**APPLICATION FORM**

**Position applied for:**

**• Health Care Assistant**  **• Registered Nurse**

**• Support Worker**  **• Registered Mental Health Nurse**

**• Complete this form in CAPITAL LETTERS**

**• Use BLACK ink**

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| Title (Mr , Mrs, Miss, Ms or other title: | | | | | | | | | | | | | | |
| Surname or Family Name: | | | | | | | | | | | | | | |
| First Name(s): | | | | | | | | | | | | | | |
| Name preferred to be known by: | | | | | | | | | | | | | | |
| All other Surnames or Family Names (including maiden name): | | | | | | | | | | | | | | |
| Address (including postcode): | | | | | | | | | | | | | | |
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| Postcode: | | | | | | | | | | | | | | |
| Daytime phone number: Mobile number: | | | | | | | | | | | | | | |
| E-mail address: | | | | | | | | | | | | | | |
| Do you hold a current FULL UK driving licence? YES ⁯ NO ⁯ | | | | | | | | | | | | | | |
| National Insurance Number: Date of Birth: / / | | | | | | | | | | | | | | |
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| Name: | | | | | | | | | | | | | | |
| Relationship to you: | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | |
| Daytime Phone number: Mobile Phone number: | | | | | | | | | | | | | | |
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| **Passport Number:** |  |  |  |  |  |  |  |  |  |  |  |  | **Nationality:** |
| What is your current Visa status?   **British Citizen**   **European National** | | | | | | | | | | | | | | |
| **Indefinite leave to remain**  **Student** | | | | | | | | | | | | | | |
| **Other**   **Dependent** | | | | | | | | | | | | | | |
| **If other or dependent please specify:-** | | | | | | | | | | | | | | |
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* **Please supply details of your schooling and further education**

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| **DATES FROM** | | **DATES TO** | | **NAME OF SCHOOL** | | **EXAM RESULTS** | | |
|  | |  | |  | |  | | |
| **DATES FROM** | | **DATES TO** | | **NAME OF COLLEGE/UNIVERSITY** | | **QUALIFICATION** | | |
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| * Please supply details of your full employment history starting with your most recent position first * Please explain any gaps in your employment | | | | | | | | |
| **DATES FROM** | **DATES TO** | | **EMPLOYER’S NAME AND ADDRESS** | | **PRINCIPAL DUTIES** | | **GRADE** | **REASON FOR LEAVING** |
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| **COURSE DETAILS** | **DATE** | **ESTABLISHMENT** |
| Manual Handling |  |  |
| Health and Safety |  |  |
| Safeguarding of vulnerable adults/SOVA |  |  |
| BFA/CPR |  |  |

**This part is for Registered Qualified Nurses ONLY. Please indicate areas of experience since training.**

Intensive care with/without ventilators □ Phlebotomy □ Oncology □

Coronary Care □ Genito-Urinary □ Burns & Plastic □

Renal/Haemo/Peritoneal Dialysis □ Liver Unit □ Cardio-Thoracic □

A&E □ Theatre □ Anaesthetics □

Neurology □ Mental Health □ Psychiatry □

Learning Disabilities □ Community Nursing □ Practice Nursing □

Obstetrics □ Midwifery □ Paediatrics □

Neonatal/PICU □ SCBU □ Occupational Health □

Ophthalmic □ Dental Nursing □ Orthopaedics □

Drug & Alcohol Dependency □ Recovery □ Angiography’s □

ENT □ Tropical □ Dermatology □

Hospice Care □ Elderly Care □ Terminally Ill Care □

**Pin number Issue Date Expiry Date**

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| **Registered General Nurse RGN** |  |  |  |
| **Registered Mental Health Nurse RMN □** |  |  |  |
| **Registered Midwife** |  |  |  |

**This part is for Health care assistants and support workers. Please indicate areas of experience since training.**

**Observation:** Taking Temperature □Taking Blood Pressure□

Pulse Taking □Taking Respiration □

**Patient Care:** Bathing □Catheter Care □Feeding □Changing Urine bag □

Mouth Care □ Patient Handling □ Toilet Care□ Bed making □Simple Dressing □Reporting & Recording □

Pressure Area Care □

**Awareness:** Infection Control □Hygiene □

* Please answer all the following questions
* If you answer yes to any of these questions, then please provide details in the space on the next page.

Basic health History

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| 1. **Do you have any impairment which may affect your ability to work safely? □ YES □ NO** |
| 1. **Do you have any conditions of vision, hearing or speech which might affect □ YES □ NO your ability to work?** |
| 1. **Are you pregnant? □ YES □ NO** |
| 1. **Do you have any difficulty in standing, bending, lifting or other movements? □ YES □ NO** |
| 1. **Are you currently or regularly taking any prescribed medication? □ YES □ NO** |
| 1. **Are you having any treatments or investigations of any kind at the moment? □ YES □ NO** |
| 1. **Is there any aspect of your medical history which an employer should or might □ YES □ NO wish to know?** |
| 1. **Are there any reasonable adjustments that an employer should make to □ YES □ NO enable you to work?** |
| 1. **Have you ever suffered with any stress related disorder or diseases □ YES □ NO mental illness or psychological problems?** |
| 1. **Have you ever had alcohol or drug problems? □ YES □ NO** |
| 1. **Do you have any allergies? □ YES □ NO** |
| 1. **Have you any reason to believe you may be infected with a communicable □ YES □ NO or high-risk infection or disease?** |
| 1. **Have you knowingly been in contact with MRSA or worked within an □ YES □ NO MRSA environment?** |
| **Do you now, or have you ever suffered from or received treatment for:** |
| 1. **Respiratory symptoms, disorders or diseases (including asthma, bronchitis □ YES □ NO pleurisy, pneumonia or other chest illness?)** |
| 1. **Cardiovascular symptoms, disorders or diseases (including chest pain, □ YES □ NO high blood pressure, low blood pressure)?** |
| 1. **Epilepsy, frequent fainting attacks, giddiness or migraine? □ YES □ NO** |
| 1. **Skin symptoms, disorders, diseases (including reactions to gloves and glove powder)? □ YES □ NO** |
| 1. **Any kind of back or joint problem (including pain, swelling or stiffness)? □ YES □ NO** |
| 1. **Tuberculosis (TB)? □ YES □ NO** |
| 1. **Diabetes, thyroid or other glandular problems? □ YES □ NO** |
| 1. **Chicken pox? □ YES □ NO** |
| 1. **German measles? □ YES □ NO** |
| 1. **Hepatitis A, B, C or jaundice? □ YES □ NO** |
| 1. **Any other serious illness/operations? □ YES □ NO** |

* **In the following section, please give details of any questions which you answered YES to.**
* **Please continue on a separate a separate sheet of paper if necessary.**

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| **QUESTION NUMBER** | **DETAILS** | | | |
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| **We require the following:**  **Tuberculosis A certificate from your doctor’s surgery or occupational health department of a positive scar or a record of a positive skin test.** | | | | |
| **Mumps, Measles and Rubella A certificate of vaccination or blood test result showing your immunity levels.** | | | | |
| **Varicella A certificate of vaccination or blood test result showing your immunity levels** | | | | |
| **Hepatitis B; you must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above, or antigen statues if titre level is below 100lu/l.** | | | | |
|  | | | | |
|  | | **CAN YOU PROVIDE PROOF OF THIS VACCINATION OR TEST?** | **DATE OF LAST TEST** | **TEST RESULT** | |
| Tuberculosis (TB) | | □ YES □ NO | / / |  | |
| Mumps, Measles and Rubella | | □ YES □ NO | / / |  | |
| Varicella (Chicken pox) | | □ YES □ NO | / / |  | |
| Hepatitis B | | □ YES □ NO | / / |  | |
|  | |  |  |  | |
| **Name of Doctor:** | | | | | |
| **Address:** | | | | | |
| **Tel:** | | | | | |
| **Have you attended a doctor in the past year? □ Yes □ No** | | | | | |
| **If ‘yes’ please give details:** | | | | | |
|  | | | | | |
| **Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?** | | | | | |
| □ **YES** □ **NO If ‘Yes’ please supply details:** | | | | | |
|  | | | | | |
| Because of the nature of work for which you are applying, Section 4(2) and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974)(Exceptions) Order 1975 applies. Applicants are therefore required to give information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only on relation for which position to which the order applies.  **Have you at any time been convicted of an offence?** □ **YES** □ **NO** | | | | | |
| **If ‘yes’ please supply details:** | | | | | |

* **Please supply the names and work addresses of two professional referees.**
* **One must be from your present or most recent employer and must be a senior grade to yourself.**
* **You must have worked for that person for a period of more than three months duration.**

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| **Reference 1** |
| Company Name: |
| Referee full name: |
| Position: |
| Address: |
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| Postcode: |
| Contact number |
| Email address: |
| **Reference 2** |
| Company Name: |
| Referee Full Name: |
| Position: |
| Address: |
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| Postcode: |
| Contact Number: |
| Email address: |

1. **DEFINITIONS**
   1. In this Agreement the following definitions apply:

**“Agency Worker”** means: **[PRINT NAME]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_**

**“Assignment”** means the period which the Agency Worker is supplied to provide services to the Client;

**“Client”** means the person, firm or corporate body using the services of the Agency Worker;

**“Employment Business”**  AA Healthcare Services Ltd 85 Great Portland Street, W1W 7LT

**“Working Week”** means an average of 48 hours each week calculated over a 17- week reference period.

* 1. References to the singular include the plural and references to the masculine include the feminine and vice versa.
  2. The headings contained in this Agreement are for convenience only and do not affect their interpretation.

1. **RESTRICTION**

The Working Time Regulations 1998 provide that the Agency Worker shall not work on an Assignment with the Client in excess of the Working Week unless s/he agrees in writing that this limit should not apply.

1. **CONSENT**

The Agency Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

1. **WITHDRAWAL OF CONSENT**
   1. The Agency Worker may end this Agreement by giving the Employment Business 2 weeks’ notice in writing.
   2. For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Agency Worker of an Assignment with a Client.
   3. Upon the expiry of the notice period set out in clause 4.1, the Working Week limit shall apply with immediate effect.
2. **THE LAW**

This Agreement is governed by the law of England & Wales and is subject to the exclusive jurisdiction of the Courts of England & Wales.

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**Signed by the Agency Worker Dated**

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| **Name of Bank: Branch Name:** | | | | | | | | | | | | | | | | | | | |
| **Account holder name:** | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | | | | | | | | | | | | | | | |
| **Sort Code:** |  |  | **\_** |  |  | **\_** |  |  | **Account Number:** |  |  |  |  |  |  |  |  |  |
| **I am on P.A.Y.E (Please enclose your P45) □ YES**  I am self-employed with a limited company business bank account Yes. No | | | | | | | | | | | | | | | | | | | |
| **Read all the following statements carefully and tick the one box that applies to you.** | | | | | | | | | | | | | | | | | | | |
| A. This is my first job since 6 April and I have not been receiving taxable Jobseekers Allowance or taxable Incapacity Benefit or a state or occupational pension. **□ YES** | | | | | | | | | | | | | | | | | | | |
| B. This is now my only job, but since last April 6 I have had another job or have received taxable Jobseeker’s Allowance or Incapacity Benefit. I do not receive a state or occupational pension. **□ YES** | | | | | | | | | | | | | | | | | | | |
| C. I have another job or receive a state or occupational pension. **□ YES** | | | | | | | | | | | | | | | | | | | |

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| 1. **HEALTH**   I declare that the answers given within this Declaration of Health on this form are true and complete to the best of my knowledge and belief. I understand that making false statements or failure to declare health problems could lead to my removal from AA Healthcare Services Ltd. I give AA Healthcare Services Ltd permission to contact my GP to obtain further information if necessary.  Signed: Dated: |
| 1. **HEPATITIS B**   I have been advised at the registration office of AA Healthcare Services Ltd of the importance of having the Hepatitis B vaccine.  I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity.  I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.  Signed: Dated: |
| 1. **TERMS AND CONDITIONS**   I confirm that the information given in this application to the best of my knowledge is true.  I am permitted to work in the UK.  I understand that my registration is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Criminal Records Bureau.  I undertake to inform AA Healthcare Services Ltd should I be convicted of any offence in the future.  I undertake to inform AA Healthcare Services Ltd immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.  I agree to respect the confidentially of patients and any other information I may have access to at all times.  I am clear that AA Healthcare Services Ltd cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.  I have read, understood and agree to the conditions of work for temporary nurses, health care assistants and support workers, of which have I been given a copy.  Signed: Dated: |
| 1. **INDUCTION**   I have received a copy of the induction information letter and can confirm that I am aware that more detailed information on the Staff Handbook and Policy and procedures can be obtained directly from AA Healthcare Services Ltd.  Signed: Dated: |
| 1. **WORKING TIME REGULATIONS**   For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving AA Healthcare Services Ltd not less than three months’ notice. I understand that my registration with AA Healthcare Services Ltd can be terminated at any time following unsatisfactory work reports.  Signed: Dated: |
| 1. **BANK DETAILS**   I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.  Signed: Dated: |
| 1. **DATA PROTECTION**   I agree that AA Healthcare Services Ltd retains the right to hold this application and any other data required to process it and to pass on to any authorised third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.  Signed: Dated: |

1. **The role of AA Healthcare Services Ltd**

AA Healthcare Services Ltd acts as an Employment Business for each and every temporary worker and is licensed by the CQC in accordance with the Care Standards Act 2000, the Nurses’ Agencies Regulations 2002 and and any statutory modifications or re-enactment thereof. These terms govern the basis on which the temporary worker supplies their services to the client and they govern all assignments undertaken by the temporary worker. However, no contract shall exist between the Client and the Temporary Worker between assignments. During an Assignment the Temporary Worker will be engaged on a contract for services by the Employment Business on these terms as stated in clause 3. For the avoidance of doubt, the Temporary Worker is not an employee of the Employment Business, although the Employment Business is required to make statutory deductions from the Temporary Worker’s pay in accordance with clause 3. These terms shall not give rise to a contract of employment between the Employment Business and the Temporary Worker, or the Temporary Worker and the Client. The Temporary Worker is supplied as a worker, and is entitled to certain statutory rights as such, but nothing in these Terms shall be construed as giving the Temporary Worker rights in addition to those provided by statute except where expressly stated.

1. **Assignments**

The Employment Business will endeavour to obtain suitable Assignments for the find Temporary Worker to perform the agreed Type of Work. The Temporary Worker shall not be obliged to accept any Assignment offered by the Employment Business. The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available and agrees that; (a) The suitability of work to be offered shall be determined solely by the employment Business; and (b) the Employment Business shall incur no liability to the Temporary Worker should it fail to offer Assignments of the Type of Work or any other work. Temporary work assignments are made in accordance with the terms of this Agreement and the Terms of Business (copies of which are available upon request). Temporary Workers must keep any appointments or arrangements that are made for them. Temporary Workers who are unable to report for duty for any reason whatsoever must telephone appropriate AA HEALTHCARESERVICES LTD branch managers immediately so that every effort can be made to find a replacement. Under no circumstances may any person who is not a member of AA Healthcare Services Ltd be introduced to a case. At the same time as an Assignment is offered to the Temporary Worker the Employment Business shall provide the Temporary Worker with an Assignment Details Form setting out the following: (a) the identity of the Client, and if applicable the nature of their business; (b) the date the Assignment is to commence and the duration or the likely duration of the Assignment; (c) the Type of Work, location and hours during which the Temporary Worker would be required to work; (d) the Actual Rate of Pay or Actual QP Rate of Pay (as appropriate) that will be paid and any expenses payable by or to the Temporary Worker; (e) any risks to health and safety known to the Client in relation to the Assignment and the steps the client has taken to prevent or control such risks and (f) what experience, training, qualifications and any authorisation required by law or professional body the Client considers necessary or which are required by law to work in the Assignment. Where such information is not given in a paper form or by electronic means it shall be confirmed by such means by the end of the third business day(excluding Saturday, Sunday and any Public or Bank Holiday) following save where; (a) the Temporary Worker is being offered an Assignment in the same position as one which the Temporary Worker has previously been supplied within the previous 5 business days and such information has already been given to the Temporary Worker and remains unchanged; or (b) the Assignment is intended to last for 5 consecutive business days or less and such information has previously been given to the Temporary Worker before and remains unchanged , the Employment Business needs only to provide written confirmation of the identity of the Client and the likely duration of the Assignment. Where the provision is met but the Assignment extends beyond the intended 5 consecutive business day period, the Employment Business shall provide such information set out in (a) and (b) above to the Temporary Worker in paper or electronic form within 8 days of the start of the Assignment.

1. **Payment**

AA Healthcare Services Ltd makes payment to Temporary Workers in advance of fees earned by them and Temporary Workers irrevocably appoint AA Healthcare Services Ltd as their agent to prepare and submit accounts, collect and recover fees, expenses, charges and extras in the name of AA Healthcare Services Ltd. All monies due to AA Healthcare Services Ltd will be deducted from monies received from the Client. All assignments must be booked through AA Healthcare Services Ltd and will be subject to agency fees.

1. **Fees and Expenses**

Payment in advance of fees earned by Temporary Workers is made weekly.

1. **Timesheets**

Fully completed and signed time sheets must be submitted to the payroll branch weekly, to arrive not later than Tuesday noon in order for payment to be made promptly. Failure to submit a completed timesheet may result in payment being delayed. To fulfil our record keeping obligations, hours worked will continue to be monitored on a timesheet basis.

1. **Standards of Conduct**

The Temporary Worker is not obliged to accept any Assignment offered but if he/she does so during every Assignment and afterwards where appropriate, they must at all times maintain the highest professional standards, personal behaviour conduct, and must comply with AA Healthcare Services Ltd.’s policies and procedures. They must also; (a) co-operate with the Client and/or the Clients staff, accept reasonable instructions and accept direction, supervision and control of any responsible person at the Clients Organisation. (b) Be present at such times as stipulated by the Client and AA Healthcare Services Ltd unless arrangements have been made to the contrary. (c) Observe any rules and regulations of the Client’s establishment, (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain. (d) Take all reasonable steps to safeguard their own health and safety and that of any other person who may be present or be affected by their actions on the Assignment and comply with the Health and Safety policies and procedures of the Client. (e) Not engage in any actions that are detrimental to the interests of the Client. (f) Not at any time divulge to any person, nor use for their own or any other person’s benefit confidential information relating to the Client’s or the Agent’s employees, business affairs, transactions or finances.

1. **Uniform**

The Temporary Worker will be required to wear AA Healthcare Services Ltd uniform at all times. The only exception to this condition is; (a) where the Client provides their own uniform or (b) where the Client does not wish one to be worn. (**See Uniform policy for further information**).

1. **Changes to Personal Details**

The management of AA Healthcare Services Ltd must be notified immediately in writing of changes of address, telephone numbers and bank details. Failure to notify such changes may result in non-receipt of statement of fees and other correspondence, loss of assignments or incorrect or non-payment of fees.

1. **Incomplete Assignments**

Temporary Workers wishing to leave an assignment before its completion must inform AA Healthcare Services Ltd immediately and give at least one week’s notice to the Client.

1. **Termination of Membership**

Temporary Workers may terminate their Membership of AA Healthcare Services Ltd at any time and one week’s notice must be given if an assignment is in progress. If a Temporary Worker wishes to take up any appointment with a Client introduced by AA Healthcare Services Ltd within 12 weeks of Membership, the Temporary Worker must notify AA Healthcare Services Ltd branch in writing as a fee will be due from the Client. Failure to inform AA Healthcare Services Ltd will jeopardise future work opportunities or result in termination of Membership.

1. **Client Care/Report**

Changes in patient’s mental and physical condition should be reported to the appropriate person. Detailed records must be kept in accordance with both Client and Agency requirements, as required by AA Healthcare Services Ltd Branch Manager.

1. **On-Call**

For the purpose of the Working Time regulations, time spent ‘on-call’ whilst not working will not count towards a Temporary Workers working time unless and until the Worker is called to work.

1. **Time Off**

Temporary Workers who wish to have time off from an assignment other than as paid holiday must give AA Healthcare Services Ltd branch at least one week’s notice to find a suitable replacement for the period of absence.

1. **Paid Holiday**

For the purpose of calculating entitlement to paid annual leave pursuant to Working Time Regulations 1998, the leave year commences on1st October annually. Under the Working Times Regulations 1998, the Temporary Worker is entitled to 28 days paid leave per leave year. All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next year. Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Temporary Worker on Assignment during the leave year and is calculated according to previous 12 weeks worked. In the course of any assignment during the first leave year, the Temporary Worker is entitled to request leave at the rate of one-twelfth of their total holiday entitlement in each month of their leave year. Where the temporary wishes to take any leave to which he/she is entitled, he/she should notify the Agent in writing of the dates of their intended absence, which is four weeks’ notice. Leave may not be taken or booked in advance of it being accrued. Accrued annual leave not taken within the holiday year will be lost. None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Workers’ status as a self-employed worker. No person shall be able to work for the Client whilst on annual leave.

1. **Working Hours**

In compliance with the implementation of the Working Time Regulations, working time should not exceed 48 hours per week, (averaged over a period of 17 weeks) and AA Healthcare Services Ltd recommends this practice. However, Temporary Workers may wish to waive this right and should indicate their preference by signing the opting out of hours form. Temporary Workers can change their chosen option by giving appropriate notice. Working times shall include only the period of attendance at each individual assignment through AA Healthcare Services Ltd.

1. **Daily Rest Period**

All Temporary Workers should be provided with an opportunity to take 20 minutes unpaid break during assignments of 6 hours duty or more. It is the responsibility of the Temporary Worker to ensure that this is taken in the course of work. Temporary Workers are entitled to take 11 hours of consecutive rest per day. In circumstances in which flexible practice is required such as home care, sleepovers, hospitals, residential homes, prisons, etc., and there is no opportunity for rest/break entitlement, this is permitted provided that an equivalent break or compensatory rest period is agreed at the convenience of the Temporary Worker and Client. However, where an agreement has been reached by collective means within the established workforce, Temporary Workers will be bound by that agreement in relation to working hours. This will not entitle Temporary Workers to any other benefits or provisions under such collective agreements.

1. **Shift Workers**

Temporary Workers are entitled to 11 hours of daily consecutive rest, but this does not apply in relation to shift workers who cannot take a daily rest period between the end of one shift and the start of the next one. In these circumstances, clause 17 relating to rest period applies and an equivalent break or compensatory rest period must be agreed at the convenience of the Temporary Worker and Client, agreed weekly hours must not be exceeded.

1. **Night Shifts**

Temporary Workers have an opportunity to undergo a health assessment prior to night duty assignments for which they will not be charged. (This can be arranged through their local branch). Night duty hours must not exceed 9 hours in 24 hours, and this is averaged over a standard period of 17 weeks. (In certain circumstances in which flexible practice is required, clause 17 relating to rest periods applies and individual agreements between the Temporary Worker and AA Healthcare Services Ltd branch management must be reached if night hours are to exceed this limit. (In these circumstances, an equivalent break or compensatory rest period is agreed at the convenience of the Temporary Worker and Client).

1. **Temporary Workers’ Health**

Membership of AA Healthcare Services Ltd is conditional upon a true statement of the details of a Temporary Worker’s mental and physical health as set out in the application form and upon the understanding that a Temporary Worker must be in a state of good health when reporting for each and every duty. Failure to provide an accurate declaration of health or to update the AA Healthcare Services Ltd branch of any change could jeopardise AA Healthcare Services Ltd membership.

1. **Health and Safety**

Temporary Workers determine their working hours through accepting or refusing assignments offered. Temporary Workers are individually responsible for ensuring their chosen working hours (including all work other than AA Healthcare Services Ltd), are compatible with their own Health and Safety at work and that of patients, Clients and colleagues. Temporary Workers have a personal responsibility to regard Health and Safety policies and fully co-operate with those in charge of the workplace and maintain a safe environment for themselves, other staff and Clients. Often, this will involve working to establish Health and Safety practices, but private householder are unlikely to have such a detailed knowledge, so particular care is required when providing home care services. Temporary Workers are also requested to report any communicable diseases to the branch Manager, even following termination of contract. This enables AA Healthcare Services Ltd to fulfil the obligation under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), to protect both Client and staff Health and Safety, whilst maintaining optimum confidentiality to all its Temporary Workers..

1. **Negligence**

If a member is removed from an assignment or a complaint for misconduct or professional negligence is received, AA Healthcare Services Ltd reserves the right to withhold payment in advance of fees earned by the Temporary Worker.

1. **Professional Negligence Indemnity Insurance**

AA Healthcare Services Ltd has an employer’s liability and professional insurance which covers all nurses whenever they are working under our name.

1. **Data Protection**

AA Healthcare Services Ltd holds information on Temporary Workers racial or ethnic origin, religious beliefs, health and Criminal records. This sensitive information is held for monitoring purposes only. However, we may use other non- sensitive information supplied by you to occasionally send or arrange to send information which we believe will be of interest to Temporary Workers. If you do not wish to pass on this non-sensitive information about you please mark the relevant box below.

1. **Identification**

Temporary Workers must carry their N.M.C Pin card and wear a AA Healthcare Services Ltd Nursing I.D badge at all times whilst on duty, or whilst on the Clients’ premises, going to or coming off an assignment.

1. **Training**

Trained staff is responsible for their own training, refresher courses and upgrades whenever necessary. It is the duty of AA Healthcare Services Ltd to ensure that the Nurses’ have got the relevant qualifications and that their training requirements are up-to-date before being placed.

1. **Special Provisions**

(a) The temporary worker must provide the Agent with all the requested proof of qualifications, references, recent photographs (for identification purposes), access to health records and registrations as may be requested in order for the Agent to satisfy itself that the Temporary Worker is fit to be supplied to clients. (b) The Temporary Worker accepts that the Agent is or may be required to handle/process this (and any other personal information as reasonably requested from time to time) and may need to share such information with its agents or third parties as part of performing its duties. (c) The Temporary Worker recognises such obligations on the Agent and hereby consents to the handling, processing and divulging (whether in the UK, the European Union or elsewhere) of such information as may be necessary for the Agent (or its agents) to perform its duties. (d) In the situation where the Temporary Worker has professional qualifications and relies thereon for agency work, he/she must ensure full and current compliance with the appropriate professional requirements. (e), The Temporary Worker is strongly advised to affect professional Indemnity Insurance Cover. (f) The Temporary Worker should advise AA Healthcare Services Ltd immediately if offered any employment or engagement by the Client or any third party to whom he/she is introduced to by the Client and also requested to provide details to AA Healthcare Services Ltd of any remuneration offered. (g) The Temporary Worker is required to advise the Client via AA Healthcare Services Ltd of any medical condition or any change in state of health that could impact upon the ability to carry out Assignments or their eligibility for Assignments (**NB:** Expecting and Nursing mothers please read through the pregnancy risk assessment policy which is available upon request). (h) The Temporary Worker must follow and co-operate fully with the formal induction procedure of the Client. (i) Throughout each assignment, the Temporary Worker must comply with the Clients’ policies and/or procedure. (j) The Temporary Worker recognises the Agents obligations under The Conduct of Employment Agencies and Employment Business Regulations 2003 (The Regulations) and hereby agrees to disclosures of personal information about the Temporary Worker as required in order for AA Healthcare Services Ltd to comply with The Regulations.

⁯  **I do not wish for information to be passed on.**

**Law: These terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales. 7927/1108**

**FORENAME(S)…………………………………………………………… SURNAME………………………………………………………………...**

**(PRINT NAMES)**

**SIGNATURE……………………………………………………………… DATE………………………………………………………………………**

**If you have any queries concerning these conditions, please contact AA Healthcare Services Ltd for further explanations. No variation to these conditions shall be valid unless in writing by a Director of AA Healthcare Services Ltd**

**Should you have any specific comments, a copy of our comments and complaints procedure is available from AA Healthcare Services Ltd**

Thank you for selecting AA Healthcare Services Ltd as your choice of agency. Our team are committed to ensuring that your work requirements are met whenever possible.

AA Healthcare Services Ltd is a professional organisation specialising in providing high quality Health Care Assistants, Nurses and Support Workers to a wide range of health institutions.

AA Healthcare Services Ltd. continuing success depends on how well we work together. To achieve this, there has to be agreed rules, guidelines and standards of conduct for all. These are fully explained in the Staff Handbook in conjunction with the Policies and Procedures. Copies of these are available on request and via our website at [www.aahealth-care.co.uk](http://www.aahealth-care.co.uk)

The amount of work that we receive depends not only on us, but also on your performance. Therefore, we have some basic expectations of you which are listed in your terms of engagement. Below is a summary of these for you;

* **Please make sure you arrive on time for your placement, or preferably 5 minutes early. If you are running late, you MUST contact AA Healthcare Services Ltd as soon as possible and advise us of this so that we can inform the Client.**
* **You are our representative whilst at the Client – please ensure that you perform your expected duties professionally and willingly at all times.**
* **If you cannot make your shift, you must give adequate notice in order for you to be replaced.**
* **AA Healthcare Services Ltd will only pay on receipt of an authorised timesheet. Weekly payments are made provided the timesheet arrives by Monday 12 noon for payment on Friday.**

If for any reason you are unhappy with any aspect of the service that AA Healthcare Services Ltd provides please feel free to contact us on **07432486358**

Please take some time out before starting your first placement with us to familiarise yourself with your Terms and Conditions of Employment. This information should provide you with all of the reference material you may require. Please feel free to ask any member of staff within the organisation if there is anything you are unsure of as we are always here to help.

Thank you and welcome.

**AA Healthcare Services Team**

**Mistakes on the application forms will cause delays in processing. Forms that are not completed accurately may need to be returned for amendments or additional information.**

Here are some pointers to avoid making some of the most common errors:

* **Use black ink throughout and write clearly in BLOCK CAPITALS only**
* **Please ensure you complete all compulsory sections as highlighted in the DBS form**
* **Entries should be written clearly with one character in each box**
* **If any error is made, a line should be put through the mistake and the correct information should be written clearly to the right of the crossed out information**
* **Correction fluid should never be used**
* **Always include your middle name (if you have one)**
* **You must provide a full and continuous five year address history**
* **All ‘option’ boxes should be marked with an X, not ticked**
* **When signing the form, the signature must not go outside the box**
* **If a section is not applicable, leave it blank. Do not write N/A or cross it through**
* **Do not write anything outside the boxes**
* **Do not complete sections W, X, Y OR Z**

It is a condition of proceeding with your application that you apply for an “enhanced” DBS. Convictions and any other criminal record information obtained through the Disclosure and Barring Service will not necessarily be a bar to employment.

**All circumstances will be taken into account. However, any inconsistencies compared with the information given above may invalidate your application. It is a condition of engagement that clients will be informed of details of criminal convictions so that they may make an informed decision as to whether or not to engage a candidate on a temporary assignment.**

1. Once you have completed the application form and gathered together the required paperwork, please telephone the office on **07432486358** to arrange an interview and to hand in documents.
2. Once we have all the required paper work, we will do everything we can to get you cleared and start working. It does help if you can provide email addresses for your referees. **“Anything you can do to help us help you is appreciated.”**
3. Now that we have your interest in joining AA Healthcare Services Ltd we don’t want to lose you. We are committed to keeping in regular contact with you and from time to time you will receive chasing calls, emails and text messages as we are keen to move you smoothly through the process. At the same time, we don’t want to push you and if we don’t hear from you after four attempts we will archive your application until you are ready to proceed.
4. When your registration has been completed and work becomes available, AA Healthcare Services Ltd will issue you with an ID badge and time sheets. You will also be contacted to discuss your work availability and answer any questions that you may have.