GRACE HANDS CARE LIMITED

Please Attach Photograph

JOB APPLICATION FORM

Please read the attached Terms and Conditions of Membership before completing this form.
Please complete this form in **black ink** and in **CAPITAL LETTERS**, use additional sheets if necessary.

1. PERSONAL DETAILS

TITLE: First Name: Middle Name: Surname:

Mr./Mrs./Miss/Ms

Post Applied For: **FOR PROFESSIONAL NURSING APPLICANTS**

Job Reference:

Registered as:

PIN:

Date of Birth:

Expiry Date:

RIGHT TO WORK

National Insurance Number:

Passport (please tick)

- European Union ☐
- British Citizen ☐
- Foreign National ☐

Place passport was issued:

UK ENTRY CLEARANCE VISA / RESIDENCE PERMIT

(Please tick where applicable)

- Indefinite Leave to Remain ☐
- Health Care Services leave to remain - no remarks or observations ☐
- Health Care Services leave to remain - with remarks or observations ☐
- Spouse visa ☐
- Student visa ☐

Home Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile: _____

Other Tel: _____

Email Address: _____

2. NEXT OF KIN: _____ Relationship: _____

Address: _____ Postcode: _____

Home Tel: _____ Mobile: _____

Other Tel: _____

Email Address: _____

3. DRIVING RECORD

Do you hold a current driving licence? YES / NO

Type and No. FULL / PROVISIONAL / Other: _____

Are you a Car Owner? YES / NO

Driving Licence valid from: _____ to _____

Details of current endorsements: _____

JOB APPLICATION FORM

4. EDUCATIONAL QUALIFICATION (To High School - Use additional sheet if necessary)

Dates		Name of School / College / University	Qualification attained	Grade
From	To			

5. PROFESSIONAL QUALIFICATIONS (Use additional sheet if necessary)

Dates		Name of School / College / University	Qualification attained	Grade
From	To			

6. PERSONAL INFORMATION (In the space provided below, please tell us why you think you are a suitable candidate - Use additional sheet if necessary)

GRACE HANDS CARE LIMITED

JOB APPLICATION FORM

7. EMPLOYMENT RECORD (Starting from completion of formal education to date – Use additional sheet if necessary. All gaps should be explained)

Dates		Employers Full Name and Address	Type of Work and Pay	Reason For Leaving
From	To			

8. REFEREES

Please give the name, address and telephone number of the Line Manager we can contact for a reference at your two most recent employers. If you have only had one employer for the last 7 years, one work reference will be sufficient together with a second, reference. Relatives and friends are not acceptable as personal references.

(i) Full Name: _____ Position: _____

Tel: _____ Email: _____

Company Name and Address: _____

_____

(i) Full Name: _____ Position: _____

Tel: _____ Email: _____

Company Name and Address: _____

_____

Can we contact your referees before interview: _____

GRACE HANDS CARE LIMITED

JOB APPLICATION FORM

9. ASYLUM AND IMMIGRATION ACT 1996

You will be asked to produce one of the following documents specified by the Act to establish your eligibility to work.
Any offer of employment will be limited by, and subject to your continued eligibility to work in the UK.

10 HEALTH SCREENING

If you are offered a job, you will be asked to fill in pre-employment health screening questionnaire, which will be assessed by Occupational Health.
Any offer of employment will be subject to a satisfactory report from Occupational Health.

11. CRIMINAL RECORDS

Jobs with **"GRACE HANDS LIMITED"** may involve working with frail or vulnerable people; so, all posts are exempt from the Rehabilitation of Offenders Act 1974. If you are successful in your application, we will then seek an 'Enhanced Disclosure' from the Criminal Records Bureau. If you have a criminal record, it may not necessarily bar you from employment with **"GRACE HANDS LIMITED".** Our policy on this matter and the CRB Code of practice is available upon request.

Any offer of employment will be subject to a successful criminal records check.
Declaration of offenders Act 1974.

You are not entitled to withhold information regarded as "spent' under the act. This is due to the nature of work of the post which may be exempt from sec.4 (2).

Any information which you give will be treated in strict confidence and in accordance with the data protection Act, which "GRACE HANDS LIMITED" adheres and complies with.

i. Have you ever been convicted of a criminal offence? YES / NO **NOTE.**

If "YES", please provide details of all convictions and cautions, including those considered "spent"

ii. (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed "Private and Confidential - Criminal Convictions" and attach this to your completed Application Form).

b. DECLARATION BY APPLICANT

I confirm that the information in this application is true and accurate to the best of my knowledge and belief.
I understand that any false information may result in the rejection of my application or, in the event of employment, dismissal or disciplinary action by **"GRACE HANDS LIMITED".**

Signed: _____ Date: _____

GRACE HANDS CARE LIMITED

This form must be completed and signed by the Employee and should be forwarded to the payroll along with a P45 or completed P46 form as soon as the employee has started

Title and Surname:			
Forenames:			
Marital Status:			
National Insurance Number:			
Date of Birth:			
Home Address:			
		Postcode:	
Email and Contact Number:			
Ethnic Origin:			
Disability:			
Date of Commencement:			
Job Title			
Sort Code:			
Account Number:			
Bank / Building Society name and branch:			

AUTHORISATION

Managers Authorisation:		Date:	
Employee Signature:		Date:	
Actioned for Payroll:		Date:	

GRACE HANDS CARE LIMITED

HEALTH QUESTIONNAIRE

This questionnaire asks for information of a personal nature. It is necessary to establish your 'health status' as there are aspects of the work which requires us to make risk assessments in order to protect our employees and our clients. All information given will be held in strict confidence.

Position Applied for:		Location:	
Title (Mr,Mrs,Ms,Miss):		First Name:	
Surname:		Date of Birth:	
Full address:			

HAVE YOU EVER SUFFERED FROM:	YES	NO	IF 'YES', PLEASE PROVIDE DETAILS:
Epilepsy	☐	☐	
Fits, fainting attacks or dizziness	☐	☐	
Stomach problems	☐	☐	
Frequent vomiting or diarrhoea	☐	☐	
Chronic or recurrent cough	☐	☐	
Varicose veins	☐	☐	
Rupture / Hernia	☐	☐	
Serious Injury	☐	☐	
Rheumatism / arthritis	☐	☐	
Skin problems (e.g. dermatitis, eczema or psoriasis)	☐	☐	
Back problems	☐	☐	
Hearing / ear problems	☐	☐	
Chest problems	☐	☐	
Diabetes	☐	☐	
Eye / sight problems	☐	☐	
Kidney or bladder problems	☐	☐	
Nervous problems	☐	☐	
Mental illness	☐	☐	
Heart problems	☐	☐	
Abnormal blood pressure	☐	☐	
Persistent headaches	☐	☐	
Jaundice	☐	☐	
Dysentery or typhoid	☐	☐	
Blood borne virus (i.e. hepatitis./HIV)	☐	☐	
Asthma, bronchitis or TB	☐	☐	

Do you smoke?		If yes please state how many per week:	
Do you drink alcohol?		If yes please state consumption per week:	

VACCINATION: Have you been vaccinated against the following (proof of immunisations must be provided):

German Measles (Rubella) ☐	Date _____/	Tuberculosis (BCG) ☐	Date _____/
Hepatitis B ☐	Date _____/	Tetanus ☐	Date _____/
Polio ☐	Date _____/		

GRACE HANDS CARE LIMITED

Note: I certify that the above information is correct and hereby give permission for a further report to be requested from my GP for clarification if required.			
Applicant Signature:		Date:	
Doctor Name:		Address:	
Post Code:		Tel:	

Email: Website:

EQUAL OPPORTUNITIES MONITORING

"GRACE HANDS LIMITED" aims to be an equal opportunities employer. We want to ensure that no one is discriminated against on the grounds of sex, marital status, age, colour, ethnic origin, religion or disability. In order to help us monitor our recruitment and selection process, please can you complete this form and return it with your application form.

This information will be treated in the strictest confidence and will be used solely for the purpose of monitoring our equal opportunity practices.

Post Applied for:	Location:

1. What is your race or ethnic origin?

White	☐	Chinese	☐
Irish	☐	Indian	☐
Black African	☐	Pakistani	☐
Black Caribbean	☐	Bangladeshi	☐
Other (Please Specify)	☐		

2. Do you have a disability?

Yes ☐ No ☐

If yes, please specify if you require any special provisions in the work place

_____

_____

3. Your Sex/Gender?

Female ☐ Male ☐

4. Your age at last Birthday?

_____ Years

TERMSAND CONDITIONSOFMEMBERSHIP

THIS IS AN IMPORTANT DOCUMENT PLEASE SIGN AND RETURN ONE COPY TO ENCHOR HEALTH CARE SERVICES

The terms and conditions set out below (the "Conditions of Membership") shall govern the relationship between "GRACE HANDS LIMITED" and you during any period in which you are providing your Health Care Services to "GRACE HANDS LIMITED". There is no contractual relationship between us outside of these periods.

It is a condition of Membership that you read and fully understand these conditions. We will be pleased to clarify any points you do not understand.

1. The Role of "GRACE HANDS LIMITED"

"GRACE HANDS LIMITED" is licensed in accordance with Care Quality Commission Regulations and any statutory modifications or re-enactments thereof. "GRACE HANDS LIMITED" will offer work to its Members within the Healthcare and when work is available. There is no obligation to offer any level of work to you or any obligation upon you to accept work.

2. Assignments

"GRACE HANDS LIMITED" makes every effort to find Members work in the Healthcare but will make no guarantee that we shall always be able to do this. Temporary work assignments are made in accordance with the terms of this Agreement and the terms of Business (copies of which are available upon request) Members must keep any appointments or arrangements that are made for them. Members who are unable to report for duty for any reason whatsoever must telephone "GRACE HANDS LIMITED" Manager immediately so that every effort can be made to find a replacement under no circumstances may any person who is not a Member of "GRACE HANDS LIMITED" be introduced to a case.

3. Payment

"GRACE HANDS LIMITED" makes payments to Members in advance of fees earned by them, and Members irrevocably appoint "GRACE HANDS LIMITED" to collect and recover fees, expenses, charges and extras in the name of "GRACE HANDS LIMITED". Members will be paid regardless of "GRACE HANDS LIMITED" receiving payment from the client. All monies due to "GRACE HANDS LIMITED" will be deducted from the monies received from the client. All assignments must be booked through "GRACE HANDS LIMITED". The payment rates are subject to change as negotiated with clients. "GRACE HANDS LIMITED" will not pay below the government minimum rate of £7.25.

4. Fees and Expenses

Payment in advance of fees earned by Members is made weekly by Bankers Automated Clearing Health Care Services (BACS), accompanied by a full statement. An appropriate deduction will be made in respect of Professional Negligence Indemnity Insurance (see clause 23 below) Accounts prepared by "GRACE HANDS LIMITED" on behalf of Members are usually submitted weekly.

5. Timesheets

Fully completed and signed timesheets must be submitted to the payroll branch weekly, to arrive no later than Monday noon, in order for payment to be made promptly. Failure to submit a completed timesheet may result in payment being delayed. To fulfil our record keeping obligations, hours worked will continue to be monitored on a timesheet basis. All timesheets must be completed correctly.

6. Members Employment Status

Members are self-employed in all cases. Members may be deemed employees for the purpose of PAYE and Class One National Insurance Contributions only in appropriate cases, PAYE tax deductions will be made from Members' fees and National Insurance Contributions will be collected by "GRACE HANDS LIMITED". Because Members' "contracts" exist only for the period of each duty, "GRACE HANDS LIMITED" does not usually pay statutory sick pay. Members should make enquiries to their local DSS office with regard to sickness benefit. Members who are under Umbrella Companies and Limited Companies are not eligible for holiday pay or benefits from "GRACE HANDS LIMITED" due to that they are no PAYE deductions, Class one and two National Insurance Contributions.

7. Standards of Conduct

Members of "GRACE HANDS LIMITED" must at all times maintain the highest professional standards and comply with "GRACE HANDS LIMITED"' policies and procedures. Members are also required to adhere to the policies, procedures and requirements of the client and workplace and comply with the codes of conduct of any professional organisation to which they belong.

8. Uniform

Members will not be required to wear a uniform during working hours unless instructed otherwise by "GRACE HANDS LIMITED" Manager.

9. Changes to Personal Details

The member's "GRACE HANDS LIMITED" be notified immediately in writing of changes of address, telephone number or bank details. Failure to notify such changes may result in non-receipt of statement of fees and other correspondence loss of assignments, or incorrect or non-payment of fees.

10. Incomplete Assignments

Members wishing to leave an assignment before its completion must inform their "GRACE HANDS LIMITED" immediately and give at least one week's notice to tile client.

11. Termination of Membership

Members may terminate their Membership with "GRACE HANDS LIMITED" at any time and one weeks' notice must be given if an assignment is in progress and likewise "GRACE HANDS LIMITED" may terminate Membership of the Temporary Worker at any time and one weeks' notice will be given if an assignment is progress. If a Member wishes to take up any appointment with a client introduced by "GRACE HANDS LIMITED" within 6 months of the termination of Membership, the Member must notify their "GRACE HANDS LIMITED" branch in writing, as a fee will be due from the client. Failure to inform "GRACE HANDS LIMITED" will jeopardise future work opportunities or result in termination of Membership.

12. Client Care/Reports

Changes in patients' mental and physical condition should be reported to the appropriate person Detailed records must be kept in accordance with both Client and agency requirements, as required by the "GRACE HANDS LIMITED" Branch Manager.

13. On-Call

For the purposes of the Working Time Regulations, time spent "on-call" whilst not working will not count towards a member's working time unless and until the Member is called to work.

14. Time Off

Members who wish to have time off from an assignment other than, as paid holiday must give "GRACE HANDS LIMITED" at least one week's notice to find a suitable replacement for the period of absence.

15. Paid Holiday

The Working Time Regulations provide that Members who work for 12 consecutive weeks (the qualifying period) will, from 1 October 2011 begin to accrue a right to paid holiday on a pro-rata basis equivalent to full time employment of 5.6 weeks per year. This right is broken should you cease to work continuously. However, "GRACE HANDS LIMITED" has decided to offer greater benefits to you by giving you the entitlement to accrue 12.07% of the total hours worked in any given week. If you have a period of 6 months or more without undertaking any assignments you will need to re-work the qualifying period to accrue more hours. "GRACE HANDS LIMITED" holiday year commences from 1 April and runs through to the 30th of March. The purpose of the entitlement to paid holiday is to ensure that you take time off work; "GRACE HANDS LIMITED" therefore recommends that you do not work during your holiday period.

16. Working Hours

In compliance with the implementation of the Working Time Regulations, "GRACE HANDS LIMITED" recommends that working time (including any time that you personally provide your Health Care Services to anyone else) should not exceed 48 hours per week (average over a period of 17 weeks). However, should you wish to waive this right, please indicate this preference by ticking Yes/No in the box provided below. Members can withdraw the option to work in excess of 48 hours per week at any time by providing 3 months written notice to their local "GRACE HANDS LIMITED". Working Time shall include only the period of attendance at each individual assignment through "GRACE HANDS LIMITED". It shall not include travelling time unless specifically agreed in advance by the "GRACE HANDS LIMITED" Manager.

17. Daily Rest Period

All members should be provided with the opportunity to take 20 minutes unpaid break during assignments of 6 hours duration or more. It is the responsibility of the Member to ensure this is taken in the course of work. Members are entitled to take 11 hours of consecutive rest per day. In circumstances in which flexible practice is required such as home care, sleepovers, hospitals, residential homes, prisons. etc., and there is no opportunity to take rest breaks, this is permitted providing an equivalent break or compensatory rest period is agreed at the convenience of the Member and Client. However, where an agreement has been reached by collective means within the established workforce,

Members will be bound by that agreement in relation to working hours. This will not entitle Members to any other benefits or provisions under such collective agreements. Members are not entitled to receive pay during any rest breaks.

18. Shift Workers

Members are entitled to 11 hours of daily consecutive rest, but this does not apply in relation to shift workers who cannot take a daily rest period between the end of one shift and the start of the next one. In these circumstances, clause 17 relating to rest period applies and an equivalent break of compensatory rest period must he agreed at the convenience of Member and Client and agreed weekly hours must not be exceeded.

19. Night Shifts

Members have the opportunity to undergo a health assessment prior to night duty assignments for which they will not be charged. (This can be arranged through their local branch.) Night duty hours must not exceed 8 hours in 24 hours, and this is averaged over a standard period of 17 weeks. (In certain circumstances in which flexible practice is required, clause 17 relating to rest periods applies, and individual agreements between the Member and "GRACE HANDS LIMITED" branch management must be reached if night hours are to exceed this limit. In these circumstances, an equivalent break of compensatory rest period is agreed at the convenience of the Member and Client.)

20. Members' Health

Membership of "GRACE HANDS LIMITED" is conditional upon true statement of the details of a Member's mental and physical health as set out in the application form, and upon the understanding that a Member must be in a state of good health when reporting for each and every duty. Failure to provide all accurate declaration of health or to update the local "GRACE HANDS LIMITED" branch of any change could jeopardise "GRACE HANDS LIMITED" Membership.

21. Health and Safety

Members, as self-employed persons, determine their working hours through accepting or refusing assignments offered. Members are individually responsible for ensuring their chosen working hours (including all work other than through "GRACE HANDS LIMITED" are compatible with their own health and safety at work and that of patients, clients and colleagues. As self-employed persons, Members have a personal responsibility to regard health and safety polices and fully co-operate with those in charge of the workplace. Members are required to assess for any risks in the workplace and maintain a safe environment both for themselves, other staff and Clients. Often, this will involve working to established health and safety practices, but private householders are unlikely to have such a detailed knowledge, so particular care is required when providing home care services. Members are also requested to report any communicable diseases to the Branch Manager, even following termination of contract. This enables "GRACE HANDS LIMITED" to fulfil the obligation under RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) to protect both Client and staff health and safety, whilst maintaining optimum confidentiality to all Members.

22. Negligence

If a Member is removed from an assignment or a complaint for misconduct or professional negligence is received, "GRACE HANDS LIMITED" reserves the right to withhold payment in advance of fees earned by the Member.

23 Identification

Members must carry their NMC PIN card and wear a "GRACE HANDS LIMITED" ID. Badge at all times whilst on duty, or whilst on the Client's premises, going to, or coming off, an assignment. Members will be issued with 2 ID Badges and will be charged a £5.00 penalty fee to replace a lost ID Badge.

24 Data Protection

"GRACE HANDS LIMITED" holds information on Members' racial or ethnic origin, religious beliefs, and health and criminal records. This sensitive information is held for monitoring purposes only. However, "GRACE HANDS LIMITED" may use other, non-sensitive information supplied by you to occasionally send, or arrange to send, information which we believe will be of interest to Members. If you do not wish us to pass on this non-sensitive information about you please mark the relevant box below.

Please tick 1 box only for each question

Working Hours

☐ Yes, I may wish to work more than 48 hours per week.

☐ No, I do not wish to work more than 48 hours per week

Data Protection

☐ Yes, I would like to receive correspondence from "GRACE HANDS LIMITED" and agree to non- sensitive information about me being used for this purpose.

☐ No, I do not wish to receive correspondence from "GRACE HANDS LIMITED" and do not agree to non- sensitive information about me being used

Amended November 2017. These conditions supersede all previous conditions.

Member Name: _____
(PRINTED)

Signature: _____

Payroll No _____ Date: _____

Branch: _____

If you have any queries concerning these conditions, please contact your local "GRACE HANDS LIMITED" branch for further explanation. No variation or alteration to these conditions shall be valid unless confirmed in writing by a Director of "GRACE HANDS LIMITED".

Should you have any specific comments, a copy of our comments and complaint procedure is available from "GRACE HANDS LIMITED" Registered office.

Additional Information:

REGISTRATION DOCUMENTS	Yes	No	If no, please state reason
Passport	☐	☐	
Front cover of passport	☐	☐	
Visa/Permit Status (spouse copy where applicable to individual status)	☐	☐	
Birth Certificate	☐	☐	
Marriage Certificate (if applicable)	☐	☐	
National Insurance Card	☐	☐	
Mandatory training certificates	☐	☐	
Vaccination confirmation	☐	☐	
Two proof of address	☐	☐	
Updated CV	☐	☐	
Driving Licence	☐	☐	
REGISTERED NURSES			
Pin Number and NMC Statement of Entry	☐	☐	
Professional Indemnity Cover	☐	☐	
RCN Membership Card (front and back)	☐	☐	
Professional Qualifications	☐	☐	
Portfolio	☐	☐	
HEALTH CARE SERVICES COMPANY			
Company house letter/ Certificate of Incorporation	☐	☐	
Share Certificate	☐	☐	
Indemnity Insurance	☐	☐	
Bank letter/ Bank statement	☐	☐	
HMRC Corporate tax letter	☐	☐	
Invoice format	☐	☐	
SELF EMPLOYED			
Indemnity Insurance	☐	☐	
Bank letter/ Bank statement	☐	☐	
HMRC UTR no	☐	☐	
Invoice format	☐	☐	