APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

G29 Waterfront Studios 1 Dock Road
London
E16 1AH

Tel: 0203 0867 835

Email: recruitments@temp37.com
www.temp37.com

APPLICATION PACK

Full Name	
Position (RGN/HCA/Support Worker)	
Recommended by	
Reviewed and Signed by (Office use only)	

I agree that the information I provide in this application pack can be used by Temp37 Healthcare. The reason for this is to provide me with more opportunity and diversification in the work I can potentially be offered.

Signature

Return this form within 14 days.

Please read before filling out the application pack.

When filling out this application pack, can you please make sure to fill it in using CAPITAL LETTERS where possible. This is to help us process your application more efficiently.

APPLICANT'S DETAILS

Personal Details

Title	Mr
Name	
Surname	
Middle Name	
Maiden Name	
Marital Status	
Address Postcode	
E-mail Address	
DOB	
Telephone No. (Landline)	
Mobile	

Next of Kin Details

Full Name	
Relationship	
Address Post Code	
Landline	
Mobile	

NATIONALITY DETAILS

Temp37 Healthcare does not employ any nurse /carer requiring a work permit or with limited leave to remain in the UK.

Nationality	
Native language	
National insurance number	
Eligibility to work in the UK Tick as appropriate (Not Applicable for UK Citizens)	◉ I am eligible to work in the UK and do not require a work permit. ○ I am already in possession of a work permit to work in the UK. ○ I need to obtain a work permit to work in UK. ○ Other (Please specify below)
Other	
Work permit expiry date	

NMC DETAILS

NMC Number		NMC Expiry Date	
NMC Part(s) of Register		NMC Part(s) Expiry Date	
Professional Indemnity Insurance Union			

TRANSPORT DETAILS

Car	☐	Public Transport	☐
Other (Please Specify)			

EMPLOYMENT HISTORY

Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment. If available, please enclose a copy of your CV.

Date From MM/YY	Date To MM/YY	Name & Address of Employer	Position	Reason for leaving

PROFESSIONAL CONDUCT

Have there been any proceedings of medical negligence or professional conduct against you and have you ever been suspended or dismissed?

Yes ☐ No ☐

REFERENCES

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If the application is in respect of an ancillary position please provide two referees who can provide us with a reference, one of whom must be your present or most recent employer. If you are applying for a post which requires unsupervised access to vulnerable adults, the company reserves the right to approach any past employer for a reference.

1st Referee

Name	
Position	
Organization	
Address Post Code	
Telephone No.	
Fax No.	
Email Address	

2nd Referee

Name	
Position	
Organization	
Address Post Code	
Telephone No.	
Fax No.	
Email Address	

CLINICAL EXPERIENCE(S)

Place a ✓ in the relevant experienced / years you have in each field, or leave blank if not applicable.

General Experience	0-6 months	6-12 months	1-2 years	2 years plus/trained
Medicine	☐	☐	☐	☐
Surgical	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐
Learning Disabilities	☐	☐	☐	☐
Domiciliary Care	☐	☐	☐	☐
Nursing Homes	☐	☐	☐	☐

Hospital Experience	0-6 months	6-12 months	1-2 years	2 years plus/trained
A & E	☐	☐	☐	☐
Cardiac	☐	☐	☐	☐
Chemotherapy	☐	☐	☐	☐
Clinics	☐	☐	☐	☐
Community	☐	☐	☐	☐
Coronary Care Unit	☐	☐	☐	☐
Diagnostic Imaging X-ray	☐	☐	☐	☐
Dialysis	☐	☐	☐	☐
Elderly Care	☐	☐	☐	☐
Endoscopy	☐	☐	☐	☐
General wards	☐	☐	☐	☐
Gynaecology	☐	☐	☐	☐
Health Visitor	☐	☐	☐	☐
High Dependency Unit	☐	☐	☐	☐
Homecare	☐	☐	☐	☐
ITU - Intensive Care Unit	☐	☐	☐	☐
Learning Disabilities	☐	☐	☐	☐
Medical Health	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐
Midwifery	☐	☐	☐	☐
Neonatal	☐	☐	☐	☐
NICU	☐	☐	☐	☐

Hospital Experience	0-6 months	6-12 months	1-2 years	2 years plus/trained
Nurse Practitioner	☐	☐	☐	☐
Nursing Home	☐	☐	☐	☐
Occupational Health	☐	☐	☐	☐
ODP	☐	☐	☐	☐
Oncology	☐	☐	☐	☐
Orthopaedics	☐	☐	☐	☐
Paediatric A & E	☐	☐	☐	☐
Paediatrics	☐	☐	☐	☐
Palliative Care	☐	☐	☐	☐
PCIU	☐	☐	☐	☐
Plastic Surgery	☐	☐	☐	☐
Prisons	☐	☐	☐	☐
Radiology	☐	☐	☐	☐
Recovery	☐	☐	☐	☐
Renal	☐	☐	☐	☐
SCBU	☐	☐	☐	☐
Surgical	☐	☐	☐	☐
Theatres	☐	☐	☐	☐
Triage	☐	☐	☐	☐
Urology	☐	☐	☐	☐
Walk in centre	☐	☐	☐	☐

HCA Only

HCA Experience and Skill Profile	0-6 months	6-12 months	1-2 years	2 years plus/trained
Observation Recording	☐	☐	☐	☐
Urinalysis	☐	☐	☐	☐
BM Testing (Diabetes)	☐	☐	☐	☐
Personal Hygiene	☐	☐	☐	☐
Toileting	☐	☐	☐	☐
Mobility	☐	☐	☐	☐
Nutrition	☐	☐	☐	☐
Others	☐	☐	☐	☐
Record keeping	☐	☐	☐	☐

PAYE / LTD BANK ACCOUNT DETAILS

We pay wages directly into a bank account.

BANK DETAILS

Account Holder Name	
Company Name (If Applicable)	
Name of Bank	
Address	
Town	
County	
Post Code	
Sort Code	
Account Number	

Please read all the following statements carefully and check the box that applies to you.

I wish to be paid through **a LTD. Company** and enclose details. (You will be paid as P.A.Y.E until you provide all your documents to Temp37 Healthcare)	☐	YES
I am **on P.A.Y.E** (Please enclose P45 if we are your main employer)	☐	YES

Date Form Completed	

Please note that without correct details you will not be paid on time and this sheet will be return back to you.

OFFICE USE:

HCA ☐ NVQ ☐ RGN ☐ RN2 ☐ RMN ☐

Auto Pay Number:	

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post if exempt from the provisions of Section 4 (2) of the Rehabilitation of offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendments) Officer 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition, you are required to submit to a criminal records bureau check. Any enhanced disclosure made by the DBS/SCRO will remain strictly confidential. **A fee appropriate at the time (presently £60.00) will be charged to you**.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?

Yes ◉ No ○

If yes, please give details:

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of vulnerable adults, employment is dependent on the follows:

1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Disclosure and Barring Service or approved umbrella body.
2. Such disclosure being acceptable to the company.
3. Proof of identity – birth or marriage certificate (where appropriate and passport (if available).
4. Two satisfactory references.
5. That you will supply a photograph of yourself for retention on our records.
6. Evidence of physical or mental suitability for the work.

DECLARATION

1. HEALTH

I declare that the answers given within the 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 removal from Temp37 Healthcare .

Signed:		Date:	

2. TERMS & CONDITIONS

I confirm that the information given in this application is true to the best of my knowledge.

I am permitted to work in the UK.

I understand that my registration is subject to receipt of at least two satisfactory references and enhanced disclosure from the Disclosures and Barring Service.

I undertake to inform Temp37 Healthcare should I be convicted of an offence in the future.

I undertake to inform Temp37 Healthcare immediately if I am engaged through their induction, including the offer of permanent employment following temporary assignment.

I agree to respect the confidentiality of patient and any other information I may have access to, at all times.

I have read, retained a copy of, and fully understand the attached “Rules for members working in hospitals”.

I am clear that Temp37 Healthcare work on a temporary assignment and cannot guarantee any numbers of hours; they have no responsibility to pay for hours not worked, regardless of the situation.

I have read, understood and agree to the terms and conditions or work for temporary agency workers, of which I have given a copy.

Signed:		Date:	

3. INDUCTION/INTERVIEW

I have received a copy of the members handbook and can confirm that I am aware that more detailed information on the policy and procedure can be obtain directly from Temp37 Healthcare.

Signed:		Date:	

4. Working Time Regulation

For the purpose of the working time regulations, 1998 (as amended), I consent to work in excess of the average of 48 hours per week. I understand that I may withdraw this consent by giving Temp37 Healthcare not less than one week notice. I understand that my resignation with Temp37 Healthcare can be terminated at any time, following unsatisfactory work reports.

Signed:		Date:	

5. 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:		Date:	

6. Data Protection

I agree that Temp37 Healthcare retains their rights to hold this application and any other data required to process it and to pass on to any authorized third party the details for as long as reasonably in accordance with the Data Protection Act.

Signed:		Date:	

AVAILABILITY QUESTIONNAIRE

1. Where did you hear about us?

Internet search	☐	Job centre	☐
Social media	☐	Leaflet	☐
Recommendation	☐	Other (please specify)	☐

2. Would this be your main job or secondary income?

Main Job	◉	Secondary Income	○

3. Approximately how many shifts would you like to work per week?

1-2	○	2-4	○	4+	◉

4. What is your preferred shift pattern?

Early	☐	Late	☐	Night	☐
Long day	☐	No preference	☐		

5. Please detail dates of any time off or planned holiday.

6. Please choose your preferences for establishments.

	Hospitals	Community	Nursing Homes	Prisons
London - North	☐	☐	☐	☐
London - South	☐	☐	☐	☐
London - East	☐	☐	☐	☐
London - West	☐	☐	☐	☐
All the above	☐			

WORK HEALTH ASSESSMENT GUIDANCE

The Work Health Assessment requirement as laid down by Department of Health is that members must complete a health questionnaire to ensure that they are fit to carry out the duties required. For a new starter members Temp37 Healthcare is required to conduct Occupational health Pre-Employment screening prior to your first placement. This must also be updated on an annual basis.

Please read the following and state if applicable:

1. I am not aware of any health conditions or disability which may impair my ability to undertakeeffectively the duties of the position which I have been offered

Yes ◉ No ○

2. I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work

Yes ◉ No ○

If you have answered "YES", please provide details below:

Name		Signature	

CONFIDENTIALITY

Information contained within this document is governed by the Data Protection Act 1998. Disclosure of information is only with your informed written consent. Recommendations to your employer will be directed to essential information regarding your health, hazards and risks of your employment, and with due reference to other relevant statutory requirements and professional practice.

Temp Healthcare 37

Employment Checklist

No	Employment checklist	Date	checked by Signed
1	Signed application form		
2	Enhanced CRB check		
3	NMC pin number verified		
4	Reference verified		
5	Proof of eligibility to work verified		
6	Employment history/Gaps verified		
7	Professional qualifications		
8	Face to face interview		
9	Proof of identity		
10	Agency worker contract of service verified		
11	Disclaimer + confidentiality form signed		
12	Badge given		
13	New employee medical questionnaire HepB Measles Rubella Tuberculosis Varicella		
14	Statutory and mandatory certificate dated		
15	Complaint handling /procedures		
16	Conflict resolution		
17	Health & safety at work including but not limited to CO5HH & RIDDOR		
18	Infection prevention and control including but not limited to MRSA and EDIFF		
19	Lone worker training		
20	Fire safety		
21	Fall prevention		
22	Pressure ulcer prevention		
23	Safe guarding vulnerable adults/children		
24	Moving and handling practice		
25	Food hygiene		
26	Agency handbook given and signed		
27	Check to ensure each candidate has been vetted appropriately and meet framework		
28	P46 orP45		
29	Start date		
30	Bank details		