Manor House Nursing Agency

To Whom It May Concern:

Please find enclosed your health application pack as requested. It is necessary that the application form is fully completed, including a full employment history without any gaps and all inserts provided. Upon receipt of this, an interview will be arranged.

I would ask that when you attend the interview that you bring with you the appropriate documentation required in relation to your application.

The following certificates (if issued with the last twelve months):

* Moving and Handling
* First Aid
* CPR
* Infection Control
* Protection of children and Vulnerable Adults
* Dementia Awareness
* Challenging Behaviour
* Conflict Resolution
* Fire Awareness
* Basic Food Hygiene

Proof of union membership (if applicable)

NMC Pin Card (if applicable)

* Two passport sized photographs
* Passport / Driving Licence
* Confirmation of National Insurance Number
* Confirmation of Right to work in UK (if applicable)

If you do not hold the necessary current certificates we will require you to complete appropriate training prior to commencement of employment.

We look forward to you becoming part of the team.

Yours truly,

Michael Devlin

Confidential

Fair employment (Northern Ireland) Act 1989

In accordance with the above legislation, [MHNA] require applicants to provide information for monitoring purposes.

[MHNA] is committed to equality of opportunity based solely on merit principle. This means selecting the best person for the job without regard to sex, marital status, religious belief, political opinion or disability.

The information on this part of the application form will be treated in the strictest confidence and will not be seen by those involved in the recruitment or selection process. It will be used for statistical purposes only in which the identities of individuals will not appear.

Please complete the following sections by ticking the relevant box:

Sex: Open box Male Open box Female

Marital Status: Open box Single Open box Married

Open box Widowed Open box Divorced

Disability: Are you a registered disabled person? Open box Yes Open box No

Religion:

Open box I am a member of the Protestant Community

Open box I am a member of the Catholic Community

Open box I am neither a Protestant nor Catholic

Thank you for your co-operation.

For Office use only:

Registration No: ..............................

**GP Medical Questionnaire**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Doctor

The above named person has applied for work through [MHNA].

In order to offer employment in NHS Trusts and Private Care Sectors, it is necessary to establish the candidates current health status. We would therefore ask if you could read, complete and sign the medical questionnaire accordingly. We also require confirmation of you patients immunisations.

Thank you for your co-operation in enabling us to offer the candidate suitable employment.

Yours truly,

[MHNA]

**GP Medical Questionnaire**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your patient ever had musculoskeletal conditions including arthritis, back pain or injury?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient have hearing or sight defects?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your patient any history of skin problems or allergies, including rubber, latex, eczema, dermatitis or an adverse reaction to any medication or substance?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient have any history of psychological illness (e.g. nerves, phobias, stress, anxiety, depression, eating disorders), or drug or alcohol dependency or misuse (including prescription drugs) ?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient suffer from blood pressure problems, epilepsy, blackouts, dizziness?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient suffer from diabetes and if so how is this controlled?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient suffer from asthma, bronchitis or other chest illness?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient suffer from heart or circulatory problems?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient ever tested positive for HIV, hepatitis or tuberculosis?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your patient on any medication or have they been on any medication within the past year?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your patient receiving any medical treatment or have they been receiving any medical treatment within the past year?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your patient have any recurring health problems?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your patient had frequent or prolonged periods of absence from work?

Open box YES Open box NO

If ‘YES’ please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please detail below, or attach a separate form, of your patient’s immunisation record:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Finally can you please state that this person is medically fit for work within the healthcare setting and is not at any higher risk to injury or infection due to any medical conditions?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I verify that the above information is correct to the best of my knowledge:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please place practice stamp below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Declaration Form**

**Medical History – Please complete as appropriate**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details |
| Have you seen a GP or hospital doctor during the past year?  **If so you must provide details.** |  |  |  |
| Are you currently receiving injections, medication or treatment (excluding contraception)? **If so you must provide details.** |  |  |  |
| Have you received injections, medication or treatment in the past year (excluding contraception)? **If so you must provide details.** |  |  |  |
| Have you been absent from work due to illness in the last 2 years?  **If so you must provide details.** |  |  |  |
| Have you been treated at hospital in the last year?  **If so you must provide details.** |  |  |  |

**Do you suffer, or have you had any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Details |
| Severe, frequent or prolonged headaches? Or migraines? |  |  |  |
| Skin problems or allergies, including rubber, latex, eczema, dermatitis or an adverse reaction to any medication or substance? |  |  |  |
| Raised or low blood pressure? |  |  |  |
| Epilepsy, black outs or dizziness? |  |  |  |
| Diabetes? |  |  |  |
| Asthma, bronchitis, or other chest illness? |  |  |  |
| Chronic or recurrent diarrhoea, Chorones or colitis? |  |  |  |
| Musculoskeletal conditions including arthritis, back pain or injury? |  |  |  |
| Mental health problems or illness (e.g. nerves, phobias, stress, anxiety, depression, eating disorders), or drug or alcohol dependency or misuse (including prescription drugs) |  |  |  |
| Heart or circulatory problems? |  |  |  |
| Have you ever tested positive for HIV, hepatitis B or hepatitis C? |  |  |  |
| Problems with your hands, arms, legs or feet, which affect movement? |  |  |  |
| Do you drink or smoke? |  |  |  |
| Have you ever had Tuberculosis, unexplained weight loss, night sweats or coughing lasting more than 3 weeks? |  |  |  |
| Have you ever lived abroad? |  |  |  |
| Do you have any other medical problems or disability? |  |  |  |
| Have you had any other medical problems or disability in the past year? |  |  |  |

**Have you ever had any of the following diseases?**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Chicken Pox |  |  |
| Shingles |  |  |
| Rubella |  |  |
| Hepatitis |  |  |
| Typhoid |  |  |
| Dysentery |  |  |
| Food Poisoning |  |  |

**Please provide the dates you received the following injections?**

|  |  |  |
| --- | --- | --- |
|  | **Received** | **Date** |
| Tetanus |  |  |
| Polio |  |  |
| Tine/Heaf/Mantoux |  |  |
| B.C.G. for TB |  |  |
| Rubella (German Measles) |  |  |
| Hepatitis B |  |  |
| Hepatitis A |  |  |
| Typhoid |  |  |

I declare that the foregoing statements are true and complete to the best of my knowledge and belief, and that I have not willfully or deliberately withheld any information, which may be relevant to my proposed employment. I also agree to inform [M.H.N.A.] if there are any changes in my medical circumstances immediately.

**All healthcare staff must have a GP medical declaration completed and provide an immunisation list.**

Some other categories of staff will also be expected to provide this information.

**Signed by Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Signed by Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Terms and Conditions**

* Also listed on our website.

EMPLOYMENT BUSINESS TERMS AND CONDITIONS

BACKGROUND:

Manor House Nursing Agency (referred to throughout as The Employment Business) 31 Baladoogh Lane, Cookstown, BT80 9JH provides its services as an employment business, as defined by the Conduct of Employment Agencies and Businesses (Northern Ireland) Regulations 2005.

Definitions and Interpretation

1.1 In these Terms and Conditions, unless the context otherwise requires, the following expressions have the following meanings:

“Temporary Worker”

means work-seeker who is introduced to the Client by the Employment Business;

“Assignment”

means a project or period of work for which an Temporary Worker is supplied to a Client;

“AWR”

Means the Agency Workers Regulations (Northern Ireland) 2011;

“Elected Assignment”

means an Assignment chosen by a Client in the event of the Engagement of a non-assigned Temporary Worker under Clause 10;

“Employment Business”

means a business which engages work-seekers under a contract of employment or a contract for services and supplies such work-seekers to client businesses for temporary assignments during which time the work-seeker shall be under the client’s control;

“Engaged” / “Engagement”

means the direct employment or engagement by a Client of a Temporary Worker on either a temporary or permanent basis. This includes engagement through another employment business or via a third party and includes (but is not limited to) a contract of service, contract for service, agency, franchise or other engagement either directly or through a company of which the Temporary Worker is an employee or officer;

“Extended Assignment”

means an additional Assignment chosen by a Client in the event of the Engagement of an assigned Temporary Worker under Clause 9;

“Fees”

means the sums payable by the Client in consideration of the Services in accordance with Clause 4;

“Introduction Fee”

means the fee payable in the event of an Engagement or Third Party Engagement under Clauses 10 or 12 of these Terms and Conditions in accordance with these Terms and Conditions and the Conduct of Employment Agencies and Businesses (Northern Ireland) Regulations 2005;

“Registration Form”

Means proposal document which contains fees chargeable by The Employment Business which will be provided as soon as is reasonably practicable.

“Services”

means the services to be provided by the Employment Business to the Client as set out in Clause 3 and specified in the Registration Form;

“Term”

means the term of the contract which shall be agreed between the Parties;

“Third Party Engagement”

means the direct employment or engagement by a third party of a Temporary Worker on either a temporary or permanent basis. This includes (but is not limited to) a contract of service, contract for service, agency, franchise or other engagement either directly or through a company of which the Temporary Worker is an employee or officer

“Timesheet”

means a timesheet supplied by the Employment Business for completion by the Temporary Worker and signing by the Client;

“Transfer Fee”

means the fee payable in the event of an Engagement or Third Party Engagement under Clause 9 of these Terms and Conditions in accordance with these Terms and Conditions and the Conduct of Employment Agencies and Businesses (Northern Ireland) Regulations 2005.

1.2 Unless the context otherwise requires, each reference in these Terms and Conditions to:

1.2.1 “writing”, and any cognate expression, includes a reference to any communication effected by electronic or facsimile transmission or similar means;

1.2.2 a statute or a provision of a statute is a reference to that statute or provision as amended or re-enacted at the relevant time;

1.2.3 “these Terms and Conditions” is a reference to these Terms and Conditions and each of the Schedules as amended or supplemented at the relevant time;

1.2.4 a Schedule is a schedule to these Terms and Conditions; and

1.2.5 a Clause or paragraph is a reference to a Clause of these Terms and Conditions (other than the Schedules) or a paragraph of the relevant Schedule; and

1.2.6 a "Party" or the "Parties" refer to the parties to these Terms and Conditions.

1.3 The headings used in these Terms and Conditions are for convenience only and shall have no effect upon the interpretation of these Terms and Conditions.

1.4 Words imparting the singular number shall include the plural and vice versa.

1.5 References to any gender shall include the other gender.

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2. The Contract

Any and all business entered into by the Employment Business is subject to these Terms and Conditions and in the event of any conflict with any other terms and conditions these Terms and Conditions shall prevail unless agreed otherwise in writing by the Employment Business.

3. The Services

3.1 The Employment Business shall provide the Services to the Client as specified in the Proposal Form in accordance with this Clause 3.

3.2 Variations to the Services shall only take effect when agreed in writing between the Parties.

3.3 The Services shall commence on the date agreed between the Parties, set out in the Registration Form and shall continue for a period until terminated:

3.3.1 by either Party upon providing 1 months prior written notice to the other; or

3.3.2 in accordance with Clause 15.

Fees and Payment

4.1 The Client shall pay the Fees as calculated based upon the total of the cost to us of supplying the temporary worker (including statutory payments) plus our charge in accordance with this Clause 4.

4.2 The Client will pay the Employment Business for any additional services provided by the Employment Business that are not specified in the Registration Form or elsewhere in these Terms and Conditions in accordance with the Employment Business's relevant rates or price lists at the time of the performance or such other price as may be agreed between the Parties. Any charge for additional services will be supplemental to Fees or other expenses.

4.3 In the event that the Temporary Worker incurs any reasonable expenses including, but not limited to, travel; the Client shall cover such expenses and shall be invoiced for the same.

4.4 The Client shall pay the Fees and other costs and expenses under sub-Clauses 4.2 and 4.3 within 14 days of receiving an invoice for the same.

4.5 The Employment Business reserves the right to charge interest at the rate of 3% above Bank of England base rate of interest per annum on any invoiced sums that remain unpaid by the Client from the due date to the date of payment.

4.6 The Employment Business shall provide 14 days written notice of any changes to the Fees to the Client. If the Client does not accept such changes, it shall have the right to terminate in accordance with Clause 15.

4.7 Notwithstanding the provisions of clause 4.6, the Employment Business shall not be required to provide written notice of any changes to the Fees arising as a result of compliance with the AWR.

4.8 If the services of a temporary worker prove to be unsatisfactory to you the client, the Employment Business

5. The Employment Business’s Obligations

5.1 The Employment Business shall use its best and reasonable endeavours to find suitable Temporary Workers to fill such vacancies as are notified to the Employment Business by the Client.

5.2 The Employment Business shall verify the identity of Temporary Workers prior to introducing them to the Client.

5.3 The Employment Business shall ensure that all Temporary Workers introduced to the Client have the experience, qualifications and authorisations which are required by the Client, by law or by any professional body, for the position(s) that the Client wishes to fill.

5.4 When proposing an Temporary Worker to the Client, the Employment Business shall inform the Client that confirmation of such matters as detailed in sub-Clause 5.3 have been obtained.

5.5 The Employment Business cannot guarantee to find a suitable Temporary Worker for each vacancy.

5.6 The Employment Business shall be responsible for Temporary Workers’ remuneration and, where relevant, the deduction and payment of income tax and National Insurance contributions in accordance with the Income Tax (Earnings and Pensions) Act 2003.

5.7 The Employment Business shall comply with its obligations under the AWR where relevant.

6. The Client’s Obligations

6.1 The Client shall provide to the Employment Business all information which is reasonably required for the Employment Business to provide the Services and to comply with the AWR, where relevant. The Client shall use its best and reasonable endeavours to ensure that such information is complete, accurate and up-to-date.

6.2 The Client shall ensure that all information provided to the Employment Business does not contain any material which could be regarded as offensive, indecent, obscene, illegal, dishonest, untruthful, defamatory or discriminatory.

6.3 The Client shall ensure that all information provided to the Employment Business does not contain any material which infringes the rights of any third parties (including, but not limited to, intellectual property rights).

6.4 The Client shall provide to the Employment Business details of the vacancies that the Client wishes to fill. The details shall include the type of work required; the commencement date; duration; hours; and location. In the event that working hours are to exceed 48 hours per week at any given time, the Client must inform the Employment Business prior to such work being undertaken.

6.5 The Client shall provide to the Employment Business details of the training, qualifications and other authorisations required by law, the Client and any professional body for the vacancies.

6.6 The Client must inform the Employment Business of any health and safety risks or requirements of the vacancies the Client wishes to fill, as well as the action taken by the Client to minimise and control such risks.

6.7 In the event that any relevant information changes following the submission of that information to the Employment Business, the Client shall inform the Employment Business immediately, supplying appropriately updated information.

6.8 The Client shall pay all sums due under these Terms and Conditions.

6.9 The Client shall provide adequate levels of supervision to the Temporary Worker in order to enable the Temporary Worker to perform to the Client’s satisfaction and to ensure suitable standards of workmanship.

6.10 The Client shall, to the extent required, comply with all relevant legislation and regulations including, but not limited to, the Health and Safety At Work Act; the Working Time Regulations; the Equality Act 2010 and the Agency Workers Regulations (Northern Ireland) 2011.

6.11 In addition to the legislation and regulations detailed in sub-Clause 6.10, the Client shall comply with any and all relevant industry codes of practice.

6.12 It shall be the Client’s responsibility to provide suitable Public and Employer’s Liability Insurance cover for the Temporary Worker during the Assignment.

7. Timesheets

7.1 The Employment Business shall require Timesheets to be completed in order to verify the number of hours worked by the Temporary Worker.

7.2 In the absence of any agreement to the contrary, Timesheets shall cover a period of 1 week.

7.3 The Client shall sign each completed Timesheet (or electronic signatures via email) and return it to the Temporary Worker to be submitted to the Employment Business on completion of each shift.

7.4 The Client shall refer any and all disputes relating to the hours worked by the Temporary Worker or any other matters relating to the Timesheet to the Employment Business.

7.5 No failure by the Temporary Worker to complete Timesheets or by the Client to sign the same shall absolve the Client of the requirement to pay the Fees and other sums required by these Terms and Conditions.

8. Sickness and Absence

8.1 If any other payments to the Temporary Worker by the Employment Business arise as a result of compliance with the AWR, the Employment Business shall invoice the client for sums equal to such other payments. The Client shall be required to pay any such invoice in accordance with the provisions of Clause 4.

8.2 If the Temporary Worker is absent for any reason, whether injury, illness or otherwise, the Client shall inform the Employment Business immediately of such absence including any reasons given by the Temporary Worker.

9. Engagement of Assigned Temporary Workers and Transfer Fees

9.1 The provisions of this Clause 9 shall apply where a Temporary Worker has been Assigned to the Client.

9.2 Where an Temporary Worker supplied by the Employment Business either directly or pursuant to being supplied by another Employment Business is Engaged by the Client, during an Assignment or within whichever is the longer of either:

9.2.1 14 weeks from the start of the first Assignment (each new Assignment where there has been a break of more than 42 days (6 weeks) since the end of a previous Assignment shall also be considered to be the first Assignment for the purposes of this Clause 9); or

9.2.2 8 weeks from the day after the last day the Temporary Worker worked on an Assignment,

the Client shall be liable to either an Extended Assignment or a Transfer Fee. The 6 Client and the Employment Business shall agree upon the length of such an Extended Client and the Employment Business shall agree upon the length of such an Extended Assignment or the amount of such a Transfer Fee. Our standard transfer fees apply unless otherwise agreed by both parties.

9.3 If the Client wishes to take the Temporary Worker on an Extended Assignment under sub-Clause 9.2, it shall be required to provide at 7 days written notice ahead of the Engagement. Failure to provide such notice shall result in the Client being required to pay a Transfer Fee.

9.4 In the event that the Engagement terminates earlier than anticipated, no refund shall be payable of any Transfer Fee paid by the Client to the Employment Business.

10. Engagement of non-assigned Temporary Workers

10.1 The provisions of this Clause 10 shall apply where a Temporary Worker has been introduced but not Assigned to the Client.

10.2 Where an Temporary Worker who is introduced to the Client but not Assigned is subsequently engaged by the Client either directly or pursuant to being supplied by another employment business within 6 months of the date of the introduction, the Client shall either be required to take the Temporary Worker on an Elected Assignment or to pay an Introduction Fee. The Client and Agent shall agree upon the length of such an Elected Assignment or the amount of such an Introduction Fee.

10.3 If the Client wishes to take the Temporary Worker on an Elected Assignment under sub-Clause 10.2, it shall be required to provide at least 7 days written notice ahead of the Engagement. Failure to provide such notice shall result in the Client being required to pay an Introduction Fee.

10.4 In the event that the Engagement terminates earlier than anticipated, no refund shall be payable of any Introduction Fee paid by the Client to the Employment Business.

11. Liability

11.1 With the exception of death or personal injury the Employment Business shall not be liable or responsible for any loss or damages of any nature whether direct or indirect including any loss of profits or any consequential damages suffered or incurred by the Client as a result of the introduction of an Temporary Worker to the Client by the Employment Business, the Assignment of an Temporary Worker Introduced by the Employment Business or the failure of the Employment Business to introduce any Temporary Worker to the Client.

11.2 The Employment Business shall not be liable for any loss or damages of any nature whether direct or indirect including any loss of profits or any consequential damages suffered or incurred by the Client as a result of the Temporary Worker’s negligence, misconduct, dishonesty, lack of qualifications, or lack of skills.

11.3 Temporary Workers are under the direct control of the Client during the Assignment. The Client is therefore responsible for any and all acts or omissions of the Temporary Worker which occur in the course of the Assignment.

12. Indemnity

12.1 The Client shall indemnify the Employment Business against any claim, loss, damage, proceedings, settlement, costs or expenses which may be paid to a third party arising out of any matter relating to the subject matter of these Terms and Conditions in respect of the Client’s breach hereof.

12.2 The indemnity set out in sub-Clause 12.1 shall apply provided that in all cases the

12.2.1 Notify the Client as soon as is reasonably possible of any claim, loss or damage;

12.2.2 Consult with the Client as to the action to be taken in dealing with any such matters; and

12.2.3 Make no agreement with any third party for the payment of any sum without the prior agreement of the Client, such agreement not to be unreasonably withheld.

13. Termination

13.1 Subject to the remaining provisions of this Clause 13, the Contract shall continue for the Term which shall be agreed between the Parties prior to the start of the Assignment.

13.2 The Client may terminate the Contract and end the Assignment prior to the end of the Term if it considers that the Temporary Worker is performing unsatisfactorily. .

13.3 Either Party has the right to terminate the Contract immediately if the other:

13.3.1 has committed a material breach of these Terms and Conditions, unless such breach is capable of remedy, in which case the right to terminate will be exercisable if the other Party has failed to remedy the breach within 14 days after a written notice to do so; or

13.3.2 goes into bankruptcy or liquidation either voluntary or compulsory (save for the purposes of bona fide corporate reconstruction or amalgamation) or if a receiver is appointed in respect of the whole or any part of its assets.

13.4 In the event of termination for default committed by the Client, all payments required under these Terms and Conditions shall become due and immediately payable.

13.5 Any and all obligations of the Parties which either expressly or by their nature continue beyond the termination, cancellation or expiration of the Contract shall survive termination under this Clause 13.

14. Force Majeure

Neither Party to these Terms and Conditions shall be liable for any failure or delay in performing their obligations where such failure or delay results from any cause that is beyond the reasonable control of that Party. Such causes include, but are not limited to: power failure, Internet Service Provider failure, industrial action, civil unrest, fire, flood, storms, earthquakes, acts of terrorism, acts of war, governmental action or any other event that is beyond the control of the Party in question.

15. Notices

15.1 All notices under these Terms and Conditions shall be in writing and be deemed duly given if signed by, or on behalf of, a duly authorised officer of the Party giving the notice.

15.2 Notices shall be deemed to have been duly given:

15.2.1 when delivered, if delivered by courier or other messenger (including registered mail) during the normal business hours of the recipient; or

15.2.2 when sent, if transmitted by facsimile or e-mail and a successful transmission report or return receipt is generated; or

15.2.3 on the fifth business day following mailing, if mailed by national ordinary mail,

15.2.4 on the tenth business day following mailing, if mailed by airmail, postage prepaid.

15.3 All notices under this Agreement shall be addressed to the most recent address, e-mail address, or facsimile number notified to the other Party.

16. Severance

The Parties agree that, in the event that one or more of the provisions of these Terms and Conditions is found to be unlawful, invalid or otherwise unenforceable, that / those provisions shall be deemed severed from the remainder of these Terms and Conditions. The remainder of these Terms and Conditions shall be valid and enforceable.

17. No Waiver

The Parties agree that no failure by either Party to enforce the performance of any provision in this Agreement shall constitute a waiver of the right to subsequently enforce that provision or any other provision of this Agreement. Such failure shall not be deemed to be a waiver of any preceding or subsequent breach and shall not constitute a continuing waiver.

18. Law and Jurisdiction

18.1 These Terms and Conditions (including any non-contractual matters and obligations arising therefrom or associated therewith) shall be governed by, and construed in accordance with, the laws of Northern Ireland.

18.2 Any dispute, controversy, proceedings or claim between the Parties relating to these Terms and Conditions (including any non-contractual matters and obligations arising therefrom or associated therewith) shall fall within the jurisdiction of the courts of Northern Ireland.

Signed by the Parties on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 2021

For and on behalf of Manor House Nursing Agency

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of the client

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Healthcare Application Form**

Please complete in **FULL** and in **BLOCK LETTERS** using black ink or typescript.

Important two passport photographs must be attached.

Position Applied for:............................................................ Date Available: .......................

**Personal Details**

Surname: (Mr./Mrs/Ms./Miss) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (including postcode): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at this address

Previous address if under 5 year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a disability in accordance with the disability discrimination act 1995? Open box Yes Open box No

If ‘yes’ please state the nature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP / Doctor Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional indemnity Insurance: Open box Yes Open box No

If yes Insurance please provide insurance company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Driving License: Open box Yes Open box No

Access to a car: Open box Yes Open box No

Next of kin: (or person to be contacted in the event of illness or an accident):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMC Pin Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require a visa or work permit please specify the type:

Spouse Open box Ancestry Open box Residency Open box Working Holiday Open box VISA Open box

Visa or works permit expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work permit / Sponsorship / Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education and training:**

|  |  |  |
| --- | --- | --- |
| Name of Secondary School | Examinations Passed | Date |
| Address:  From:  To: |  |  |
| Name of College/University | Examinations Passed | Date |
| Address:  Intake Date:  Completion Date:  Registration Date: |  |  |

**Access NI Check:**

For the purpose of application for employment, it is out policy to carry out an Access NI check. The purpose of this is to ensure staff are suitable to be appointed to positions were they will be working with vulnerable Children and Adults.

The check will tell whether you have a criminal record, or whether Access NI holds any other information about you which might have a bearing on your suitability. Any information we receive will be treated confidentially, and will discuss with you before we make a final decision.

The rules and guidelines in the access NI code of practise. Further information is available on access NI website. [www.dojni.gov.uk/accessni](http://www.dojni.gov.uk/accessni)

Rehabilitation of offenders (Exemptions Order N.I. 1979). We have a policy on the recruitment of ex-offenders that is available on request at our office.

Please note: Having a criminal record will not necessarily prevent you from working with us.

I have read and understand the above and confirm that there is no reason that prevents me working with Children or Vulnerable Adults.

Open box Yes Open box No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History** (start with your most current position, including any gaps):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Address of Employer | Brief Description of Responsibilities | Dates  From – To | Reasons  for leaving | Salary  Upon Leaving |
|  |  |  |  |  |

Name of Referees: (2 References are required, one from your most recent or present employer.)

All references should be healthcare employment related; character references are not acceptable.

|  |  |
| --- | --- |
| Ref 1:  **Name:**  **Address:**  **Tel. No:**  **Position:** | Ref 2:  **Name:**  **Address:**  **Tel. No:**  **Position:** |

**The Following Courses are Mandatory and Must be updated yearly and copies of Certificates forwarded to be kept on your file.**

|  |  |  |
| --- | --- | --- |
| **Course** | **Certificates** | **Dates Attended** |
| Manual Handling  CPR/First Aid  Infection Control  Dementia Awareness  Safeguarding Vulnerable Adults and Children  Fire Awareness  Conflict Resolution  Basic Food Hygiene | Open box Yes Open box No  Open box Yes Open box No  Open box Yes Open box No  Open box Yes Open box No  Open box Yes Open box No  Open box Yes Open box No  Open box Yes Open box No  Open box Yes Open box No |  |

**Other courses and study days attended** (Start with your most recent)

|  |  |  |
| --- | --- | --- |
| Name of Training Organisation | Title of Course | Date and Duration |
|  |  |  |

Experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Nurses**  Tick where applicable to indicate areas of experience | | | **Care Assistants**  Checklist |
|  |  |  |  |

**Work Preferences:**

|  |  |
| --- | --- |
| Type of work you are available for | Work Preferences |
| Full Time: Open box Yes Open box No  Part Time: Open box Yes Open box No  Evenings: Open box Yes Open box No  Nights: Open box Yes Open box No  Weekends: Open box Yes Open box No | NHS, Nursing Homes, etc ... |
|  | Areas willing to travel to |
|  |  |

I affirm the information given is true and correct. I understand a physical examination may be required and any offer of employment made will be subject to a satisfactory medical report. I also understand that any false information or deliberate omissions may disqualify me from employment or may render me liable to dismissal.

Signed: ..............................................................................

Date: .................................................................................