

Please ensure all sections are completed in BLOCK CAPITALS

1) Personal Details

Title _____ Surname _____ Forenames (in full) _____

Previous surnames (if any) _____ Known as _____

Address _____

Post code _____ Telephone Number _____ Mobile _____

Email Address _____

Date of Birth _____ Age _____ National Insurance number _____

Next of kin (to be notified in case of emergency) Name _____

Relationship to you _____

Address _____

Post code _____ Telephone Number _____

2) Education

Details of Education Establishment	Course taken	Date from	Date to	Attainment

3) Full Working History

Please print details of all your employment to include all nursing agency memberships, in reverse order starting with your present or last position. Please include reasons for any gaps.

Name and address of employer	Position held, duties performed	Date from (inc month) Date to (inc month)	Reasons for leaving

Please use additional sheets if you require more space

4) Social Care Experience

Have you had experience working with:

Category	Yes	No	Category	Yes	No
Adolescents	<input type="radio"/>	<input type="radio"/>	Homeless	<input type="radio"/>	<input type="radio"/>
Brain Injury	<input type="radio"/>	<input type="radio"/>	Hospital Worker	<input type="radio"/>	<input type="radio"/>
Children	<input type="radio"/>	<input type="radio"/>	Learning Disabilities	<input type="radio"/>	<input type="radio"/>
Sensory Impairment	<input type="radio"/>	<input type="radio"/>	Mental Health	<input type="radio"/>	<input type="radio"/>
Drug / Alcohol Abuse	<input type="radio"/>	<input type="radio"/>	Occupational Health	<input type="radio"/>	<input type="radio"/>
Elderly	<input type="radio"/>	<input type="radio"/>	Physically Disabled	<input type="radio"/>	<input type="radio"/>

5) General Information

Do you hold a current driving licence YES NO Do you have a car available YES NO

Please state which languages you speak including the indication of the fluency

How did you first hear of Estio Healthcare? _____

Are you a member of a Union or Professional Organisation offering indemnity insurance? _____

If you are currently registered with a professional body such as NMC, please state registration number

Do you have any business interests (paid or otherwise) which may affect your ability to adhere to your contract with Estio Healthcare? If yes, please ensure you advise your Estio Healthcare consultant. If yes, please providedetails

YES NO

6) Convictions

Because of the nature of the work for which you are applying, Section 4(2), and further Orders made by the Secretary of State under the provision of this section of the Rehabilitation of Offenders Act (1974) (Exceptions) by virtue of Exemption Order 1975 No.1023 applies (as amended in 2013 by SI 210 1198).

Any information given will be completely confidential and will be considered only in relation for positions to which the order applies. We may have to disclose information regarding convictions to our clients prior to booking.

Applicants are required to give details of ALL convictions for criminal offences including those which would be otherwise be considered as 'spent' by virtue of the said Act. Failure to give details of convictions, or bind overs could result in deregistration. Information given will be considered only in relation to this application. Please answer all FIVE questions.

1) In accordance with disqualification from caring for children regulations 2002, please inform us if you have ever had a child removed from your care YES NO

2) Do you have any convictions, cautions or bind overs? If not write "NONE". If so give details

3) Have you ever had disciplinary action taken against you? YES NO If yes please give details

4) Are you at present the subject of criminal charges or disciplinary action? YES NO

If yes please give details _____

5) Do you consent to Estio Healthcare requesting a DBS Clearances and any appropriate references on your behalf YES NO

6) Do you consent for the contents of your DBS disclosure to be shared with potential placements / Clients on behalf of Estio Healthcare? YES NO

7) Are you registered with DBSupdate service? YES NO

8) Are you aware of any police investigations following allegations made against you, in the UK or overseas? YES NO

Signed _____ Date _____

I have read the Enhanced Check Privacy Policy for applicants
(<https://www.gov.uk/government/publications/dbs-privacy-policy/dbs-privacy-policy>) YES NO

I understand how DBS will process my personal data and the options available
to me for submitting an application YES NO

Signed _____ Date _____

7) Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about service users. On no account must information relating to identifiable service users be divulged to anyone other than your branch manager or her team.

You should not be disclosing ANY information to your family or friends.

If you are worried by any information you have obtained and consider that you should talk about it to someone, please contact your branch manager and this will be in private.

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed _____ Date _____

8) Declaration of Health

Have you been vaccinated against Hepatitis B? Please provide proof of any vaccinations you've had YES NO

Date (including titer level) _____

Please give details of sickness or absence in the last 2 years _____

GP name _____ GP telephone _____

GP address _____

Please give the date and the result of your last chest x-ray _____

Have you ever had chicken pox? YES NO Date _____

Have you suffered from diarrhea, sore throat, or skin trouble within the last month? _____

Are you taking any medication or receiving any treatment? Give details for the last 12 months

FULL NAME _____

Please indicate whether you have suffered from any of the following illnesses by ticking the appropriate box

	YES	NO	Additional info if yes
Back strain	<input type="radio"/>	<input type="radio"/>	_____
Typhoid/dysentery	<input type="radio"/>	<input type="radio"/>	_____
Tuberculosis	<input type="radio"/>	<input type="radio"/>	_____
Diabetes	<input type="radio"/>	<input type="radio"/>	_____
Gastroenteritis	<input type="radio"/>	<input type="radio"/>	_____
Epilepsy/blackouts	<input type="radio"/>	<input type="radio"/>	_____
Allergies	<input type="radio"/>	<input type="radio"/>	_____
Heart disease	<input type="radio"/>	<input type="radio"/>	_____
Bronchitis or asthma	<input type="radio"/>	<input type="radio"/>	_____
High blood pressure	<input type="radio"/>	<input type="radio"/>	_____
Chest pain	<input type="radio"/>	<input type="radio"/>	_____
Any serious accident or operation	<input type="radio"/>	<input type="radio"/>	_____
Any other condition or disability	<input type="radio"/>	<input type="radio"/>	_____
Anxiety/depression	<input type="radio"/>	<input type="radio"/>	_____
Are you pregnant?	<input type="radio"/>	<input type="radio"/>	_____

If so please give expectancy date

I certify that I am at present in good physical and mental health. I declare that the information above is true and correct to the best of my knowledge and that I have omitted no relevant details. I undertake to inform the agency of any serious changes to my health. I understand that if false statements are knowingly made this may result in de-registration from the agency.

Signed _____ Date _____

9) References

Reference 1 - Most recent care employer	Reference 2
Name:	Name:
Job Title:	Job Title:
Organisation:	Organisation:
Business Address:	Business Address:
Postcode:	Postcode:
Tel No:	Tel No:
Email:	Email:
Are you willing for this referee to be approached prior to the interview?	Are you willing for this referee to be approached prior to the interview?

For some clients, it is necessary to provide a longer reference history and your consultant will inform you of this when you apply

College / University reference (If Applicable)

Tutor Name: _____

College/ University Name: _____

College/ University Address: _____

Telephone Number: _____

Email Address: _____

Are you willing for this referee to be approached prior to the interview? _____



10) Declaration of permission to work in the UK

Please complete this form, regardless of your nationality, as it is a legal requirement. If you are an Overseas National or require a work permit to work in the UK, please include copies of supporting documentation.

Are you from an EEC Country? YES NO

If 'yes' you are not required to answer any further questions. Please sign and date where indicated. If

'No'

Do you hold a valid work permit / stamp in your passport? YES NO

If 'Yes'

Type of permit _____ Date of expiry _____

Known restrictions in use _____

Passport Nationality _____ Place of issue _____

Passport Number _____ Date of expiry _____

PLEASE READ BEFORE SIGNING

I declare that by signing this form, I am stating that I am legally entitled or allowed to work in the United Kingdom, with or without any necessary permission from the Home Office or any other relevant authority. If I have secured permission to work, I have included copies of all documentation. I also acknowledge that if it is found that I am working without the relevant permission, my employment will be terminated with immediate effect, and all details passed to the relevant authorities.

Signed _____ Date _____

This is to comply with the Asylum and Immigration Act 1999



11) Declaration

The information in this entire form is true and complete YES NO

I understand that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting the application or subsequent dismissal if employed by the organisation
YES NO

I acknowledge that my personal details will be stored and handled by Estio Healthcare in accordance with the Data Protection Act 2018 YES NO

I agree that the company may forward my details to prospective employers in their capacity as an employment business/employment agency YES NO

I am happy for Estio Healthcare to contact me from time-to-time regarding new opportunities
YES NO

I authorise Estio Healthcare to obtain any relevant references and verification of qualifications on my behalf YES NO

In addition to this, I give Estio Healthcare permission to apply for/verify immunisation records on my behalf YES NO

I confirm that I am not currently disqualified from working with children or vulnerable adults, or subject to any sanctions imposed by a regulatory or professional body YES NO

I confirm that I will ensure all time limited documents are renewed prior to expiry
YES NO

12) 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 a Client;

“Client” means a person, firm or corporate body [together with any subsidiary or associated company as defined by the Companies Act 1985] requiring the services of the Temporary Worker;

“Employment Business” means Estio Healthcare Limited Incorporated and registered in England and Wales with company number 06418274 whose registered office is at the office of Dean Clough Mills;

“Temporary Worker” means the individual specified on the attached schedule

“Relevant Period” means 14 weeks from the commencement of the first Assignment of the Temporary Worker with the Client or 8 weeks from the day after the end of the last Assignment of the Temporary Worker with the Client, whichever is later.

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 his remuneration in accordance with clause 4.1.

2.3 No variation or alteration to these Terms shall be valid unless the details of such variation are agreed between the Employment Business and the Temporary Worker and set out in writing and a copy of the varied terms is given to the Temporary Worker stating the date on or after which such varied terms shall apply.

3. ASSIGNMENTS

3.1 The Employment Business will endeavour to obtain suitable Assignments for the Temporary Worker. A Temporary Worker shall not be obliged to accept an Assignment offered by the Employment Business

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 suitability shall be determined solely by the Employment Business and that the Employment Business shall incur no liability to the Temporary Worker should it fail to offer opportunities to work; 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 would be paid and any expenses payable by or to the Temporary Worker; and any risks to health & safety known to the Client in relation to the Assignment and the steps that 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 If, before the first Assignment, during the course of an Assignment or within the Relevant Period the Client wishes to employ the Temporary Worker direct or through another employment business, the Temporary Worker acknowledges that the Employment Business will be entitled either to charge the Client a fee or to agree an extension of the hiring period with the Client at the end of which the Temporary Worker may be engaged directly by the Client or through another employment business without further charge to the Client. In addition the Employment Business will be entitled to charge a fee to the Client if the Client introduces the Temporary Worker to a third party who subsequently engages the Temporary Worker within the relevant period.

4. REMUNERATION

4.1 The Employment Business shall pay to the Temporary Worker remuneration calculated at an hourly rate. 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, subject to deductions in respect of PAYE Class 1 National Insurance Contributions and Income Tax pursuant to S134 of the Income and Corporation Taxes Act 1988 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 Client for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

5. STATUTORY LEAVE

5.1 For the purposes of calculating entitlement to leave under this clause, the leave year commences on the date that the Temporary Worker starts an Assignment or a series of Assignments.

5.2 Under the Working Time Regulations 1998, the Temporary Worker is entitled to 24 days 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 The amount of the payment to which the Temporary Worker is entitled in respect of paid leave is consolidated in the hourly rate and no additional payment will be made. The Temporary Worker agrees that payment in respect of entitlement to paid leave shall be made together with and in addition to the Temporary Worker's hourly rate. The amount of your pay that constitutes holiday pay shall be specifically identified in your payslip.

5.4 Where the Temporary Worker wishes to take leave to which he is entitled during the course of an Assignment, he should notify the Employment Business in writing of the dates of his intended absence. The amount of notice which the Temporary Worker is required to give should be at least twice the length of the period of leave that he wishes to take. It is the responsibility of the Temporary Worker to ensure that he takes the minimum of 24 days leave in each holiday year.

5.5 In the course of any Assignment during the first leave year the Temporary Worker is entitled to request leave at the rate of 1/12th of the Temporary Worker's total holiday entitlement in each month of the leave year.

5.6 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.

6. SICKNESS ABSENCE

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

6.2 For the purposes of the Statutory Sick Pay scheme there is one qualifying day per week during the course of an Assignment and that qualifying day shall be the Wednesday in every week.

7. TIME SHEETS

7.1 On Monday of each week of an Assignment (or at the end of the Assignment where it is completed on another day) the Temporary Worker shall deliver to the Employment Business his time sheet duly completed to indicate the number of hours worked by him during the preceding week (or lesser period) and signed by an authorised representative of the Client..

7.2 Subject to Clause 7.3 the Employment Business shall pay the

7.3 Temporary Worker for all hours worked regardless of whether the Employment Business has received payment from the Client for those hours.

7.4 Where the Temporary Worker fails to submit a properly authenticated time-sheet the Employment Business shall, in a timely fashion, conduct further investigations into the hours claimed by the Temporary Worker and the reasons that the Client has refused to sign a time-sheet in respect of those hours. This may delay payment due to the Temporary Worker. The Employment shall make no payment to the Temporary Worker for hours not worked.

7.5 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 his 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. WORKING TIME

8.1 The Working Time Regulations 1998 provide that the Temporary Worker shall not work on an Assignment with the Client in excess of an average of 48 hours over a 17 week period unless the Temporary Worker agrees that this time limit shall not apply.

8.2 The Temporary Worker hereby agrees that the working week limit shall not apply to any Assignment. If the Temporary Worker gives one month's notice to that effect to the Employment Business the working week limit shall apply.

9. CONDUCT OF ASSIGNMENTS

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

- (a) co-operate with the Client's staff and accept the direction, supervision and control of any responsible person in the Client's organisation;
- (b) observe any relevant rules and regulations of the Client's establishment to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain and in particular ascertain and comply with all health and safety rules;
- (c) unless arrangements have been made to the contrary, conform to the normal hours of work in force at the Client's establishment;
- (d) take all reasonable steps to safeguard the Temporary Worker's own safety and the safety of any other person who may be present or affected by the Temporary Workers actions on the Assignment and comply with the health and safety policies of the Client;
- (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 the Temporary Worker's 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.

9.2 If the Temporary Worker is unable for any reason to attend work during the course of an Assignment the Temporary Worker should inform the Employment Business within one hour of the commencement of the Assignment or shift.

9.3 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.

10. TERMINATION

10.1 The Employment Business or the Client may, without prior notice or liability, terminate the Temporary Worker's Assignment at any time.

10.2 The Temporary Worker may terminate an Assignment at any time without prior notice or liability.

10.3 If the Temporary Worker does not inform the Client or the Employment Business [in accordance with clause 9.2] should the Temporary Worker be unable to attend work during the course of an Assignment this will be treated as termination of the Assignment by the Temporary Worker in accordance with clause 10.2 unless the Temporary Worker can show that exceptional circumstances prevented the Temporary Worker from complying with clause 9.2

10.4 If the Temporary Worker is absent during the course of an Assignment and the Assignment has not been otherwise terminated the Employment Business will be entitled to terminate the Assignment in accordance with clause 10.1 if the work to which the Temporary Worker was assigned is no longer available for the Temporary Worker.

10.5 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 the Temporary Worker's last known address.

11. LAW

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

I HAVE READ AND ACCEPTED THE TERMS OF ENGAGEMENT.

SIGNED.....

PRINT NAME.....

DATE.....

13) Equal opportunities

Estio Healthcare Ltd aims to be an equal opportunities provider of work and we select solely on merit irrespective of race, sex, disability etc. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated. Please note Ethnic minority questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups - UK Citizens can belong to any of the groups indicated

Please tick the appropriate category: White Bangladeshi Black African
Indian Chinese Black Caribbean Pakistani Black Other

please specify _____

Other please specify _____

I do not want to provide this information

14) Working Time Regulations

The working Time Regulations 1998 state that you are unable to work in excess of an average of 48 hours per week (calculated over a 17 week period) unless agreed with Estio Healthcare that this limit should not apply.

Estio wishes to have an agreement with you, which will apply until terminated by notice:

- i) The average 48 hour work limit will not apply to you
- ii) this agreement may be terminated by yourself by giving Estio Healthcare 4 weeks written notice

If you accept this proposal, please sign below. This section of the application form will then be the record of this agreement between you and Estio Healthcare.

Signed _____ Print name _____

Date _____