



# Registration Form

## Nurses

109 Church Street, Croydon, CR0 1RN Tel: 0208 253 9391  
Email: medical@simmansrecruitment.co.uk

### PERSONAL DETAILS

Please complete the whole form in BLOCK CAPITALS

Title:	<input type="text"/>	First name:	<input type="text"/>
Surname:	<input type="text"/>	Maiden Name:	<input type="text"/>
Other name (s):	<input type="text"/>	National Insurance no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Payroll no: (Office use)	<input type="text"/>
Speciality/Grade:	<input type="text"/>	NMC Pin No:	<input type="text"/>

Please enclose 2 recent passport style photographs of yourself for production of an identity badge

Current Address:	<input type="text"/>	Home No:	<input type="text"/>
		Work No:	<input type="text"/>
		Mobile No:	<input type="text"/>
		Pager No:	<input type="text"/>
		Other No:	<input type="text"/>
Postcode:	<input type="text"/>	Email:	<input type="text"/>

### NEXT OF KIN

Mr / Mrs / Ms*		Mr / Mrs / Ms*	
Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
1-Contact No:	<input type="text"/>	1-Contact No:	<input type="text"/>
2-Contact No:	<input type="text"/>	2-Contact No:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>

## NATIONALITY AND ELIGIBILITY TO WORK

Do you have immigration permission to work in the UK?    Yes     No

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Simmans Medical the trading name of Simmans Recruitment Limited for temporary / permanent work.

Do you hold a British Passport?    Yes     No     Nationality:

Are you an EU Citizen?    Yes     No     Passport Number:

Passport expiry date:     -  -

Do you hold any of the following visas	YES	NO	ISSUE DATE	EXPIRY DATE
Working Holiday Visa				
UK Residency Visa				
Student Visa				
Work Permit				
Please provide details if Other:				

## EDUCATIONAL QUALIFICATIONS AND TRAINING

Name of School/ College/University/Institute	Address	Year		Subjects & Grades Passed
		From	To	



Write a brief description of your present duties and responsibilities in the box below:

**PROFESSIONAL REFEREES**

Please supply two Professional Referees, one must be from your immediate or last employer and one must be relevant to the position applied for and both must have held a more senior position than yourself. This may include another Recruitment Agency if you have been undertaking locum positions recently.

Mr / Mrs / Ms\*

Employer:

Address:

Postcode:

Contact Name:

Position:

Telephone No:

Fax No:

Email:

Mr / Mrs / Ms\*

Employer:

Address:

Postcode:

Contact Name:

Position:

Telephone No:

Fax No:

Email:

Can we contact your referees immediately?      Yes       No

*(Please be advised it is our company policy to obtain references before placement of work)*

## WORK REQUIREMENTS

Please complete the whole form in **BLOCK CAPITALS**

Date available to start work

Dates unavailable for work (e.g. holidays):

Finishing date? (If known)

Would you consider a permanent position? Yes  No

temporary position? Yes  No

Are you available for the following? (Please tick)

-Full time Yes  No

-Part time Yes  No

-Days Yes  No

-Nights Yes  No

-Weekends Yes  No

-Evenings Yes  No

State which geographical area of the UK you prefer to work?

Do you hold a valid UK Driving Licence? Yes  No

How far would you be able to travel, within the time of the

following: Within 1hr  1 ½ hr  2hr

Where is your nearest Public Transport?

Do you have use of a Car? Yes  No

Please state below how you would describe yourself, i.e. personal qualities, performance, etc)

How did you hear about Simmans Medical? (E.g. by Referral, Internet sites, Job boards, Telephone Directories etc.)

If you do not wish to receive work opportunities via SMS text or email please tick this box:

## PROFESSIONAL DETAILS

**PROFESSIONAL MEMBERSHIP / PROFESSIONAL INDEMNITY INSURANCE:**

Indicate which organisation you belong to and enclose a copy of your card or policy certificate

**Name / Body**

**Membership No**

**Expiry Date**

**Name / Body**

**Membership No**

**Expiry Date**

## SKILLS CHECK LIST

**Scale of 1-3 (Competency Level)**

<b>ADMINISTRATION OF MEDICINES</b>	
Oral injection	
Injections	
Administration of rectal and vaginal preparations	
Topical application of drugs	
Administration of drugs in other forms e.g. eye, ear, nose drops, inhalations	
Cytotoxic drugs	
<b>INTRAVENOUS THERAPY</b>	
I.V. Rate calculations	
Administration of drugs by continuous infusion	
Administration of drugs by intermittent infusion	
Administration of drugs by direct injection e.g bolus or push	
Heparinization of IV Cannula	
Administration of blood and blood products e.g. plasma	
Infusion pumps	
Syringe drivers	
Central venous catheter	
Central venous pressure readings (CVP)	
Venepuncture (taking blood)	
Arterial lines: setting up for:	
Taking a blood sample form	
<b>TOTAL PARENTAL NUTRITION</b>	
(TPA Hyper alimentation) Knowledge of solutions	
Assistance with insertion	
Dressing change	
<b>GASTROINTESTINAL</b>	
Naso-gastric tube insertion	
Care of Naso-gastric tube	
Feeding via Naso-gastric tube	
Stoma care	
Care of the patient with abdominal wounds/drains e.g. gastrostomy, PEG tube, caecostomy drain	
Care of a patient undergoing abdominal paracentesis.	
Care of patient during and after a liver biopsy	
Care of a patient post abdominal surgery	
Administration of enemas	
Administration of suppositories	
Rectal lavage	

<b>RENAL</b>	
Insertion of catheter for Male	
Insertion of catheter for Female	
Catheter care	
Suprapubic catheter	
Nephrostomy tube	
Bladder lavage and irrigation	
Care of a patient with renal transplant:	
On haemodialysis	
On peritoneal dialysis	
Following Nephrectomy	
<b>NEUROLOGICAL</b>	
Neurological observations and assessment	
Care of a patient during & following a seizure	
Care of a patient with a head injury	
Following a cva	
With a spinal cord injury (e.g. quadraplegic/paraplegic)	
Following spinal surgery (e.g. laminectomy)	
An unconscious patient	
During or after a lumbar puncture	
<b>ORTHOPAEDICS</b>	
Care of a patient in plaster of Paris	
With skin traction	
With skeletal traction	
Following amputation	
Halo traction	
Crutchfield tongs	
Stryker frame	
Spinal lifts	
Log rolls	
<b>WOUND CARE</b>	
Changing wound dressings	
Aseptic technique	
Removal of sutures	
Clips	
Staples	
Drain dressings (e.g. keyhole / redivac and closed drainage system)	
Change of vacuum bottle	
Shortening of a drain (e.g. Penrose, Corrugated)	
Removal of drain	

Prevention of pressure sores	
<b>RESPIRATORY</b>	
Oxygen therapy	
Suctioning or pharyngeal	
Endotracheal	
Tracheotomy care changing a dressing	
Suctioning a tracheotomy	
Changing a tracheotomy tube	
Managing of chest tubes(under water seal drainage)	
Removal of drainage tube	
Care of ventilated patient	
Obtaining arterial blood gases	
Interpreting arterial blood gases	
Assisting with intubation	
<b>CARDIOVASCULAR</b>	
Perform 12 lead electrocardiograms (ECG)	
Cardiac monitoring	
Telemetry	
Interpretation of basic arrhythmias	
Cardiopulmonary resuscitation	
Defibrillation	
Assisting with insertion of a pacemaker	
Aortic balloon pump	
Swans-Ganz catheter	
Care of a patient with acute myocardial infarction	
Care of patient with congestive cardiac failure	
Care of patient post cardiac surgery (e.g. coronary vein grafts, aortic valve replacement)	
Care of patient post cardiac catheterisation	
<b>CARDIAC ARREST</b>	
Knowledge of drugs used	
Use of airway and ambu bag	
Cardiac compressions	
<b>MIDWIFERY</b>	
Antenatal Care	
Post Natal Care	
Neonatal and Maternal Resuscitation	
Care with Epidurals	
Labour Suit	
Suturing	
<b>MENTAL HEALTH</b>	
Adult acute inpatient	
Affective Disorders	
Alcohol Abuse	
Anxiety	

Assessment and Brief Treatment	
Behavioural Education	
Bereavement and Grief Counselling	
Brain Injuries	
Care Programme Approach (CPA)	
Child and Adolescent Mental Health	
Child Protection	
Chronic Fatigue Syndrome	
Clinical Supervision	
Cognitive Behavioural Therapy	
Community Mental health	
Community Outreach	
Conduct Problems	
Continuing Care	
Counselling	
Crisis Resolution/Recovery	
Dementia	
Depression	
Dual Diagnosis	
Early Onset psychosis	
Eating Disorders	
Family therapy	
Forensics	
Groupwork	
Health Promotion	
Home Treatment	
Insomnia/Sleep Disorders	
Learning Disabilities	
Learning Disabilities and Mental Health	
Manic Depression	
Memory Disorders	
Mental Impairment Evaluation and Treatment (MIETS)	
Mentoring	
Mother and Baby	
Neuropsychiatry	
Obsessive-compulsive disorder	
Paranoia	
Personality Disorder	
Post Traumatic Stress Disorder	
Practice Development	
Psychodynamic approach	
Psychosis Clinics	
Rapid Response	
Rehabilitation Services	
Relapse Prevention	

Schizophrenia	
Self Harm/Suicidal	
Substance Misuse	
Traumatic Stress	
<b>OTHERS</b>	
Barrier nursing / infectious or immunosuppressed patient	
Care of multiple trauma patient	

Care of patient with eye problems	
Care of confused patient	
Knowledge of the NMC Code of Professional Conduct	
Knowledge of the NMC guidelines for the administration of medicines	

## NURSING SPECIALITIES / EXPERIENCE

### WHICH SPECIALITIES DO YOU HAVE EXPERIENCE IN?

Out Patients	<input type="checkbox"/>	Gerontology	<input type="checkbox"/>	Critical care	<input type="checkbox"/>
Operating theatre	<input type="checkbox"/>	Theatre Recovery	<input type="checkbox"/>	General medicine	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Gastroenterology	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>	Neurosurgery	<input type="checkbox"/>	Head / Neck Surgery	<input type="checkbox"/>
General surgery	<input type="checkbox"/>	Radiology	<input type="checkbox"/>	Ear Nose and Throat	<input type="checkbox"/>
A & E	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	Elderly Care	<input type="checkbox"/>
Anaesthetics	<input type="checkbox"/>	Family Planning	<input type="checkbox"/>	Gynaecology	<input type="checkbox"/>
Health Visiting	<input type="checkbox"/>	Midwifery	<input type="checkbox"/>	Oncology	<input type="checkbox"/>
Burns and Plastics	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Renal Dialysis	<input type="checkbox"/>	ITU	<input type="checkbox"/>
Cardio Thoracic	<input type="checkbox"/>	Vene - Puncture	<input type="checkbox"/>	Intensive Care Unit	<input type="checkbox"/>
Clinical Perfusion	<input type="checkbox"/>	SCBU	<input type="checkbox"/>	PICU	<input type="checkbox"/>
CCU	<input type="checkbox"/>	NICU	<input type="checkbox"/>	Haematology	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Hepatology	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
X' ray	<input type="checkbox"/>	Occupational Health	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	Tracheotomy Care	<input type="checkbox"/>	High Dependency	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>	Phlebotomy	<input type="checkbox"/>
Radiotherapy	<input type="checkbox"/>	School Health	<input type="checkbox"/>	Management	<input type="checkbox"/>
Addictions	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Please provide details if other:

I declare that all the information I have given in the check list and Nursing Specialist / Experience is true and correct to the best of my knowledge.

Signature:

Print Name:

## REHABILITATION OF OFFENDERS ACT

\*Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Simmans Medical the offence is relevant to the post to which you are applying. **Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

	YES	NO
1) Have you ever been convicted by the courts or cautioned, reprimanded or given a warning by the Police? (Note that the work you have applied for is exempt from the Rehabilitations of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed)		
2) Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?		
3) Have you ever had an Enhanced Criminal Records Bureau Check?		
4) Have you ever had a Police check in another country? If so please provide details below and enclose a copy if held.		
If you have answered <b>YES</b> to any of the above, please give details.		

*As part of your registration process, it is mandatory and standard practice for all nurses to complete and undertake a CRB check enhanced level with POVA and POCA.*

## EQUAL OPPORTUNITIES ACT

Simmans Medical is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis on all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Simmans Medical shall not discriminate unlawfully when deciding which candidate/temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. And will ensure that each candidate is assessed only in accordance with the candidate's merits, qualification and ability to perform the relevant duties required by the particular vacancy.

## DISABILITY DISCRIMINATION ACT

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

Do you have any health issues or a disability relevant to the position or role you seek? Yes  No   
(Please delete clearly as appropriate)

If yes, please specify
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If you have a disability, what are your needs in terms of reasonable adjustments to enable you to perform the role sought?

Please specify
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If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc?

Please specify

**INSPECTION AND DATA PROTECTION ACT**

As part of the inspection process under the Care Standards Act 2000, the local Registration and Inspection team has access to your personal file held at our office. Simmans Medical ensures to maintain the correct information required under the Care Standards Act. We require your consent for inspectors to view your file.

Signature:  Print Name:

**THE WORKING TIME REGULATIONS 1998**

The Working Time Regulations 1998 ('The Regulations') required the Company to limit your average weekly working time to 48 hours unless you agree with the Company that the limit shall not apply to you.

The Company wishes to have an agreement with you. It proposes an agreement (which will apply until terminated by notice) on the basis that:

- 1) The 48-hour limit on average weekly working time will not apply to you;
- 2) You may terminate the agreement (so that the 48-hour time limit would apply to you) by giving the person at the Company to whom you usually report 4 weeks' written notice

Under the Regulations, the Company must keep records relating to your working time. This is the case whether or not you reach an agreement with the company about waiving time limits.

If you accept the Company's proposal, please sign below. This document will then be the record of an agreement between you and the Simmans Medical.

Signature:  Print Name:

**DOCUMENTS TO BE COMPLETED AND ENCLOSED**

*Please attach the following documents (tick when enclosed):*

	Yes/No		Yes/No
Completed Registration Form		Terms for Temporary Worker	
Completed Occupational Health Questionnaire and relevant laboratory Reports etc. (in sealed envelope)		Completed Bank Details Form	
Updated CV		4 passport size photographs	

## ORIGINAL DOCUMENTS TO BE PROVIDED AT INTERVIEW

	Yes/No		Yes/No
Passport		Documents re. eligibility to work in the U.K. issued by the Home Office	
National Insurance number / Card		Professional Indemnity Insurance policy certificate (i.e. RCN / UNISON)	
Professional Membership and NMC Pin card / certificate		Name, address & contact details (Tel, Fax, Email) of two referees.	
Payment for CRB Enhanced Disclosure		Certificates of Professional Qualifications & Mandatory training courses (e.g. Manual Handling, Health & Safety)	
2 proof of address (i.e. Utility Bills / Bank Statement)		2 proof of identity (i.e. Driving licence / Passport)	

**Please Note:** Original documents **MUST** be taken to the interview for verification and for the processing of CRB check enhanced level with POVA and POCA check.

### DECLARATION

I acknowledge that I have been given a copy of the terms and conditions of service issued Simmans Medical the trading name of Simmans Recruitment Limited, which is mine to keep, and furthermore that I have read those terms and conditions and agree to abide by them.

I declare that I will hereby inform Simmans Medical the trading name of Simmans Recruitment Limited of any changes in my health circumstances which may affect my ability to work whilst registered with Simmans Medical.

I am not aware of any condition, medical or otherwise, which would affect or limit my employment or performance, other than those declared in my Occupational Health Form.

I am permitted to work in the UK. I understand that my registration is subject to the receipt of at least two satisfactory references and enhance disclosure from the Criminal Records Bureau.

I appoint Simmans Medical to undertake my CRB Enhance disclosure; however, charges are to be borne by me.

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, that Simmans Recruitment Ltd T/A Simmans Medical may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for loss of profit to Simmans Medical.

I acknowledge that my personal details will be stored and handled correctly by Simmans Medical in accordance with the Data Protection Act 1988, however, I agree that they may be made available for audit by the relevant Government Organisations, e.g. NHS PASA or the National Care Standards Commission

I undertake to inform Simmans Medical immediately if I am engaged through introduction, or if during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Simmans Medical will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

I agree to respect the confidentiality of patients and any other information I may have access to, at any time.

Signature:  Print Name:

Date:  NMC Pin Number:



## CONTRACT FOR SERVICES FOR TEMPORARY WORKERS (TERMS OF ENGAGEMENT)

### 1. DEFINITIONS

1.1. In these Terms of Engagement the following definitions apply: -

**"Assignment"** means the period during which the Temporary Worker is supplied to render services to the Client;

**"Client"** means the person, firm or corporate body requiring the services of the Temporary Worker together with any subsidiary or associated company as defined by the Companies Act 1985;

**"Employment Business"** means Simmans Medical of 109 Church Street, Croydon, Surrey, CR0 1RN

**"Temporary Worker"** means the trained nurse, or other temporary worker who agrees to and is provided with a copy of these terms of engagement.

**"Relevant Period"** means the longer period of either 14 weeks from the <sup>1</sup>first day on which the Temporary Worker worked for the Client, or 8 weeks from the day after the Temporary Worker was last supplied by the Employment Business to the Client.

1.2. Unless the context otherwise requires, references to the singular include the plural and references to the masculine include the feminine and vice versa.

1.3. The headings contained in these Terms are for convenience only and do not affect their interpretation.

### 2. THE CONTRACT

2.1. These Terms constitute a contract for services between the Employment Business and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker. However, no contract shall exist between the Employment Business and the Temporary Worker between Assignments.

2.2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Employment Business and the Temporary Worker. The Temporary Worker is engaged as a self-employed worker, although the Employment Business is required to make statutory deductions from the Temporary Worker's remuneration in accordance with clause 4.1.

2.3 No variation or alteration of these Terms shall be valid unless approved by a director of the Employment Business in writing.

### 3. ASSIGNMENTS

3.1 The Employment Business will endeavour to obtain suitable Assignments for the Temporary Worker to work in fields specified by the Temporary Worker on his/her application forms (updated as necessary). There is no charge for this work finding service although the Employment Business does, from time to time, provide services for which a charge is made. Details of these are available on request. Provision of work finding services is not conditional on use of any of the Employment Business' chargeable services.

3.2 The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available and agrees: that the suitability of the work to be offered shall be determined solely by the Employment Business; that the Employment Business shall incur no liability to the Temporary Worker should it fail to offer opportunities to work in the above category or in any other

category; and that no contract shall exist between the Temporary Worker and the Employment Business during periods when the Temporary Worker is not working on an Assignment.

3.3 At the same time as an Assignment is offered to the Temporary Worker the Employment Business shall inform the Temporary Worker of the identity of the Client, and if applicable the nature of their business; the date the work is to commence and the duration or likely duration of the work; the type of work, location and hours during which the Temporary Worker would be required to work; the rate of remuneration that will be paid and any expenses payable by or to the Temporary Worker; and any risks to health and safety known to the Client in relation to the Assignment and the steps the Client has taken to prevent or control such risks. In addition the Employment Business shall inform the Temporary Worker what experience, training, qualifications and any authorisation required by law or a professional body the Client considers necessary or which are required by law to work in the Assignment.

3.4 For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on an Assignment, the start date for the relevant averaging period under the Working Time Regulations shall be the date on which the Temporary Worker commences the first Assignment.

3.5 The Temporary Worker shall not be obliged to accept any Assignment offered by the Employment Business

3.6 For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on an Assignment, the start date for the relevant averaging period under the Working Time Regulations shall be the date on which the Temporary Worker commences the first Assignment.

3.7 The Temporary Worker may not under any circumstances introduce any other person to supply services in place of the Temporary Worker.

3.8 If during the course of an Assignment or within certain periods after the end of an Assignment or after an introduction where no assignment took place the Client wishes to employ the Temporary Worker direct (or assist another body to employ the Temporary Worker direct), the Temporary Worker acknowledges that under certain circumstances the Employment Business will be entitled either to charge the Client an introduction fee or a period of extended hire.

### 4 REMUNERATION

4.1 Unless otherwise agreed the Employment Business shall pay to the Temporary Worker remuneration calculated at the hourly rate as displayed in the Employment Business' pay rate schedules (available on request) Where such schedules indicate a range of hourly rates (the lower end of the range being the minimum hourly rate payable) the Employment Business will decide on the rate according to a range of factors. The actual rate will be notified on a per Assignment basis, for each hour worked during an Assignment (to the nearest quarter hour) to be paid weekly in arrears for all work satisfactorily performed, subject to PAYE, National Insurance and any other deductions which the Employment Business may be required by law to make.

4.2 Subject to any statutory entitlement under the relevant legislation, the Temporary Worker is not entitled to receive payment from the Employment Business or Clients for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason.

### 5 STATUTORY LEAVE

5.1 For the purposes of calculating entitlement to paid annual leave pursuant to Working Time Regulations 1998 under this clause, the leave year commences 1<sup>st</sup> April annually.

5.2 Under the Working Time Regulations 1998, the Temporary Worker is entitled to 4 weeks' paid leave per leave year. All entitlement to leave must be taken during the course of the leave year in which it accrues and none may be carried forward to the next year.

5.3 Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Temporary Worker on Assignment during the leave year and is calculated according to the previous 12 weeks worked.

5.4 In the course of any assignment during the first leave year the Temporary Worker is entitled to request leave at the rate of one twelfth of his total holiday entitlement in each month of his leave year. Where the Temporary Worker wishes to take any leave to

which he is entitled, he should notify the Employment Business in writing of the dates of his intended absence.

The Employment Business requires four weeks' written notice of intention to take holiday. This is to be sent to the holiday manager in the payroll department at Simmans Medical, 109 Church Street, Croydon CR0 1RN

5.5 None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Worker's status as a self-employed worker.

5.6 Temporary Workers who provide their services via an intermediary organisation or on a self-employed basis are not entitled to holiday pay.

5.7 No person shall be able to work for the Employment Business whilst on annual leave.

## 6 SICKNESS ABSENCE

6.1 The Temporary Worker may be eligible for Statutory Sick Pay provided that s/he meets the relevant statutory criteria.

## 7 TIME SHEETS

7.1 At the end of each week of an Assignment (or at the end of the Assignment where it is for a period of one week or less or is completed before the end of a week) the Temporary Worker shall deliver to the Employment Business a time sheet duly completed to indicate the number of hours worked during the preceding week (or such lesser period) and signed by an authorised representative of the Client. Failure to submit a time sheet for hours worked may delay payment for those hours. Failure to co-operate in the Employment Business' timesheet process may constitute a breach of this contract for which damages might be claimed. For prompt payment Timesheets are to be in by Monday 12:00pm

7.2 For the avoidance of doubt and for the purposes of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods during which he is carrying out activities or duties for the Client as part of the Assignment. Time spent travelling to the Client's premises, lunch breaks and other rest breaks shall not count as part of the Temporary Worker's working time for these purposes.

## 8 CONDUCT OF ASSIGNMENTS

8.1 The Temporary Worker is not obliged to accept any Assignment offered by the Employment Business but if he/she does so, during every Assignment and afterwards where appropriate, he/she will: -

- a) Co-operate with the Client and/or the Client's staff, accept reasonable instructions and accept the direction, supervision and control of any responsible person in the Client's home or organisation;
- b) Be present at such times as may be stipulated by the Client and unless arrangements have been made to the contrary, to conform to the normal hours of work agreed at the premises where the assignment is to be carried out;
- c) Observe any relevant rules and regulations of the Client's establishment (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain;
- d) Take all reasonable steps to safeguard his or her own health and safety and that of any other person who may be present or be affected by his or her actions on the Assignment and comply with the Health and Safety policies and procedures of the Client and the Employment Business;
- e) Not engage in any conduct detrimental to the interests of the Client;
- f) Not at any time divulge to any person, nor use for his own or any other person's benefit, any confidential information relating to the Client's or the Employment Business' employees, business affairs, transactions or finances;
- g) Act in a professional and courteous manner;
- h) Be responsible for the provision of a uniform and any necessary equipment;
- i) Co-operate with the Employment Business' staff and accept their direction, supervision and control

8.2 If the Temporary Worker is unable to attend work during the course of an Assignment he should inform the Client and the Employment Business by no later than 7.00am on the first day of absence to enable alternative arrangements to be made.

8.3 If, either before or during the course of an Assignment, the Temporary Worker becomes aware of any reason why he may not be suitable for an Assignment, he shall notify the Employment Business without delay.

## 9 TERMINATION

9.1 Before commencing any assignment the Temporary Worker must provide the Employment Business with confirmation that he has not been convicted of or cautioned in relation to any criminal offence. In the event that the Temporary Worker is charged with or cautioned in relation to any criminal offence he must inform the Employment Business immediately and provide regular reports about the progress of proceedings.

9.2 The Temporary Worker will fully co-operate with the Employment Business in relation to any criminal record checks which The Employment Business is required to carry out.

9.3 Before commencing any assignment the Temporary Worker must inform the Employment Business about any complaint made against him/her that is relevant to their professional competence, standing or conduct. In the event that the Temporary Worker becomes the subject of a complaint he/she must inform the Employment Business immediately and provide regular reports about the progress of proceedings.

9.4 The Employment Business will inform the Temporary Worker about any complaint made against him/her that is relevant to his/her professional competence or conduct.

9.5 Where the Temporary Worker wishes to raise any complaint about any matter, he/she should do so in accordance with the

9.6 Unless otherwise agreed the Employment Business or the Client may, without prior notice or liability, terminate the Temporary Worker's Assignment at any time.

9.7 Unless otherwise agreed the Temporary Worker may terminate an Assignment at any time without prior notice or liability.

9.8 If the Temporary Worker does not inform the client or the Employment Business should they be unable to attend work during the course of an Assignment this will be treated as termination of the Assignment by the Temporary Worker unless the Temporary Worker can show that exceptional circumstances prevented informing the Employment Business of the absence.

9.9 If the Temporary Worker is absent during the course of an Assignment and the contract has not been otherwise terminated the Employment Business will be entitled to terminate the contract in accordance with clause 9.6 if the work to which the absent worker was assigned is no longer available for the Temporary Worker.

9.2 If the Temporary Worker does not report to the Employment Business to notify his availability for work for a period of three weeks, the Employment Business will forward his P45 to his last known address.

## 10. SPECIAL PROVISIONS

10.1 The Temporary Worker must provide the Employment Business with all requested proof of qualifications, references, recent photographs (for identification purposes), access to health records and medical registrations as may be requested in order for the Employment Business to satisfy itself that the Temporary Worker is fit to be supplied to Clients. The Temporary Worker accepts that the Employment Business is or may be required to handle/process this (and other personal information as reasonably requested from time to time) and may need to share such information with its agents or third parties as part of performing its duties. The Temporary Worker recognises such obligations on the Employment Business and hereby consents to the handling, processing and divulging (whether in the UK, the European Union or elsewhere) of such information as may be necessary for the Employment Business (or its agents) to perform its duties.

10.2 The Temporary Worker accepts and co-operates with the Employment Business for any formalities that is required in obtaining a CRB check Enhance Level with POVA & POCA check.

10.3 In the situation where the Temporary Worker is a qualified nurse, the Nurse should ensure that her registration with the NMC remains effective at all times and that she complies with the NMC Professional Code of Conduct during every Assignment. In all cases Temporary Workers with professional qualifications and who rely

thereon for agency work must ensure full and current compliance with the appropriate professional requirements.

Signed by Temporary Worker:
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10.4 The Temporary Worker is strongly recommended to effect professional indemnity insurance cover.

10.5 The Temporary Worker should advise the Employment Business immediately if offered any employment or engagement by the Client or any third party to whom she is introduced by the Client and is also requested to provide details to the Employment Business of any remuneration offered.

10.6 The Temporary Worker is required to advise the Employment Business of any medical condition or any change in state of health that could impact upon ability to carry out Assignments or her eligibility for Assignments.

10.6 The Temporary Worker must follow and co-operate fully with the formal induction procedure of the Employment Business and undertake any training specified by the Employment Business.

10.7 Throughout each Assignment, the Temporary Worker must comply with the Employment Business' policies and/or procedures:

10.7.1 On standards of conduct and all organisational matters as set out in the Employment Business's handbook;

10.7.2 on the safe handling of client money and property. In addition the Temporary Worker hereby agrees not to be involved in assisting in the making of or benefiting from the Will or Codicil of any patient whom the Temporary Worker is supplied by the Employment Business to assist, nor will the Agency Worker become involved in any other legal documentation concerning the Client's affairs;

10.7.3 in relation to the entry and departure from Client's home;

10.7.4 Which apply in the event of a non-response from the Client at the premises where the Assignment is to be performed or in the event of any accident or other emergency at the premises;

10.7.5 regarding the detailed records which the Agency Worker is required to maintain during an Assignment which shall be advised to the Agency Worker; and

10.7.6 Which concern the administration of or assistance with medication (including all record keeping requirements) and which will also identify the limits to assistance and the tasks which may not be undertaken without specialist training.

10.8 At all times during an Assignment, the Temporary Worker shall wear an identification badge, which shall provide details of his/her name, which identifies the Employment Agency and which features a contemporary photograph of the Temporary Worker.

10.9 The Temporary Worker recognises the Employment Business' obligations under The Conduct of Employment Agencies and Employment Businesses Regulations 2003 (the Regulations) and hereby agrees to disclosures of personal information about the Temporary Worker as required in order for the Employment Business to comply with the Regulations.

## 11 LAW

- a. These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales

### Confirmation of Receipt

I hereby confirm that I have received and understood the above terms of Services. I understand that any arrangement outside of these terms must be notified to me in writing by the managers of the employment business.

Print Name:

Position /Grade:

Address:

  
  

Date:

