



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

Dear Healthcare Professional,

Thank you for taking the time to register with UK International Nursing Agency Ltd. an agency that prides itself on its prompt and professional service.

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 (Microsoft Word)
- 2 NMC Decision Letter / PIN Card
- 2 Academic Qualification Certificates
- 2 Professional Qualification Certificates
- 2 Experiences Certificates
- 2 Names & Addresses of 2 Referees- current and last employer.
- 2 Copy of Hepatitis B Lab Report showing titer levels & immunity
- 2 Copy/Proof of eligibility to work in UK (i.e. copy of passport/letter from home office).
- 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

Once we have received these documents fully completed, we will contact you to arrange an interview and find you the suitable positions. 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.

Yours sincerely

D. Ramdrass (Mary)



APPLICATION FORM

FOR HEALTHCARE PROFESSIONALS

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

Job Title _____
 Surname _____
 Forename _____
 Date of Birth _____
 Driver Driver Yes/No Car Own Yes/No
 Present Address _____
 Telephone _____ Work _____
 Mobile Number _____ Pager: _____
 Permanent Address _____
 Town/City _____ Country _____ Post Code _____
 Marital Status _____ Nationality _____ (proof supplied) Yes No

(Emergency Contact Telephone Number) _____
 Name, Address & Tel. No. of Next of Kin (Relationship) _____

Tax Code _____ N.I. _____

2. Name & Address of Professional Educational Institution	Qualification	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

UKCC/NMC Number _____ Exp. Date _____



3. Employment History: Starting with present employment going back to the last 5 year.

Date From to	Name & Address of Employer	Job Title & Outline of duties	Salary

4. Reason for applying for this job

5. Academic Qualification	List	Year Obtained

6. Current studies undertaken if any

7(a) Health Records Dates: Immunization received. Any other, please mention:



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	
2 nd Choice	
3 rd Choice	
Anywhere in UK	
Any Country Overseas	

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



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
Asthma		
Back trouble		
Blackouts, fits or attacks of giddiness		
Bladder or kidney disorder		
Bronchitis		
Chest complaints		
Chest pains, heart conditions		
Depression		
Dermatitis		
Diabetes		
Digestive or bowel disorder		
Mental illness		
Rheumatism or arthritis		
Thyroid or other glandular disorder		
Tuberculosis		
Typhoid, paratyphoid		
Any other accident, operation or illness		
Have you any reason to believe you may be infected by any communicable disease		
Any other current or recent medical condition or treatment which might affect your attendance or performance at work		
Any illness or medical condition that prevented you from attending work or your normal duties for more than one week during the year?		
Any physical disabilities including defect of sight or hearing		
Smoker		

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)

Tetanus		
Poliomyelitis		
Diphtheria Schick Test		
Hepatitis B		
Rubella (German Measles)		
Tuberculosis BCG		
Please give the date of your last Chest x-ray		



8. Please state name & branch of any other nursing agencies you are registered with and working with.

9. Please bring all your original certificates & a photocopy set with you at interview also 2 passport size photo of yourself for your ID registration, Bank Details.

10. Name, Address and telephone numbers of two people for professional reference purposes.
(One must be your current Employer, if more then 6 month employed or Previous Employer if less then 6 months)

Reference 1

Reference 2

Tel No. _____ Tel No. _____

11. Any convictions spent or otherwise _____ if yes. Please explain briefly

12. Any additional information you wish to supply in support of your application if desired.

Print Name _____

Signature _____ Date _____



UK International Nursing Agency Ltd.

BANK DETAILS

Name of Bank _____

Address of Bank _____

Post Code _____

Bank Code No. _____

Account No. _____

Date _____

Name in Full _____

Please remember to fill in all details to enable us to send you wages directly to your bank.



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 NMC 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 NMC) 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' sstaff 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

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

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

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

Signed by the Temporary Worker