

## Application Form

<b>DAYS OF VISITS</b>		
Please complete clearly in black ink		
Position applied for:	Date of application:	
How did you hear about this company? <i>(If referred please state name of the person who referred you)</i>		
First Names:	Mr/Mrs/Miss/Ms	Surname:
Address:		Postcode:
Home Tel No:		Mobile:
NMC PIN No:(If applicable)		E-mail:
<b>Personal Information (delete where required)</b>		
National Insurance Number:	Bank Name:	Have you ever been convicted of an offence? Yes / No
Are you a LTD Company? Yes / No	Account Name:	Do you have permission to work in the UK? Yes / No
Which Languages do you speak?	Sort Code: 	Are you a car driver?                      Yes / No
Date of Birth:	Acct No: 	Nationality:
<b>Qualifications and Education</b>		
University/College	Dates Attended	Results/Qualification
Other relevant training/qualifications NVQ's		

Employment History:			
Present or Last Employer:			
Address of Employer:			
<p>Dates of Employment: From: _____ To: _____</p> <p>Job Title:</p> <p>Duties:</p>			
Previous employment (This MUST include the last 5 years' employment history with dates)			
Start Date	End Date	Name of Employer	Job Title and main responsibilities

DBS	
Are you willing to undergo a full enhanced DBS with this application for work?	YES/NO
Are you willing to pay the required fee of £62.80 for a DBS Disclosure check?	YES/NO
Next of Kin:	Relationship:
Contact Address:	Contact Tel No:

References Please give the names of two employers we can contact for an employment reference including the most recent employer.	
Name of Employer:	Name of Employer:
Referee Name:	Referee Name:
Address:	Address:
Postcode:	Postcode:
Your Job Title:	Your Job Title:
Daytime tel. no:	Daytime tel. no:
Email:	Email:

Current Notice period: .....

**I agree for you to contact these references and only once references have been received will my application go any further.**

**I certify that the information on this form is to the best of my knowledge correct. I understand that any engagement entered into will be subject to satisfactory references being received and a satisfactory DBS Disclosure.**

Signature: .....

Date: .....

Skills and Experience Checklist

	<b>TICK</b>		<b>TICK</b>
Community Care		Bath / Shower / Strip wash	
Hospitals		Mouth Care (Inc Denture care)	
Care Homes		Care of feet (Excl Toenails)	
Nursing Homes		Dressing / Undressing	
EMI/Dementia Homes		Bed Bath	
Adults with Learning Disability		Emptying Catheter Bag	
Children with Learning Disability		Changing Colostomy Bag	
Adults with Mental Health Issues		Recording Fluid Intake	
Children with Mental Health Issues		Moving and Handling Service Users	
Physical Disability		Use of Walking Aids	
Children's Homes		Use of Hoist	
Supported Tenancy		Current Moving and Handling Course	
Respite Centres		Preparation of Meals	
Day Care Centres		Feeding Service Users	
Prison Service		Pressure Area Care	
Hospices		Experience of Caring for Terminally Ill	
Sheltered Accommodation		Answering Telephones	
Autism/Aspersers Syndrome (ASD)		Taking Messages	
Acquired Brain Injury (ABI)		Bed Making	
Palliative Care		Changing A Bed with A Service User in It	
Parkinson's Disease		Light Housework	
Diabetes		Experience of Dementia	
Epilepsy			
Catheter Care			
Stoma Care			
Administration of Medicines			
Challenging Behaviour			
Person Centred Planning			
Record Keeping			

Skills and Experience Checklist  
\*Nurses Only\*

	<b>Tick</b>
Male Catheterisation	
Female Catheterisation	
IV Cannulation	
IV Medications	
IV Therapy	
Defibrillation	
Peg Feeds	
Tracheotomy Care	
Patient controlled analgesia	
Phlebotomy	
O2 Therapy inc Nebulisers	
Wound Care/Suture Removal	
Stoma Care	
Drains	
Endoscopy	
Use of suction equipment	
Bladder washouts	
B.M Monitoring	
Sub-cutaneous fluids	
Naso-Gastric tubes	
Theatres/Recovery	
Neurology	
Intensive Care Units	
Coronary Care	
Chest Wards	
A & E	
Paediatrics	
Orthopaedics	
Haematology	
Oncology	
Cardiothoracic	

Individual Training Record

Name: .....

TOPIC	DATE	CERTIFICATE AVAILABLE	INITIALS
MOVING AND HANDLING PRACTICAL			
HEALTH AND SAFETY			
FIRE SAFETY			
INFECTION CONTROL			
FIRST AID			
DEPRIVATION OF LIBERTY			
MEDICATION ADMINISTRATION			
EPILEPSY AWARENESS			
MENTAL CAPACITY ACT			
SAFEGUARDING OF VULNERABLE ADULTS			
CONTROL AND RESTRAINT			

I confirm that the information above is a true record of my training history. Yes/No

I am willing to attend Mandatory Training/Specialist Training as and when required. Yes/No

I confirm I am happy to go through Global House Nursing and Home Care's Training before I can start to work with them.

Signed.....

Date.....

Health Declaration

**Do you have or have you ever had any of the following:**

1. Any serious infectious diseases?	Yes / No
2 Stomach, bowel problems, infections, or food poisoning?	Yes / No
2. Any allergy (including hay fever)?	Yes / No
3. Fainting spells, blackouts or epilepsy?	Yes / No
4. Any vision problems not corrected by glasses?	Yes / No
5. Ear problems, infections or hearing defect?	Yes / No
6. Dermatitis, eczema, or any skin problems?	Yes / No
7. Joint or back problems?	Yes / No
8. Any disability?	Yes / No
9 Depression/mental illness/eating disorders?	Yes / No
10. Diabetes?	Yes / No
11. Are you taking any regular medication?	Yes / No
12. Do you have any health problems that we should be aware of? (Including Pregnancy)	Yes / No
13. Chickenpox (Varicella)	Yes / No
14. Hepatitis	Yes / No
15. HIV / AIDS	Yes / No

**DECLARATION:**

I declare that all the above is true to the best of my knowledge. I am willing to provide details of my GP should the company require a medical report.

Name \_\_\_\_\_

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

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

## EQUALITY AND DIVERSITY MONITORING FORM

Global House Nursing and Home Care is committed to Equal Opportunities in employment and welcome applications from all sections of the community. In order to ensure the effectiveness of this policy and for no other purpose you are requested to place a tick in the appropriate boxes below and complete the details as required. The information is exclusively for monitoring purposes and will be kept strictly confidential.

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

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

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

Sex:            Male             Female

Status:        Single         Married         Divorced         Widowed

Please tick the appropriate box that indicates your cultural background.				
A- White	6 - Mixed	C- Asian or Asian British	D - Black or Black British	E - Chinese or other Ethnic Group
<input type="checkbox"/> British <input type="checkbox"/> Irish  <input type="checkbox"/> Any other white background, please specify:	<input type="checkbox"/> White <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> Any other Mixed background, please specify:	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background, please specify:	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background, please specify:	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please specify:

Please tick the appropriate box that indicates your religious background.

None             Buddhist             Muslim             Jewish             Christian  
 Hindu             Sikh             any other religion, please specify             Prefer not to say

Sexual Orientation

Heterosexual             Gay/Lesbian             Bisexual             Prefer not to say

The Disability Discrimination Act 1995 defines a disabled person as anyone who has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities. Taking this definition into consideration do you consider you have a disability?             Yes             No

If YES, please give details.

How did you find out about the vacancy?

\_\_\_\_\_

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

FAILURE TO COMPLETE THIS FORM WILL NOT AFFECT YOUR APPLICATION *If you believe that there has been unfair discrimination in making the appointment, there is a process of investigation available, subject to reasonable grounds for suspicion being identified. If you wish to pursue an unfair discrimination complaint, please contact the Director of Global House Nursing and Home Care.*



Working Time Directives

I understand that I am under no obligation to work more than an average of 48 hours in any week - these hours include any hours that I work with other employers as well as Global House Nursing and Home Care

I further understand that I may work more than 48 hours per week if I wish.

Under the terms of engagement, I realise that I may turn down any assignment at any time, for any reason without detriment.

By signing this declaration, I am signifying that any hours in excess of an average of 48 per week are worked by my choice, but also make it clear that this declaration does not mean that I will work more than an average of 48 hours in any week.

I undertake to inform if the total number of hours I work in a week from all forms of employment exceeds 48, in order that Global House Nursing and Home Care may take this into consideration before offering work to me.

**I understand that it is necessary to inform the agency of my availability for work each week and accept that there are no guaranteed hours of work.**

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

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

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

Identification Authority



In line with the requirements of current legislation I give Global House Nursing and Home Care my permission to hold and transmit my photograph and date of birth, when necessary, to those clients who require identification cards when on assignment for them.

Print Name: .....

Signature: .....

Date: .....

Confidentiality Agreement

I confirm that during every assignment and afterwards:

- To hold information relating to the client in the strictest confidence, ensure it is kept safely and securely when not in use. I acknowledge that no information is to be removed from the client's premises without the permission of the client.
- To use such information only for the purpose of the work for which it was given.
- Not to disclose to any third party or copy the information except as is required in the course of my duties.
- Any breach, either by me or a third party, may result in legal proceedings being brought by the Client against me to recover any losses that have occurred as a result of a breach.

Name.....

Signature.....

Date.....

**Any conversations that compromise the patient relating to the above statement may jeopardise my position with Global House Nursing and Home Care.**

Uniform Deduction Form

I accept that I must wear a uniform together with black trousers and black shoes (no high heels or trainers) on any care assignment with Global House Nursing and Home Care. **Jeans and non-closed shoes are not acceptable.**

My uniform size is .....

I am happy to pay the cost price for my uniform £20

I understand that I must **not** wear my uniform when working for anyone other than Global House Nursing and Home Care

I also give permission to Global House Nursing and Home Care, to make deductions from my wages for the cost of my uniform.

I will be required to return the uniform in the event of dismissal/resignation.

I understand and agree to the above:

Name: .....

Signed: .....

Date: .....

Working with Challenging Behaviour

When working in this industry there are hazards associated with the industry. I appreciate and accept that one of these hazards is possible aggressive behaviour from Challenging Service Users. Service Users may present challenging and aggressive behaviour, and this is out of the control of Global House Nursing and Home Care.

I understand and accept that I am under no obligation as an Agency Worker to accept assignments. I accept that there is this risk and accept that this risk is as a result of the industry and not of Global House Nursing and Home Care.

I understand that if I am unhappy with an assignment, I can withdraw my submission at any time with reasonable notice dictated in my contract for service, and as a result will not hold Global House Nursing and Home Care liable for any injury or loss of earnings as an agency Worker.

I understand that as an Agency Worker I am not employed by Global House Nursing and Home Care and therefore I am not guaranteed any assignments and have no claim against Global House Nursing and Home Care at any time and for any reason whatsoever for loss of any earnings as an Agency Worker.

I understand that if a Client refuses to pay an invoice (including the decision to not sign my timesheet) due to my poor performance, including being removed from the premises as a result of my behaviour, then Global House Nursing and Home Care are not under any obligation to pay for the hours worked.

I understand that if I am injured or affected in any other way whilst on an assignment that this is not the fault or liability of Global House Nursing and Home Care.

I understand and agree to the above in its entirety:

Name: .....

Signed: .....

Date: .....

Charges

If I need the office staff to provide me with transport for a shift I understand I will have to pay a fee which will be agreed with me on the day.

I also understand that I need to give at least 12 working hours' notice if cancelling a shift or I will be charged a fee of up to £50, we understand there are certain situations that cannot be helped and we will always take these into consideration. When cancelling a shift I understand that I should call the on call mobile phone as well as texting.

I understand and agree to the above:

Name: .....

Signed: .....

Date: .....

### **1. SEVERABILITY**

If any of the provisions of these Terms shall be determined by any competent authority to be unenforceable to any extent, such provision shall, to that extent, be severed from the remaining Terms, which shall continue to be valid to the fullest extent permitted by applicable laws.

### **2. NOTICES**

All notices which are required to be given in accordance with these Terms shall be in writing and may be delivered personally or by first class prepaid post to the registered office of the party upon whom the notice is to be served or any other address that the party has notified the other party in writing, by email or facsimile transmission. Any such notice shall be deemed to have been served: if by hand when delivered; if by first class post 48 hours following posting; and if by email or facsimile transmission, when that email or facsimile is sent.

### **3. GOVERNING LAW AND JURISDICTION**

These Terms are governed by the law of England & Wales / Scotland and are subject to the exclusive jurisdiction of the Courts of England & Wales

\_\_\_\_\_  
*Signed by the Agency Worker*

\_\_\_\_\_  
Name of Worker

\_\_\_\_\_  
Date

**GDPR Consent**

In order to continue to keep you up to date with your payslips and future job opportunities, please respond below verifying you are happy to continue to receive this communication from us. As of the 25th May 2018, we can no longer continue to communicate with you via Email, SMS or Post, unless we receive your permission to do so due to the new GDPR regulations.

Failure to respond will result in us being unable to send you your payslip via email on a weekly basis as well as any communication relating to Global House Nursing and Home Care's activity.

I would like to receive communications via:

- |          |                          |     |    |                          |
|----------|--------------------------|-----|----|--------------------------|
| Email    | <input type="checkbox"/> | Yes | No | <input type="checkbox"/> |
| Post     | <input type="checkbox"/> | Yes | No | <input type="checkbox"/> |
| Landline | <input type="checkbox"/> | Yes | No | <input type="checkbox"/> |
| Mobile   | <input type="checkbox"/> | Yes | No | <input type="checkbox"/> |

***Signed by the Agency Worker***

\_\_\_\_\_  
Name of Worker

\_\_\_\_\_  
Date