

**E-mail:** [info@riversideresources.co.uk](mailto:info@riversideresources.co.uk) **Website:** [www.riversideresources.co.uk](http://www.riversideresources.co.uk/)

# Dear applicant

Thank you for inquiring and taking an interest in wanting to join Riverside Resources. Please bring originals of all required documents to ensure swift registration. All our registration forms must be filled in by the person looking for work themselves. This is to prove that they understand what is written in the form. Registrations will not be accepted either by phone or by someone else filling the form in on your behalf.

**REGISTRATION REQUIREMENTS**

**VALID PASSPORT / DRIVERS LICENSE**

with proof of right to work in the U.K

**PROFESSIONAL REGISTRATIONS (NURSE)**

NMC

**QUALIFICATIONS**

Degree, Diploma, NVQs or related certificates

**PROFESSIONAL MEMBERSHIPS (NURSE)**

RCN OR Unison

**CURRENT VALID DBS PROOF OF NATIONAL INSURANCE NUMBER**

(Previously CRB) can be carried out by us at a cost NI Card, p45/P60 or letter from Job Centre

of £60

**MANDATORY TRAINING CERTIFICATES**

Manual Handling, Fire Safety, Infection Control, Health And Safety, Safeguarding Adults, Food Hygiene, First Aid, Medication Administration (Nurses) and other relevant training.

**PROOF OF ADDRESS**

Bank Statement or Utility Bill

**IMMINUSATION RECORDS**

TB, HEP B, MMR, HIV

**PASSPORT SIZE PHOTOGRAPHS**

**CURRENT CV**

We require ALL documents listed above to proceed with your application. Should you require any assistance please do not hesitate to contact us. After your references are successfully received back we will contact you for an interview.

Yours sincerely,

# Registration Team

**Riverside Resources**

Registered in England and Wales

**Riverside Resources APPLICATION FORM**

**Branch**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | | | |
| **POSITION APPLIED FOR**  **(LIVE IN/ HCA/RGN/RMN)** | | | | | | | NMC Pin (Nurses only) | | | |
| Mr / Mrs / Miss / Ms  Other - | | | | Last Name | | | | First Name | | |
| Address | | | | | | | | Town | | |
| Postcode | | | | Home Tel | | | | Mobile | | |
| Email | | | | NI Number | | | | Date of Birth | | |
| Passport Number | | | | Visa Status (if applicable) | | | | Nationality | | |
| **Next of Kin Name** |  | | | **Address &**  **Post**  **Code** | |  | | **Tel** |  | |
| **EDUCATION AND QUALIFICATIONS** | | | | | | | | | | |
| University / College Name | | Dates attended  From To | | | | | Qualification achieved | | | NVQ Level |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
| **MEMBERSHIP TO PROFESSIONAL BODIES / UNIONS** | | | | | | | | | | |
| Name | | | Registration Number | | | | Registered since | | | Expires |
|  | | |  | | | |  | | |  |
|  | | |  | | | |  | | |  |
|  | | |  | | | |  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY**  Starting with the most recent first, please list details of your employment going back at least five years, explaining any gaps in employment. | | | | |
| Date  From To | | Name & address of employer | Position | Duties |
|  |  |  |  |  |
| Reason for leaving | |
|  | |
|  |  |  |  |  |
| Reason for leaving | |
|  | |
|  |  |  |  |  |
| Reason for leaving | |
|  | |
|  |  |  |  |  |
| Reason for leaving | |
|  | |
|  |  |  |  |  |
| Reason for leaving | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL REFEREES**  Please provide details of two people that have agreed to give character references for you.  Preferably your two last employers. | | | | | |
| **REFEREE 1** | | | **REFEREE 2** | | |
| Name |  | | Name | |  |
| Position |  | | Position | |  |
| Company |  | | Company | |  |
| Address |  | | Address | |  |
|  | | |  | | |
|  | | |  | | |
| Tel |  | | Tel | |  |
| Email |  | | Email | |  |
| **Sent** | | | **Sent** | | |
| **Received** | | | **Received** | | |
|  | | | | | |
| **CONVICTIONS / DISQUALIFICATIONS** | | | | | |
| **This position is considered exempt from provisions of the Rehabilitation of Offenders Act 1974, as contained in the Exemptions Amendment 1986. You are required to disclose information concerning all convictions including those, which for other purposes would be regarded as spent under the Act. All information will be treated as confidential and taken into account where the offence is relevant.** | | | | | |
| **Please list below all convictions. Past, current and pending.** | | | | | |
|  | | | | | |
| I certify that the above information is true to the best of my knowledge. I also understand that I will not be allowed to commence work until I hold a current valid DBS check. | | | | | |
| **Signed** | |  | **Date** |  | |
| **Print Name** | |  |  |  | |

# Riverside Resources

**TERMS AND CONDITIONS**

**These conditions constitute a legally binding Agreement between you (the temporary worker) and Riverside Resources. It is a condition of Membership that you should read and fully understand. We will be pleased to clarify any points you do not understand.**

1. **The role of Riverside Resources acts as agent for each and every member and is licensed in accordance with the Nurse’s Agencies Act, 1957; the Nurse’s Agencies Regulations 1961; and any statutory modifications or re-enactments thereof.**
2. **Assignments.**

Riverside Resources makes every effort to find members suitable work but will make no guarantee that we shall always be able to do this. Temporary work arrangements are made in accordance with the terms of this Agreement and Terms of Business (copies of which are available upon request). Members must keep any appointments or arrangements that are made for them. Members who are unable to report for duty for any reason whatsoever, must telephone appropriate Riverside Resources branch manager immediately so that every effort can be made to find a replacement. Under no circumstances may any person who is not a Member of Riverside Resources be introduced to a case.

1. **Payments**

Riverside Resources makes payment to Members in advance of fees earned by them, and Members irrevocably appoint Riverside Resources as their agent to prepare and submit accounts and collect and recover fees, expenses, charges and extras in the name of Riverside Resources. All monies due to Riverside Resources will be deducted from monies received from the client. All assignments must be booked through Riverside Resources and will be subject to agency fees.

1. **Fees and Expenses**

Payment in advance of fees earned by Members is made weekly.

1. **Timesheets**

Fully completed and signed time sheets must be submitted to the payroll branch weekly, to arrive no later than Monday 12:00 noon, in order for payment to be made promptly. Failure to submit a completed time sheet may result in payment being delayed. To fulfil our record keeping obligations, hours worked will continue to be monitored on a time sheet basis.

1. **Members’ Employment status.**

Members are employed by Riverside Resources unless otherwise agreed that the Member will work as a self-employed contractor and has provided a Unique Tax Reference UTR.

1. **Standards of conduct**

Members of Riverside Resources must at all times maintain the highest professional standards and comply with Connect’s policies and procedures. Members are also required to work to the policies, procedures and requirements of the client’s organisation to which they belong.

1. **Uniform**

Members will be required to purchase and wear a Riverside Resources uniform at all times. The only exception to this is where either the uniform is provided by the client or the client wishes that uniform is not worn.

1. **Changes to personal details**

Riverside Resources must be notified immediately in writing and changes of details by filling out a change of details form, which is available at any branch. Failure to do so may result in non-receipt of pay slips, wages, correspondence and /or assignments.

1. **Incomplete assignments**

Members wishing to leave an assignment uncompleted they must inform Riverside Resources Immediately.

1. **Termination**

Members may terminate their membership of Riverside Resources at any time and with two weeks’ notice. If the member wishes to take up any appointment with a client introduced by Riverside Resources with 6 months of termination, the member must notify Riverside Resources immediately. A fee will be applicable to the client in this instance.

Failure to notify Riverside Resources can result in termination of any placements and membership and/or our solicitors being instructed to collect any owed fees.

1. **Client Care / Report**

Changes in patients’ 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 the Riverside Resources Branch Manager.

13.0n Call

For the purposes of the Working Time regulations, time spent 'on-call' whilst not working will not count towards a Member's working time unless and until the Member is called to work.

1. **Time off**

Members who wish to have time off from an assignment other than, as a holiday must give their Riverside Resources branch at least two weeks’ notice to find a suitable replacement for the period of absence.

1. **Paid Holiday**

Riverside Resources pay holiday pay at a rate of 12.07% on top of members standard pay rate to cover holiday pay. This is not rolled into the pay rate but paid on top of standard pay rates

and is detailed separately on Members’ pay slips. Members are encouraged to save their holiday pay towards time off when they require it. Holiday pay is paid from the first paid assignment.

1. **Working Hours**

To comply with the Working Time Regulations, Members’ working time should not exceed 48 hours per week (averaged over a period of 17 weeks) and Riverside Resources recommend this practice. However, Members may wish to waive this right, and should indicate their preference by signing to opt out of the working time directive. Working time shall include only the period of attendance at each individual assignment through Riverside Resources

1. **Shift Workers**

Members 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 Member and client and agreed weekly hours must not be exceeded

1. **Night Shifts**

Members 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 Member and Riverside Resources 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 Member and Client.

1. **Members' Health**

Membership of Riverside Resources is conditional upon a true statement of the details of a Member's mental and physical health as set out in the application form, and upon the understanding that a Member 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 local Riverside Resources branch of any change could jeopardise Riverside Resources Membership.

1. **Health and Safety**

Member, as self-employed persons, determine their working hours through accepting or refusing assignments offered. Members are individually responsible for ensuring their chosen working hours (including all work other than through Riverside Resources are compatible with their own health and safety at work and that of patients, clients and colleagues. As self-employed persons, Members 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 both for themselves, other staff and Clients. Often, this will involve working to establish health and safety practices, but private householders are unlikely to have such a detailed knowledge, so particular care is required when providing home care services. Members are also requested to report any communicable diseases to the branch Manager, even following termination of contract. This enables Riverside Resources to fulfil the obligation under RIDOOR (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 members.

1. **Negligence**

If members are removed from an assignment or a complaint for misconduct or professional negligence is received. Riverside Resources reserve the right to withhold payment in advance of fees earned by the Member.

1. **Professional Negligence Indemnity Insurance**

Members are advised to obtain their own Indemnity insurance.

1. **Data Protection**

Riverside Resources holds information on Members' racial or ethnic origin, religious beliefs, and 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 Members. If you do not wish to pass on this non-sensitive information about you please let the Riverside Resources branch manager know.

**Name ……………………………………………………………………………………….**

**Signed……………………………………………………………………………………...**

**Date………………………………………………………………………………………….**

**If you have any questions regarding these terms and conditions, please do not hesitate to contact us**

|  |  |  |  |
| --- | --- | --- | --- |
| **HEALTH DECLARATION** | | | |
| **This section MUST be filled in to help us ascertain areas you would be most suited to work in.**  **This will not affect your application in general.** | | | |
| **Have you ever had in your life any of the following?** | | | |
| DESCRIPTION OF ILLNESS | YES | NO | DETAILS |
| 1 – Any skin condition |  |  |  |
| 2 – Chicken Pox |  |  |  |
| 3 – Deafness, infected or discharging ears |  |  |  |
| 4 – Bronchitis, Pneumonia, Tuberculosis or similar exposure to TB |  |  |  |
| 5 – Asthma or other allergic conditions |  |  |  |
| 6 – Recurrent sore throats |  |  |  |
| 7 – Episodes of chest pain or breathlessness |  |  |  |
| 8 – Heart disease or high blood pressure |  |  |  |
| 9 – Severe headaches or migraines |  |  |  |
| 10 – Fits, blackouts or epilepsy |  |  |  |
| 11 – Depression or nervous breakdowns |  |  |  |
| 12 – Eye disease, injury or defect of vision not corrected by lenses. |  |  |  |
| 13 – Any type of Hepatitis (previous, current or being investigated) |  |  |  |
| 14 – Gastric or Duodenal ulcer, frequent or prolonged indigestion or chronic diarrhoea |  |  |  |
| 15 – Kidney disease or bladder infection |  |  |  |
| 16 – Typhoid, dysentery, food poisoning or gastroenteritis |  |  |  |
| 17 – Rheumatism, rheumatic fever |  |  |  |
| 18 – Backache, sciatica or other back or neck pains |  |  |  |
| 19 – Rupture, varicose veins or foot ailments |  |  |  |
| 20 – Operations or accidents |  |  |  |
| 21 – Diabetes |  |  |  |
| 22 – Blood disorders e.g. anaemia, haemophilia or |  |  |  |
| 23 – Any immune disorders |  |  |  |
| 24 – Are you registered disabled? |  |  |  |
| 25 – what injections, pills, medicines or skin applications are you taking / using at present (excluding contraceptives) |  |  |  |
| 26 – Do you suffer from or have you been investigated for any medical condition, which may be relevant to your employment? |  |  |  |
| 27 – How many days’ sick have you had in the last 2 years? Please give a reason |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IMMUNISATION RECORDS** | | | | | |
| **Have you been Immunised or vaccinated against any of the following?** (proof will be required) | | | YES | NO | DATE |
| **1** | **Tuberculosis including BCG Heaf, Mantoux or Tine** | |  |  |  |
| **2** | **Is scar still visible?** | |  |  |  |
| **3** | **Rubella (German Measles)** | |  |  |  |
| **4** | **Poliomyelitis** | |  |  |  |
| **5** | **Hepatitis B Course 1** | |  |  |  |
|  | **Course 2** | |  |  |  |
|  | **Course 3** | |  |  |  |
| **6** | **Hepatitis B Antibodies (Date and Result)** | |  |  |  |
| **7** | **Tetanus** | |  |  |  |
| **8** | **Typhoid** | |  |  |  |
| **9** | **Have you ever had a throat swab for MRSA?** | |  |  |  |
| **10** | **Have you had Chicken Pox? (Varicella)** | |  |  |  |
| **11** | **Any other?** | |  |  |  |
|  | | | | | |
| **DOCTORS INFORMATION** | | | **Height** | |  |
| **Name** | |  |
| **Address** | |  | **Weight** | |  |
| **Tel:** | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MANDATORY TRAINING** | | | | | | | |
| **Course** | | | **Date Attended** | | | **Expiry date** | |
| Moving & Handling | | |  | | |  | |
| Health & Safety | | |  | | |  | |
| Sova | | |  | | |  | |
| Infection Control | | |  | | |  | |
| Fire Safety | | |  | | |  | |
| First Aid Awareness | | |  | | |  | |
| Food Hygiene | | |  | | |  | |
| Dementia Awareness | | |  | | |  | |
| Medication Administration  (Senior Carers and Nurses only) | | |  | | |  | |
| Other | | |  | | |  | |
|  | | | | | | | |
| **SKILLS ASSESMENT (HCA ONLY)** | | | | | | | |
| 1 = EXPERIENCED 2 = FAMILIAR BUT NOT FULLY COMPETENT 3 = NOT COMPETENT | | | | | | | |
| Skill | Rating | Skill | | Rating | Skill | | Rating |
| **Personal Hygiene** |  | **Mobility** | |  | **Clinical** | |  |
| Bath, Shower, Assisted wash |  | Lifting transferring patient | |  | Peg feeding | |  |
| Tracheostomy | |  |
| Use of bath aids |  | Use of walking aids | |  | Chest Physio | |  |
| Mouth care (Inc dentures) |  | Use of hoists | |  | Suctioning | |  |
| Care of feet |  | **Observations** | |  | **Others** | |  |
| Dressing / undressing of  patients |  | Temperature | |  | Light housework | |  |
| Bed bath |  | Respiration | |  | Maintaining confidentiality | |  |
| Shaving |  | Blood pressure | |  | Report writing | |  |
| Hair care |  | Pulse | |  | Handovers | |  |
| Fingernail care |  | **Nutrition** | |  | **Experience in** | | **Years** |
| Eye care |  | Meal preparation | |  | Hospital | |  |
| **Toileting** |  | Feeding | |  | Nursing home | |  |
| Use of bedpans |  | **General** | |  | Hospice | |  |
| Recording Fluid balance |  | Pressure area care | |  | Home care | |  |
| Emptying catheter bag |  | Washing personal  laundry | |  | Learning disability | |  |
| Care incontinent patient |  | Bed making | |  | Respite centre | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SKILLS ASSESMENT (NURSES ONLY)** | | | | | |
| 1 = EXPERIENCED 2 = FAMILIAR BUT NOT FULLY COMPETENT 3 = NOT COMPETENT | | | | | |
| Skill | Rating | Skill | Rating | Skill | Rating |
| **ADMINISTRATION OF**  **MEDICINES** |  | Administering oxygen therapy |  | Crutchfield tongs |  |
| Oral administration |  | Care of patient post  abdominal surgery |  | Stryker frame |  |
| Injections |  | Administration of enemas |  | Spinal lifts |  |
| Administration of rectal or vaginal |  | Administration of  suppositories |  | Log rolls |  |
| Topical Application of drugs |  | Rectal lavage |  | **WOUND CARE** |  |
| Administration of drugs in other forms  e.g. eye, ear, nose drops, inhalations |  | **RENAL** |  | Changing wound dressings |  |
| Cytotoxic drugs |  | Insertion of catheter  (male) |  | Aseptic technique |  |
| **INTRAVENOUS THERAPY** |  | Insertion of catheter  (female) |  | Removal of sutures |  |
| I.V. Rate Calculations |  | Suprapubic catheter |  | Removal of clips |  |
| Admission of drugs by continuous  infusion |  | Nephrostomy tube |  | Removal of staples |  |
| Admission of drugs by intermittent  infusion |  | Bladder lavage and  irrigation |  | Drain dressings (e.g. keyhole) |  |
| Heparinisation in IV Cannula |  | Care of patient with renal  transplant |  | Change of vacuum bottle |  |
| Administration of blood and blood  products e.g. Plasma |  | Care of patient on  haemodialysis |  | Shortening of a drain |  |
| Infusion pumps |  | Care of patient on  peritoneal dialysis |  | Removal of a drain |  |
| Syringe drivers |  | Care of patient following  nephrectomy |  | Prevention of pressure sores |  |
| Central Venous Catheter |  | **NEUROLOGICAL** |  | **RESPIRATORY** |  |
| Central Venous Pressure readings  (CVP) |  | Neurological observations  and assessment |  | Oxygen therapy |  |
| Venepuncture (taking blood) |  | Care of patient during  and following seizure |  | Suctioning – Oropharyngeal |  |
| Setting up Arterial Lines : |  | Care of patient with brain  injury: |  | Endoctracheal |  |
| Removal of Arterial Lines : |  | Following a cva |  | Tracheostomy care – changing  a dressing |  |
| Taking a blood sample |  | With a spinal cord injury  e.g. paraplegic or quadriplegic |  | Suctioning a tracheostomy |  |
| **GASTROINTESTINAL** |  | Following spinal surgery  e.g. laminectomy |  | Changing a tracheostomy tube |  |
| Naso-gastric tube insertion |  | An unconscious patient |  | Managing of chest tubes –  under water seal drainage |  |
| Care of naso-gastric tube |  | During or after a lumbar  puncture |  | Changing drainage tubing and  bottles (under water seal) |  |
| Feeding via naso-gastric tube |  | **ORTHOPAEDICS** |  | Removal of drainage tube |  |
| Stoma care |  | Care of a patient with a  skin traction |  | Care of ventilated patients |  |
| Care of patient with abdominal  wounds, drains e.g. gastronomy. PEG tube, Caecostomy drain |  | Care of a patient with skeletal traction |  | Obtaining arterial blood gases |  |
| Care of a patient undergoing  abdominal paracentesis |  | Care of a patient in  plaster of Paris |  | Interpreting arterial blood  gases |  |
| Administering oxygen therapy |  | Care of a patient  following amputation |  | Assisting with intubation |  |
| Care of patient post abdominal |  | Halo traction |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = EXPERIENCED 2 = FAMILIAR BUT NOT FULLY COMPETENT 3 = NOT COMPETENT | | | | | |
| Skill | Rating | Skill | Rating | Skill | Rating |
| **CARDIOVASCULAR** |  | Swans-Ganz catheter |  | **OTHERS** |  |
| Perform 12 lead electrocardiogram (ECG) |  | Care of patient with  acute myocardial infarction |  | Barrier nursing – infectious or immunosuppressed patient |  |
| Cardiac monitoring |  | Care of patient with  congestive cardiac failure |  | Care of multiple trauma patient |  |
| Telemetry |  | Care of patient post cardiac surgery (e.g. cororany vein grafts, aortic valve replacement |  | Care of patient with eye problems |  |
| Interpretation of basic arrhythmias |  | Care of patient post cardiac catheterisation |  | Care of confused patient |  |
| Cardiopulmonary resuscitation |  | **CARDIAC ARREST** |  | Knowledge of NMC code of professional conduct |  |
| Defibrillation |  | Knowledge of drugs used |  | Knowledge of the NMC guidelines for the administration of medicines |  |
| Assisting with insertion of a  pacemaker |  | Use of airway and ambu  bags |  |
| Aortic balloon pump |  | Cardiac compressions |  |  |  |
| **EXPERIENCE (NURSES ONLY)** | | | | | |
| **CLINICAL AREA** | **YEARS** | **CLINICAL AREA** | **YEARS** | **CLINICAL AREA** | **YEARS** |
| Hospital |  | Learning disability |  | High dependency unit |  |
| A&E |  | Anti Natal |  | Elder Care |  |
| Nursing home |  | Respite centre |  | Medical assessment unit |  |
| Hospice |  | Home care |  | Mental health unit |  |
| Intensive care |  | Midwifery |  | Paediatrics |  |
| Residential homes |  | Theatres |  | Other |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUAL OPPORTUNITIES MONITORING** | | | | | | | | | | | | | | |
| Riverside Resources aims to be an equal opportunities employer and we select solely on merit irrespective of disability, race, creed, colour, nationality, ethnic origin, sex, marital status or sexual orientation when selecting, recruiting, training and or promoting staff. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated. Please note: Ethnic minority questions are not about nationality, place of birth or citizenship.  They are about colour and broad ethnic groups- UK citizens can belong in any group. In promoting its Equal Opportunities Policy, the Agency will try to meet in full the legal requirements placed on it by the Race Relations Act 1976, the Sex Discrimination Act 1975, the measures relating to the employment of disabled people and codes of practice now in force.  **This information is for monitoring purposes only and will be treated in the strictest confidence.** | | | | | | | | | | | | | | |
| **SEX** | **MALE** |  | | **FEMALE** | |  | | | **ETHNICITY** | **White European** | |  | **White other** |  |
| **NATIONALITY** |  | | | | | | | | **Black**  **Caribbean** |  | **Black African** |  | **Black other** |  |
| **AGE GROUP** | **16-20** |  | **21-35** |  | **36-50** |  | **50+** |  | **Pakistani** |  | **Indian** |  | **Filipino** |  |
| **DISABILITIES** | **Registered disabled** | | |  | **No Disability** | | |  | **Turkish** |  | **Chinese** |  | **Irish** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WORKING TIME REGULATIONS** | | | | | | |
| **I agree with Riverside Resources that the limit stated on Regulation 4(1) of the Working Time Regulations 1998, of 48 hours maximum shall not apply to me. I understand that my hours of work may now exceed those stated in the Working Times Regulations. This agreement shall apply from the date of signing below. I understand that I can terminate this agreement at any time with 4 weeks’ written notice. I agree to comply with the policies and procedures of Riverside**  **Resources.** | | | | | | |
| **Signed** |  | | **Date** |  | | |
|  | | | | | | |
| **DECLARATIONS** | | | | | | |
| **I can confirm that I am not under investigation by any professional body such as the NMC etc. Nor am I being investigated by my employer previous or current. I agree to disclose any future investigations to Riverside Resources as soon as possible. I**  **also agree to inform Riverside Resources of any criminal Investigations against me.** | | | | | | |
| **Signed** |  | | **Date** |  | | |
| **I agree that all information provided by me is true and accurate to the best of my knowledge. I understand that and false or misleading information provided by myself can lead to the termination of my contract. I am permitted to work in the UK. I understand the conditions of the agreement between Riverside Resources and Temporary Nurses and Carers. I agree to**  **inform the company if I am offered permanent employment by any client I am sent to work at by Riverside Resources.** | | | | | | |
| **Signed** |  | | **Date** |  | | |
|  | | | | | | |
| **BANK DETAILS** | | | | | | |
| **Bank / Building Society Name** | |  | | | | |
| **Bank / Building Society Address** | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
| **Name on card** | |  | | | | |
| **Sort Code** | |  | | | | |
| **Account Number OR Building Society Ref** | |  | | | | |
| **Is this account in your name?** | |  | | | | |
| **If not, what is your relationship with the**  **named person?** | |  | | | | |
| **National Insurance Number** | |  | | | | |
| **Your Current Address:** | |  | | | | |
|  | |  | | | | |
|  | |  | | | | |
| **Post Code:** | |  | | | | |
|  | | | | | | |
| **How did you hear about Riverside *?*** | |  | | | **Referred By** |  |
|  | | | | | | |
| You can now either post this application to  **Riverside Resources Ltd or** Email it to [**info@riversideresources.co.uk**](mailto:info@riversideresources.co.uk)  **Studio 210,**  **134-146 Curtain Rd, London, EC2A 3AR** | | | | | | |