# Carer Personal Details

Title………………… Forename………………………………………………. Surname………………………………………………… Present Address…………………………………………………………………………….…………………...…………

……………………………………………………………………………………. Postcode……….……………………… Telephone No: Home………………………………………… Mobile……………………………………………… Work…………………………………………… Ext/Bleep…………………………………………

Email: ……………………………………………………… National Insurance No.………………………………....

Gender: Male / Female: ..................................................

DOB.................................................................. Next of Kin: …………………………………………………......

Emergency Contact No.: ................................. Relationship:..............................

Address:…………………………………………………………………………………………….…………………………………………………..…

Your GPs Name………………………………………………………………………………………………………………….………… Address…………………………………………………………………………………………………………………………………………….

……………………………………………………… Postcode………………. Telephone No…………………………

# Tax Status

Please tick one of the following:

1. PAYE Yes No
2. Umbrella Company Yes No
3. Self Employed Professional Yes No

P45 enclosed P60 enclosed Yes No

VAT Registered Yes No

NI Number................................. UTR Number.............................

# Availability

Hours of work preferred (please tick)

Full Time Part Time Evenings Weekends Lates Early Nights

# Curriculum Vitae

Curriculum Vitae enclosed? YES NO

(Updated copy of your CV with full employment history is required to progress your registration) I give consent to Rapid Improvement Ltd to update my CV (attached) provided to put it in a form that is acceptable to NHS trusts and hospitals. If you do not agree to CCS altering your CV in this way, please tick this box

# Professional References

(Please give the name and address of your two most recent employers within the last 12 months)

Name……………………………………………………… Name……………………………………………………… Position…………………………………………………… Position…………………………………………………… Address…………………………………………………… Address……………………………………………………

……………………………………………………………… ………………………………………………………………..

Postcode…………………………………………………… Postcode…………………………………………………… Telephone………………………………………………… Telephone………………………………………………… Fax………………………………………………………… Fax………………………………………………………… Email............................................................... Email...........................................................

# GENERAL DECLARATION

**Professional Misconduct**

Have you ever been the subject of professional misconduct proceedings, or are any such proceedings pending? YES NO

If YES please specify details …………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………

Right to Work in the UK

What is your right to work in the UK? (please tick as appropriate)

EU Citizen Admitted in the UK as a Nurse before 1st April 1985

Spouse of EU citizen Work Permit Expiry Date:

Right of abode in the UK Permit-free Visa Expiry Date:

What is your nationality?......................................................................

# Equal Opportunities Monitoring

Rapid Improvement Ltd is an equal opportunities Recruitment Agency. We ensure that all applicants are submitted for vacancies based solely based on merit. To monitor the effectiveness of our policy, we ask all applicants to provide the following information below:

Kindly tick the appropriate box:

Male Female

Age Group; 16 - 24 21 - 35 36 - 49 50+

Do you consider yourself to have a disability?

Yes No

Specify if you wish:……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………

**Please tick your ethnic origin:**

White Black-African

Chinese Mixed

Bangladeshi Indian

Black Caribbean Pakistani

Black Other Other

Professional Development Requirements

# Circle the following if you have ever had initial training:

Basic Life Support YES NO Date: RIDDOR YES NO Date:

Manual Handling YES NO Date: Health and Safety YES NO Date:

Fire Safety YES NO Date: COSHH YES NO Date:

Complaint Handling YES NO Date: Equality& Diversity YES NO Date: Risk Incident Reporting YES NO Date: Food Safety YES NO Date:

SOCA YES NO Date: SOVA YES NO Date:

# AIDS/HIV, MRSA infected health care workers

I confirm that I am aware of the Department of Health’s guidelines on AIDS/HIV infected health care workers issued in March 2007 and agree to abide by these recommendations.

Yes No

Appraisal information

Please provide details and copy of your current appraisal Current Appraisal:

Date of Appraisal.................................. Name of Appraiser...............................

Next Appraisal Due:

Date of Appraisal.................................. Name of Appraiser...............................

# 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 (Exceptions) (Amendments) order 1996. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are spent under the provisions of the act. In the event of employment, any failure to disclose such convictions could result in removal from the Rapid Improvement Ltd register.

Have you ever been convicted of an offence other than a road traffic violation, or are any such proceedings pending?

YES NO

If YES, please give details………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………….

Have you worked with children in an NHS Trust in the last year?

Yes No

If yes please specify where ………….………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………..

By providing my current DBS Certificate, I give consent for Rapid Improvement (UK) Ltd to carry out online status checks where available on the DBS Online Update Service as well as to carry out a fresh DBS CRB Check for myself. This consent will remain ongoing until I withdraw permission in writing.

Signed……………………………………………………… Date……………………………………………………...

Have you ever been or currently the subject to any “Fitness to Practice” proceedings by an

appropriate licensing or regulatory body in the UK or any other country? YES NO

If you have answered “Yes” to either of the above, please provide details of the nature of the proceedings undertaken, or contemplated, including approximate date of the proceedings, country where proceedings were undertaken, and the name and address of the licensing or regulatory body concerned.

………………………………………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………..

I declare that, if in the future, I am convicted of any criminal offence, bound over or cautioned, under investigation, be the subject of any “Fitness to Practice‟ proceedings, or suspended from duty by any other employer or agency. I will inform Rapid Improvement Ltd immediately. I am willing for Rapid Improvement Ltd to apply to the DBS for “Disclosures‟ and if requested forward information to where I am assigned.

Signed: ………………………………………………………….….. Date……………………………………………………………………………………………

# Health

I am currently employed by the National Health Service \*full time / \*temporary and I have current health clearance from an NHS Occupational Health Dept/General Practitioner. I declare that I am in good physical and mental health and I know of no health reasons that prevent me from accepting agency assignments.

Signed:…………………………………………………………. Date:……………………………………………………..……………………..

Entitlement to Work in the UK

I have UK Border Agency and Department of Employment entitlement to work through an agency in the UK. I declare that I know of no reasons that prevent me from accepting agency assignments that are appropriate to my current entitlement to work in the UK.

Signed:……………………………………………………….…. Date:……………………………..………………………………………..

# Working Time

Regulation 5 of the Working Time Regulations 1998 requires that a worker’s average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit. If you are prepared to work more than 48 hours per week, please sign below in order that we may lawfully employ you even if your hours exceed this. I agree to opt out of Regulation 5 of the Working Time Regulation 1998

Signed:…………………………………………………………. Date:………………………………………………..

I will comply with the Department of Health guidelines; HIV/AIDS, MRSA; HEP “B‟/‟C‟ (

(Mar 2007)

* I will comply with the NHS regulations currently in place including regular health screening, data protection compliance/confidentiality, discrimination law and the Health and Safety at Work Act 1974
* I will act only on the instruction/direction of authorised/appropriate NHS Trust/Health Authority personnel
* I am willing, at the request of NHS Trusts, to work over the Working Time Regulations guidelines
* I accept and will abide fully by the Terms of Engagement of CCS
* I will notify CCS immediately of changes to any of the above information

# MANDATORY BREAKS

Breaks will be deducted regardless as to whether they are taken or not (as per NHS guidelines) • 6

Hours worked – 30 minutes break • 6 - 12 Hours worked - 1 Hour break

Declaration I understand that failure to comply the above guidelines, will result in my payment not been processed.

Signed:…………………………………………………………. Date:………………………………………………..

Declaration

I confirm I have read this document fully and that all the information given to Rapid Improvement Ltd is complete and true and understand that knowingly to make a false statement for this purpose may be a criminal offence. I will notify Rapid Improvement Ltd should any of the information alter. I understand and agree to the Terms of Engagement as supplied. I confirm I have answered the questions in the Health Statement fully. I confirm I am aware of and have received a précis of the statement as supplied by Rapid Improvement Ltd, with regard to serious communicable diseases and also that I am aware of the need to protect patients and myself and agree to notify Rapid Improvement Ltd should my circumstances alter.

Signing this form gives Rapid Improvement Ltd Occupational Health Department authority to obtain further information from your Occupational Health Department, Specialist or GP if required.

Signed……………………………………………………………………………………… Date…………………………………………… Print Name………………………………………………………………………………. DOB…………………………………………….

# Right to Work

GUIDELINES

For more information, please see the link below (https://[www.gov.uk/legal-right-work-uk)](http://www.gov.uk/legal-right-work-uk)) Disclosure Barring Service (DBS)

For more information, please see the link below (https://[www.gov.uk/government/organisations/disclosure-and-barring-service)](http://www.gov.uk/government/organisations/disclosure-and-barring-service))

Mandatory Trainings (only acceptable from within the last 12 months of your registration as requested by IMS)

-Basic Life Support -Manual Handling - Fire Safety -Health & Safety -COSHH -Epilepsy - Equality & Diversity -Food Hygiene - Handling Medication -Handling Violence, aggression & complaints - Infection Control -Information Governance inc. Caldicott Protocols - Mental Capacity Act 2005 - RIDDOR -SOVA & SOCA Level 2 -SOVA & SOCA Level 3

For more information, please see the link below (https://[www.gov.uk/government/uploads/system/uploads/attachment\_data/file/200146/Confiden](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confiden)tiality\_- \_NHS\_Code\_of\_Practice.pdf)

Timesheet Guidelines

Please make sure all points below are filled in correctly on your timesheets:

* Full Name
* Clearly indicate when break is taken
* Hospital Name
* Total number of Hours worked with break deducted on it.
* Please make sure you are using different Timesheets for different wards worked.
* Reference Number or PO number
* Proper and correct break hours should be deducted from your total worked hours. NB: Please ensure that all timesheets are completed correctly. Failure to follow the guidelines will result payment not being processed.

THANK YOU!

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