



**Important Notice! Please read the following information before filling the form**

Dear Doctor,

Thank you for taking the time to register with UK International Nursing Agency Ltd. (Medical Division). This document contains all the essential forms that will enable us to provide you with prompt and professional services.

**The following are the forms enclosed:**

- 1 Application Form
- 1 Availability Form
- 1 Health Declaration Form
- 1 Working Time Opt out Form
- 1 Rehabilitation of Offenders Form
- 1 Temporary Workers Contract

**Please fill these forms and send it to the following address:**

**UK International Nursing Agency Ltd.**

Mayapur House 2A, Station Road,

Radlett, Herts WD7 8JX

Tel: 01923 855 856 Fax: 01923 855 562

**Along with the following documents:**

- 2 Copy of Full Curriculum Vitae (plus copy on disk in Microsoft Word format)
- 2 Names & Addresses of 2 Referees - current and last employer.
- 2 Copy of GMC registration Certificate (or letter from GMC if just passed PLAB exam)
- 2 Copy of Hepatitis B Lab Report showing titer levels & immunity
- 2 Academic Qualification Certificates
- 2 Professional Qualification Certificates
- 2 Experiences Certificates
- 2 Police Check
- 2 4 Passport Size Photographs
- 2 Driving License
- 2 Passport
- 2 Passport copies for Overseas candidates
- 2 Proof of Address (Domestic Bills with your address)
- 2 Bank Details
- 2 Copy/Proof of eligibility to work in UK (i.e. copy of passport/letter from home office).

On receiving these documents fully completed, we will contact you to arrange an interview and find you a suitable position. Your ID badge will be provided on interview for means of reference and identification, which you will need to where at your placements through us. If you have any further requirements, questions or queries please do not hesitate to contact us.

Yours sincerely

D. Ramdrass (Mary)  
Director



# APPLICATION FORM

## FOR DOCTORS

To proceed with an application we require ALL of the relevant documents and application forms enclose to be completed and signed.

Please complete this form in BLOCK CAPITALS and together with a copy of your CV, GMC registration certificate, and Hepatitis B Immunization Certificate return via post or fax to **UK International Nursing Agency Ltd. (Medical Division)**.

<b>Surname</b>		<b>First Name</b>		<b>Initials</b>	
<b>Sex</b>	Male [ ] Female [ ]	<b>Date of Birth</b>		<b>Age</b>	

<b>Home Address</b>	
<b>Correspondence Address</b>	
<b>Contact Number (Home)</b>	
<b>Contact Number (Work)</b>	
<b>Mobile / Pager</b>	
<b>Email</b>	

**Specialty (Please tick your specialties)**

A & E	<input type="checkbox"/>	Anesthetics	<input type="checkbox"/>	Biochemistry	<input type="checkbox"/>	Cardiology	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	ENT	<input type="checkbox"/>	Genitourinary Medicine	<input type="checkbox"/>	Geriatric Medicine	<input type="checkbox"/>
Hematology	<input type="checkbox"/>	Nephrology	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	General Medicine	<input type="checkbox"/>
Cardiothoratic Surgery	<input type="checkbox"/>	Neuro Surgery	<input type="checkbox"/>	Obs & Gynae	<input type="checkbox"/>	Oncology	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	Oral Maxillofacial	<input type="checkbox"/>	Orthopaedic & Trauma	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Paediatric Surgery	<input type="checkbox"/>	Pathology	<input type="checkbox"/>	Plastic Surgery	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Urology	<input type="checkbox"/>		<input type="checkbox"/>

**Grade (Please tick grades preferred)**

Consultant	<input type="checkbox"/>	Associate Specialist	<input type="checkbox"/>	Staff Grade	<input type="checkbox"/>	Specialist Registrar	<input type="checkbox"/>
Clinical Assistant	<input type="checkbox"/>	Registrar	<input type="checkbox"/>	SHO	<input type="checkbox"/>	House Officer	<input type="checkbox"/>

If other, please specify \_\_\_\_\_



**General Medical Certificate**

GMC Number	
Valid Until	

**Type of Registration**

Full Registration  Limited Registration  Eligible for Registration

**Visa Status (Please enclose proof i.e. passport/letter from home office)**

EC Citizen  Permit Free Training  Exp Date  Require work permit

If other, please specify \_\_\_\_\_

**Referees (2 referees must be provided)**

<b>1. (Name &amp; Address of your Current Employer)</b>	
Telephone:	
Fax:	

<b>2. (Previous employer, if your current employment is less then 6 months )</b>	
Telephone:	
Fax:	



# AVAILABILITY

Please indicate your availability below by selecting the dates and highlighting whether you are available for the full day or just the evening (**F = Full E = Evening**)

**Your preferred areas of work geographically**

1st Choice	
2nd Choice	
3 <sup>rd</sup> Choice	
Anywhere in UK	
Any Country Overseas	

	Jan	Feb	Mar	Apr	May	June
<b>Mon</b>						
<b>Tues</b>				1		
<b>Wed</b>	1			2		
<b>Thurs</b>	2			3	1	
<b>Fri</b>	3			4	2	
<b>Sat</b>	4	1	1	5	3	
<b>Sun</b>	5	2	2	6	4	1
<b>Mon</b>	6	3	3	7	5	2
<b>Tues</b>	7	4	4	8	6	3
<b>Wed</b>	8	5	5	9	7	4
<b>Thurs</b>	9	6	6	10	8	5
<b>Fri</b>	10	7	7	11	9	6
<b>Sat</b>	11	8	8	12	10	7
<b>Sun</b>	12	9	9	13	11	8
<b>Mon</b>	13	10	10	14	12	9
<b>Tues</b>	14	11	11	15	13	10
<b>Wed</b>	15	12	12	16	14	11
<b>Thurs</b>	16	13	13	17	15	12
<b>Fri</b>	17	14	14	18	16	13
<b>Sat</b>	18	15	15	19	17	14
<b>Sun</b>	19	16	16	20	18	15
<b>Mon</b>	20	17	17	21	19	16
<b>Tues</b>	21	18	18	22	20	17
<b>Wed</b>	22	19	19	23	21	18
<b>Thurs</b>	23	20	20	24	22	19
<b>Fri</b>	24	21	21	25	23	20
<b>Sat</b>	25	22	22	26	24	21
<b>Sun</b>	26	23	23	27	25	22
<b>Mon</b>	27	24	24	28	26	23
<b>Tues</b>	28	25	25	29	27	24
<b>Wed</b>	29	26	26	30	28	25
<b>Thurs</b>	30	27	27		29	26
<b>Fri</b>	31	28	28		30	27
<b>Sat</b>			29		31	28
<b>Sun</b>			30			29
<b>Mon</b>			31			30
<b>Tues</b>						



# DECLARATION OF HEALTH

Name of Occupational Health Department of immunisation

Working in conjunction with the NHS code of Practice, please attach documentary evidence or, alternatively, please give details in the space provided of the dates, duration and outcome of illness or conditions.

**Have you ever had (If yes please provide additional information to responses on reverse of this sheet).**

Yes

No

1.	Asthma		
2.	Back trouble		
3.	Blackouts, fits or attacks of giddiness		
4.	Bladder or kidney disorder		
5.	Bronchitis		
6.	Chest complaints		
7.	Chest pains, heart conditions		
8.	Depression		
9.	Dermatitis		
10.	Diabetes		
11.	Digestive or bowel disorder		
12.	Mental illness		
13.	Rheumatism or arthritis		
14.	Thyroid or other glandular disorder		
15.	Tuberculosis		
16.	Typhoid, paratyphoid		
17.	Any other accident, operation or illness		
18.	Have you any reason to believe you may be infected by any communicable disease		
19.	Any other current or recent medical condition or treatment which might affect your attendance or performance at work		
20.	Any illness or medical condition that prevented you from attending work or your normal duties for more than one week during the year?		
21.	Any physical disabilities including defect of sight or hearing		
22.	Smoker		

23 How many units of alcohol do you drink per week? (one unit = 1/2 pint beer = 1 glass wine/whisky)

**Please give date of immunisation or vaccinations for (Please tick if copies enclosed)  
(tick)**

24.	Tetanus		
25.	Poliomyelitis		
26.	Diphtheria Schick Test		
27.	Hepatitis B		
28.	Rubella (German Measles)		
29.	Tuberculosis BCG		
30.	Please give the date of your last Chest x-ray		



## BANK DETAILS

To ensure prompt and correct payment please complete **ALL** the following sections. Failure to do this might cause a delay in making payments.

Surname	
First Name	
Date of Birth	
National Insurance Number	
Pay Advice Address	
<b>Tel:</b>	

### Bank Details

Bank	
Branch	
Sort Code	
Account Number	

### SELF EMPLOYED BASIS

If Self Employed is declaration attached YES / NO

GRADE OF DOCTOR \_\_\_\_\_

START DATE OF FIRST ASSIGNMENT. .... / .... / .....



**UK International** Nursing Agency Ltd.

## **WORKING TIME DIRECTIVE**

## **OPT-OUT AGREEMENT**

Regulation 4 of the Working Time Directive requires that a worker's average working time must not exceed 48 hours per week unless the worker agrees in writing to exceed the limit.

If temporary employees are to lawfully work more than 48 hours, they must sign an opt-out agreement to this effect.

If you are prepared to work more than 48 hours per week, please sign and return the agreement below as soon as possible in order that we may lawfully employ you even if your hours exceed this.

I agree to opt-out of Regulation 4 of the Working Time Directive.

Name (Please print) \_\_\_\_\_

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

Dated: \_\_\_\_\_



# REHABILITATION OF OFFENDERS ACT (1974)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which 1.9 of such a kind as to enable the holder to have access to persons in respect of such services in the course of his/her normal duties.

Your answers to the following questions should include 'spent' convictions/proceedings.

		Yes	No
1	Have you ever been convicted / cautioned for a criminal offence	<input type="checkbox"/>	<input type="checkbox"/>
(if 'yes' please give details on a separate sheet)			

		Yes	No
2	Have you ever been / are you the subject of any GMC misconduct proceedings	<input type="checkbox"/>	<input type="checkbox"/>
(if 'yes' please give details on a separate sheet)			

		Yes	No
3	Are there any pending investigations/complaints (by hospital or GMC) regarding your work/conduct outstanding	<input type="checkbox"/>	<input type="checkbox"/>
(if 'yes' please give details on a separate sheet)			

		Yes	No
4	Have you ever had a police check performed on you	<input type="checkbox"/>	<input type="checkbox"/>

If 'yes' please state hospital, which performed check and when

Date	
Tel	

**(A fee of £15 for police check required)**

Department of Health circular (88.9) Protection of children requires us to carry out a check on police records for Doctors/Nurses and Teachers whose assignment will give them substantial access to children-

Do you agree that such checks may be made concerning you, if required?

**Yes**, I agree that such checks may be carried out. ( )  
**No**, I do not agree to such checks being carried out. ( )

**I confirm that all the above information is true and accurate and that I have received and agree to UK International Nursing Agency Ltd. (Medical Division) Terms of Engagement of Temporary (Locum) Workers.**

Signed \_\_\_\_\_ Name (Please print) \_\_\_\_\_

Date \_\_\_\_\_



# TERMS OF ENGAGEMENT OF TEMPORARY (Locum) WORKERS

## 1.0 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 UK International Nursing Agency Ltd. (Medical Division) Mayapur House, 2A Station Road, Radlett, Herts WD7 8JX [together with any subsidiary or associated company as defined by the Companies Act 1985]

**"Temporary Worker"** means locum doctor (you).

1.2 Unless 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

These Terms constitute a contract for services between our Employment Business acting for the client and the Temporary Worker and they govern all assignments undertaken by the Temporary Worker to the client. However, no contract shall exist between our 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 our Employment Business and the Temporary Worker. The Temporary Worker is engaged as a self-employed worker, although our Employment Business is required to make statutory deductions from his remuneration in accordance with clause 4.1

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

## 3. ASSIGNMENTS

3.1 Our Employment Business will endeavor to obtain suitable Assignments for the Temporary Worker to work as a Locum Doctor.

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 our Employment Business; and that our 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.

3.3 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.



#### **4. RENUMERATION**

- 4.1 Our Employment Business shall pay to the Temporary Worker remuneration calculated at an hourly rate, to the nearest quarter hour (see pay schedule). Payments are made weekly in arrears subject to receipt of correctly completed time sheets in respect of PAYE Class 1 National Insurance Contributions and Income Tax pursuant to S 1 34 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 Clients for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

#### **5.0 STATUTORY LEAVE**

- 5.1 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.
- 5.2 The right to paid leave only arises once the Temporary Worker has been engaged on Assignments through our Employment Business and in a **non-training grade position (i.e. Consultant)**. Entitlement to paid leave accrues in proportion to the amount of time worked by the Temporary Worker on Assignment during the leave year. The amount of the payment to which the Temporary Worker is entitled in respect of such leave is calculated in accordance with and in proportion to the number of hours, which is worked on assignments. Payment in respect of the entitlement to paid leave shall be made as part of the Temporary Worker' s hourly rate.
- 5.3 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 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. Unless the Employment Business informs the Temporary Worker in writing that it is not possible for him to take leave on the specified dates, the Temporary Worker shall be entitled to take up his notified leave entitlement
- 5.4 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 Temporary workers are not entitled to sick pay

#### **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 our Employment Business his time sheet duly completed to indicate the number of hours worked by him 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.
- 7.2 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 traveling 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**

The Temporary Worker is not obliged to accept any Assignment offered by the Employment Business but if he does so, during every assignment and afterwards where appropriate, he 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;
- (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 his own safety and the safety of any other person who may be present or affected by his 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 his own or any other person' s benefit, any confidential information relating to the Client' s or our Employment Business' employees, business affairs, transactions or finances.

8.2 If the Temporary Worker is unable for any reason to attend work during the course of an assignment he should inform the client or the Employment Business no later than 1 hour from the commencement of the assignment or shift

## **9. TERMINATION**

9.1 Our Employment Business or the Client may, without prior notice or liability, terminate the Temporary Workers Assignment at anytime.

9.2 The Temporary Worker may terminate an Assignment by giving the following notice period

	<b>Duration of Assignment</b>	<b>Number of days Notice required</b>
1.	less than 1 week	<b>1</b>
2.	less than 2 weeks	<b>2</b>
3.	more than 2 weeks	<b>5</b>

9.3 If the Temporary Worker does not inform the client or our Employment Business (in accordance with clause 8.2) 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 in accordance with clause 9.2 unless the Temporary Worker can show that exceptional circumstances prevented him from complying with clause 8.2

9.4 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 9.1 if the work to which the absent worker was assigned is no longer available for the Temporary Worker.

## **10. LAW**

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

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*Signed on Behalf of*  
UK International Nursing Agency Ltd.  
(Medical Division)

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*Signed by the Temporary Worker*