give if prescribed for 15mg?

13. A patient is prescribed Metronidazole 350mg t.d.s. What is the total amount of Metronidazole that a patient will receive in 24 hours?

14. A suspension contains Carbamazepine 5mg/2ml. How many milligrams would be in a 10ml bottle?

15. A patient requires Risperidone 100 mg. The stock dose is 40mg/5ml. What is the volume required?

Injections & Intravenous:

16. A patient has been prescribed 30 mg Ketamine. The stock available is 50mg/4ml. What volume of ketamine is required?

17. Heparin is available as 8000 units/5ml. What volume is needed to give 2000 units?

18. A patient is prescribed 125 mg of Pethidine. The stock dose is 50mg/10ml ampoule. What is the volume required?

19. Tramadol Hydrochloride 30mg injection is prescribed. The stock dose is 20mg/10ml. What volume will you draw up to administer to a patient?

20. Mrs Pat is prescribe IV Hartmans solution to run for 8 hours. The stock available is 1000mls in a bag. How many mls will you set in the infusion pump?

21. Administer Heparin 5,000 units IV push. Available diose is 10,000 units/ml. How many mls do you need to administer?

Please circle the correct answer

1. $949 + 786 =$

- a) 856
- b) 1682
- c) 1735

2. $71 - 58 =$

- a) 28
- b) 13
- c) 10

3. $16.66 - 7.87 =$

- a) 8.79
- b) 7.79
- c) 4.79

4. $4.78 + 5.84 =$

- a) 11.20
- b) 28
- c) 10.62

5. $7 \frac{1}{4} - 3 \frac{3}{4} =$

- a) 3.5
- b) 4.5
- c) 6.6

6. $479 \times 9 =$

- a) 4300
- b) 4000
- c) 5800

7. 126 sweets are shared equally among 7 children. How many sweets does each child receive?

- a) 14
- b) 18
- c) 20

8. An 83 cm piece is cut from a length of ribbon measuring 1.3 metres. What length is left?
- a) 18cm
 - b) 47cm
 - c) 100cm
9. What is the total cost of 8 loaves of bread at £1.38 each?
- a) £11
 - b) £9.84
 - c) £11.04
10. Jane drinks 85ml of juice out of a half a litre carton. How much juice is left?
- a) 414ml
 - b) 415ml
 - c) 400ml
11. What is the total weight of 3 parcels weighing respectively 2.3kg, 750 grams and 3 $\frac{1}{4}$ kg?
- a) 6.3kg
 - b) 8.0kg
 - c) 2.1kg
12. 1 km=1,000 metres. How many metres are there in 2.5 km?
- a) 2570 meters
 - b) 2100meters
 - c) 2500meters
13. 1gram (g) = 1,000 milligrams (mg). Convert 325 mg to grams.
- a) 0.325g
 - b) 0.125g
 - c) 0.310g
14. 30% of a group of 80 children wear black socks. How many wear black socks?
- a) 24 children
 - b) 100 children
 - c) 32 children
15. Two thirds of a group of 72 children have brown hair. How many children have brown hair?
- a) 24 children
 - b) 48 children
 - c) 11 children



Starter checklist

Instructions for employers

This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years.

Do not send this form to HM Revenue and Customs (HMRC).

Instructions for employees

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

Do not send this form to HMRC.

Employee's personal details

<p>1 Last name</p> <div></div>	<p>5 Home address</p> <div></div> <div></div> <div></div> <div>Postcode</div> <div>Country</div>
<p>2 First name(s) Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth</p> <div></div> <div></div>	<p>6 National Insurance number (if known)</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<p>3 Are you male or female?</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>	<p>7 Employment start date DD MM YYYY</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<p>4 Date of birth DD MM YYYY</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

Employee statement

8 You need to select only one of the following statements A, B or C

A ☐ This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.

B ☐ This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

C ☐ As well as my new job, I have another job or receive a State or Occupational Pension.

Please turn over >

Student Loan

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

Yes ☐ If yes, go to question 10

No ☐ If no, go to question 12

10 Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments?

Yes ☐ If yes, go to question 12

No ☐ If no, go to question 11

Student Loan Plans

You will have a Plan 1 Student Loan if:

- You lived in Scotland or Northern Ireland when you started your course, or
- You lived in England or Wales and started your course before September 2012

You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012.

11 What type of Student Loan do you have?

Plan 1 ☐

Plan 2 ☐

12 Did you finish your studies before the last 6 April?

Yes ☐

No ☐

For further guidance about repaying Student Loans go to www.gov.uk/new-employee/student-loans

Signature

Name

Date DD MM YYYY

YOUR PERSONAL BANK ACCOUNT DETAILS

NAME ON THE CARD	
BANK NAME	
SORT CODE	
ACCOUNT NUMBER	



POLICIES & PROCEDURES

Signature: _____

Name: _____

Date: _____



STAFF HANDBOOK

I have received and read the Staff Handbook and I agree to work according to these policies and procedures

Name of Nursing Staff:

Job Title. _____

Signature. _____

Date. _____



INDUCTION

I have read and understood the content of this induction pack, I have received staff handbook and I understand my role.

Other comments:

Signature: _____

Name: _____

Date: _____



REGISTERED GEN. NURSE/REGISTERED MENTAL NURSE

STAFF NAME: _____

DATE: _____

LOCATION: ASSURANCE NSG. AGENCY – 57-59 Whitehorse Road, Croydon, CR0 2JG

INTERVIEW QUESTIONNAIRE FOR NURSES:

Tell us about yourself?

What made you become a Nurse?

PERSONAL QUALITIES:

- 1) How would your colleagues describe you?**

- 2) What personal qualities do you think are necessary for this role?**



3) What motivates you to work hard?

4) What are your strengths/weaknesses?

PROFESSIONAL DEVELOPMENT:

1) What have you done to professionally develop?

2) How have you kept your knowledge and skills up to date?

TEAMWORK:

1) What does good teamwork mean to you?

- 2) How you demonstrate teamwork?**

COMMUNICATION SKILLS:

- 1) Why is communication important within a team?
- 2) Describe a situation where you've had to deal with a difficult patient?
- 3) Describe a time when something didn't go to plan. What did you do?

QUALITY/RISK

- 1) How do you ensure you provide high quality care?
- 2) What makes a good shift?



LEADERSHIP

- 1) How do you support your colleagues?**

- 2) Describe a situation when you had to make a difficult decision**

- 3) Describe an emergency situation and how you dealt with it.**

- 4) How do you handle pressure/ stress?**

POLICY/PROCESS:

- 1) What is safeguarding?**

- 2) How do you ensure good infection control measures?**

- 3) What would you do if you spotted a mistake?**