

Agency Registration Form

Position Applied For (tick as appropriate)		PAYE		
Health Care Assistant <input type="checkbox"/>	Support Worker <input type="checkbox"/>	Nurse <input type="checkbox"/>	Limited	
Title:	First Name:	Middle Name(s):		
Surname:		Maiden Names: (Previous Surname)		
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Address:				
Town:		Postcode:		
Email Address:				
Phone (Mobile)		Phone (Home)		
Date of Birth:		National Insurance Number:		
Limited Company Only				
Company Name:		IR35 Contract Signed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company Number:		UTR Number:		
Right to Work (Asylum & Immigration Act 1980)				
Are you free to remain and take-up employment in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nationality:	
Passport Number:	Passport Issue Date:	Passport Expiry Date:		
Visa Type:	Visa Number:	Visa Expiry Date:		
EU ID: (Yes/No)	EU ID Number:	EU ID Expiry Date:		
Next of Kin/Emergency Contact Details				
Title:	Name:	Surname:		
Relationship to You:		Address:		
Town:		Postcode:		
Phone (Mobile)		Phone (Home):		
Bank/Building Society Details				
Account Holders Name:		Bank Name:		
Account Number:		Sort Code:		
I authorise PURE HEARTS care services to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify PURE HEARTS care services in writing of any changes to these details.				
Signature: _____				Date: _____

Employment History

Please give details of your employment over the last 10 years commencing with your most recent job and including any agencies worked for. Where applicable, please explain any breaks in employment history.

Date From (MM/YY)	Date To (MM/YY)	Name & Address of Employer	Position Held	Reason for Leaving

Education/Qualifications

Date From (MM/YY)	Date To (MM/YY)	Course	Name & Address of University/College/Institute	Qualifications Gained

Your Availability for Work

How many hours each week would you like to work?							
Which areas would you be able to work in? (Please list)							
Please indicate the times and days you would be available for work.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Shift							
Late Shift							
Long Day							
Night Shift							
Are you a car driver?	Yes		No		Do you own a car?	Yes	No
Do you have a current UK Driving License?	Yes		No		License Number (if applicable)		
Issue Date:				Expiry Date:			
Details of any endorsements:							
If you intend to use your car for business, do you have the required insurance cover?				Yes		No	
If yes, you will be required to produce both your driving license and motor insurance certificates.							
Do you have any other work commitments which may impair your ability to carry out your duties for PURE HEARTS Care?				Yes (please give details)		No	

Equal Opportunities Monitoring

Languages Spoken:				
Religion:				
Age Group (Please indicate)	16-20	21-35	26-50	50+
Disabilities (Please indicate)	Registered Disability		Unregistered Disability	No Disability
Ethnicity (please indicate which best describes your ethnic origin)	White European		White Other	Black African
	Black Caribbean		Black Other	Indian
	Asian		Other (please specify)	
How did you hear about this post?				
Are you related to or do you know any member of staff at PURE HEARTS Care?				

Signature: _____ Date: _____

Further Training / Updates

Course	Yes/No	Date Attended
Equality and Diversity		
Health and Safety		
Fire Safety		
Infection Control		
Food Hygiene		
Manual Handling		
Basic Life Support		
Safeguarding Vulnerable Adults		
Safeguarding Children		
Conflict Management		
Complaints Handling		
Lone Worker		
Mental Capacity Act		
Record Keeping		
Information Governance		
Understanding Your Role		
Duty of Care		
Medication Awareness		
Emergency First Aid		
Communication		
COSHH		
RIDDOR		
PMVA/MAPA/Control & Restraint		
Peg Feed/Gastronomy Tubes		
Tracheostomy		

Skills Assessment

Urinalysis		Simple Dressings		Use of Hoists	
Catheter Care		Blood Sugar Testing		Report Writing	
Continence Care		Stoma Care		Eye Care	
TPR Recording		Pressure Area Care		Feeding Patients	
B/P Recording		Mouth Care		Other:	

Healthcare Assistant Checklist

Please tick the box that most applies to your current experience. Please remember that you will be held professionally accountable for all information provided.

List of Skills	Novice	Competent	Expert
Dealing with confidentiality			
Report writing			
Recording instruction from MDT			
Observing/recording changes in clients' condition			
Measuring fluid output			
Recording on fluid charts accurately			
Answering and referring all enquires to the nurse in charge			
Understanding policies, procedures & guidelines and adhering to them			
Documenting patient charter			
Neurological observations and assessment care of a patient following a CVA			
Care of the patient with abdominal wounds/drains e.g., PEG tube			
Spinal lifts, Log rolls			
Assisting with care of pressure areas and reporting it			
Prevention of pressure			
Care of hair			
Care of nails			
Care of skin			
Care of mouth and dentures			
Assisting with general cleanliness			
Bed making			
Basic life support			
Use of airway and Ambu bag			
Cardiac compressions			
Manual handling			
Health and safety			
Disposal of soiled linen			
Assisting with bathing			
Giving bedpans, with disposal and measurement as required			
Preparing a patient for a meal			
Feeding patient			
Escorting patients to other departments			
Getting patient ready for bed			
Getting patient out of bed			
Keeping the room tidy			
Collecting routine specimens of urine and faeces			
Peg care			
Orthopaedics			
Personal Hygiene			
Fire safety			
Bedside			
Wound Care			
Administrative abilities			
Neurological			
Infection control			
Barrier nursing – infectious/immunosuppressed or MRSA patient			
Care of a confused patient			

Clinical Details

Clinical Area	Length of experience	Clinical Area	Length of experience	Clinical Area	Length of experience
Adolescent		HIV		Learning Disabilities	
Adult		Medication		Unqualified Social Worker	
Aggression Awareness		Mental Health		Social Worker Trainer	
Break Away		Nursing Homes		Family Centre	
Child Protection		NVQ (1,2,3,4)		Senior Manager	
Children		Paediatrics		Homeless	
Drug		Physical Disabilities		Hospital Worker	
Education		Probation Service		House Keeping	
Elderly		Residential Homes		Other:	
Family		Sensory Impairment			

Comments/ Any Other Skills

Signature: _____ **Date:** _____

Statement of Competence

I _____ (*insert name*) consider myself to be both mentally and physically fit to carry out any duties to work with vulnerable adults or children. +

Print Name:

Signature: _____ **Date:** _____

Professional References

Please provide at least two referees who would give a reference on your character, work experience, and suitability for the post applied for. Referees must be in a senior position themselves. Please be aware that we are unable to offer you work until satisfactory references have been obtained. Please also note that we must obtain a referee annual basis.

Verified By:		Verified By:	
Name:		Name:	
Position held by Referee:		Position held by Referee:	
Company's Name:		Company's Name:	
Company's Address:		Company's Address:	
Work Telephone:		Work Telephone:	
Work Email:		Work Email:	
Verified By:		Verified By:	
Position held by Referee:		Position held by Referee:	
Company's Name:		Company's Name:	
Company's Address:		Company's Address:	
Work Telephone:		Work Telephone:	
Work Email:		Work Email:	
<p>I hereby give PURE HEARTS care services permission to approach my referees at this stage for employment references and understand that PURE HEARTS care services reserve the right to withdraw my application if my references do not meet a satisfactory level of healthcare staffing.</p>			
Yes		No	

Addresses from the Past 5 Years

(Start with current address)

Date From:	Date To:	Address:

Convictions/ Disqualifications

Given the nature of the work for which you are applying, the post is considered to be exempt from the provisions of the rehabilitation of offenders Act 1974 as contained within the exceptions Amendment order 1986. Applicants must give details of all convictions for criminal offenses, including pending convictions and those that would otherwise be considered "spent". Failure to provide details of convictions could result in dismissal or disciplinary action. If there are no convictions, please state "none". Having a criminal record will not necessarily bar you from working with us. PURE HEARTS care services comply fully with the DBS Code of Practice regarding the correct handling, use, storage retention, and disposal of Disclosures and Disclosure information. We make every subject of a DBS Check aware of the existence of the DBS Code of Practice and make a copy available on request.

Please list any pending investigations below:

Date:	Offence:	Outcome:

I confirm that to the best of my knowledge, the details contained above are correct. nces for you on an

Signature: _____ **Date:** _____

Disclosure and Barring Service (DBS) Check

I authorise, PURE HEARTS care services to carry out a DBS check on my behalf and when required. I understand that before I can commence work with PURE HEARTS care services, I need to have completed a DBS check.

Signature: _____ **Date:** _____

Do you have a DBS certificate dated within the last 6 months and registered with DBS?

Yes/No

If yes, please give the disclosure number: _____ Valid From: _____

Declaration of Health by Applicant

Name:	Date of Birth:
Home Address:	
Phone (Mobile):	Phone (Home):
General Practitioner's Name:	
General Practitioner's Address:	
Occupational Health Department:	
(Your GP will not be contacted without your permission)	
<p>Applicants should read the following carefully: This questionnaire should be completed by you as fully as possible, and all questions must be answered. If you run out of space, please use a follow-up sheet. All information will be treated as medically confident.</p> <p>WARNING: in completing the questionnaire, you are responsible for the accuracy of your statements. If information is withheld, suppressed, deliberately misleading, or false, you may be liable, if employment to dismissal.</p> <p>NOTE: A disability or health problem will not in itself preclude full consideration for the job applied for, and applications from people with disabilities are welcome.</p> <p>The following questions on health and disability to order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs to perform the job or position sought.</p> <p>Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions that are essential for the role you seek? Yes/No If yes, please specify:</p> <p>If you have a disability, what are your needs in terms of reasonable adjustments to access recruitment services and attend an interview, take aptitude tests, etc.? Please specify:</p>	

Health Checklist

Have you ever had in your life, including childhood, any of the following?

Description of Illness	Yes	No	Details/Date
1. Heart/Circulation Illness/Hypertension?			
2. Blood Disorders e.g., Anaemia, Haemophilia?			
3. Eye Disease/Injury or Detect of eyesight?			
4. Asthma, Hay Fever?			
5. Bronchitis, Pneumonia, Pleurisy?			
6. Tuberculosis?			
7. Diabetes and/or Frequent Fainting Attacks?			
8. Epilepsy?			
9. Headaches/Migraine?			
10. Psychiatric Treatment?			
11. Dermatitis, Psoriasis, Eczema, Skin Sensitivities?			
12. Chicken Pox? (if you suffered from it in childhood please tick Yes)			
13. Hearing Loss, Frequency Ear Infections?			
14. Hepatitis/Jaundice?			
15. Bladder/Kidney Infection?			
16. Gynaecological Problems, Painful periods?			
17. Gastric Ailments, Ulcer?			
18. Back Problems/ Sciatica or deformities of the spine?			
19. Varicose veins?			
20. Do you have any deformities, which affect your employment?			
21. Are you currently receiving any medication from the doctor?			
22. Have you ever been treated at the hospital?			
23. Physical or other disability?			
24. Psychiatric or mental illness?			
25. Are you registered as disabled?			
26. Date and result of the last X-ray?			
27. Allergies?			
28. Fractures, tendon, ligament/Cartilage damage?			
Have you ever been vaccinated, Immunised, or tested for/against any of the following?			
1. Tuberculosis, including BCG			
2. Heaf, Mantoux, or Tine			
3. Rubella (German Measles)			
4. Mumps			
5. Measles			
6. Poliomyelitis			
7. Hepatitis B (antibodies date and result)			
8. HIV			
9. Tetanus			
10. Varicella			
11. Typhoid			
Have you ever had any disorders from or received treatment for any of the following?			
AIDS/ HIV INFECTED HEALTH CARE WORKERS			
I confirm that I am aware of and have read the department of health's guidelines on AIDS/HIV infected health care workers issued April 1993 and the GMC's booklet Serious Communicable Diseases - October 1997 and agree to abide by these guidelines.			

Signature: _____ Date: _____

MRSA		Yes/No
Have you had contact with MRSA?		
If yes, date of swab:		
Miscellaneous		
How many days have you been away from work or unable to follow your normal activities because of illness or injury in the last 2 years?		
Please give reasons for and the length of each period of incapacity that exceeds three working days:		
Have you ever had to resign from any previous job for medical reasons? (If yes, please explain)		
Lifestyle History		
Smoking		
Are you a smoker?		
If you are an ex-smoker, when did you give up?		
How many cigarettes do you smoke a day?		
Alcohol		
How many units of alcohol do you drink each week? (1 unit = half a pint of beer or cider; a single measure of spirits; a small glass of wine)		
Any other information?		
Height:	Weight:	
To the best of my knowledge, this is an accurate statement of my health. I understand that medical information that is knowingly withheld, suppressed, or deliberately misleading or false may make me liable, if subsequently employed, to dismissal. I am also aware that if my health changes/ deteriorates in any way whilst engaged through PURE HEARTS CARE or between assignments, I am required to notify PURE HEARTS CARE immediately.		

I declare that all the above statements are true and complete to the best of my knowledge and behalf. I hereby give PURE HEARTS CARE SERVICES LIMITED the permission to contact my General Practitioner to obtain further information should it be required.

Signature: _____ **Date:** _____

Data Protection Statement

The information that you provide on this form on this form and any CV gave will be used by PURE HEARTS CARE to provide you with work-finding services. In providing this service to you, you consent to your data being included in a computerised database and consent to us transferring your details to our clients. We may check the information collects, with third parties or with other information held by us. We may also use or pass information to certain third parties to prevent or detect crime, to protect.

Signature: _____ **Date:** _____

Professional Indemnity

Please tick if you have included your certificate of Professional Indemnity

MPS / MDU / Other (Delete as appropriate)	Policy number:	Renewal date:
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I agree that I will ensure that I have sufficient indemnity cover for all the work I undertake.

Signature: _____ **Date:** _____

Confidentiality Agreement

During your employment, you may have access to see or hear the information of a confidential nature. You are required not to disclose any information, particularly related to client/patient details, medical notes, etc. to any unauthorised disciplinary action or dismissal.

Signature: _____ **Date:** _____

Third-Party Declaration

I hereby allow any information relating to my registration with PURE HEARTS CARE SERVICES LIMITED to be shared with relevant third parties. This will be overseen by the governance lead for PURE HEARTS CARE SERVICES LIMITED.

Signature: _____ **Date:** _____

Working Times Regulations

The Working Times Regulations 1998 ("The Regulations") require PURE HEARTS CARE SERVICES LIMITED ("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 wished 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 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's proposals, please sign below. This document will then be a record of the Agreement.

Signature: _____ **Date:** _____

Revalidation Declaration

I hereby declare that I have read through the PURE HEARTS CARE SERVICES LIMITED revalidation guidance notes. Any breach of obligation may result in disciplinary action or dismissal.

Signature: _____ Date: _____

Tax Liabilities (IR35 Contract)

The Contractor confirms to Pure Hearts Care Services Limited that they are an independent contractor via their own Limited Company. The Contractor undertakes to Pure Hearts Services Limited the following:

1. The contractor understands their limited company may fall under IR35, in which case they will operate their PAYE system.
2. The contractor will ensure all PAYE tax and National Insurance contributions will be paid to HMRC by the relevant deadlines.
3. The contractor indemnifies Pure Hearts Care Services Limited with respect to any claims by any relevant authorities (such as HMRC) against Pure Hearts Care Services Limited concerning any unpaid PAYE tax, National Insurance contributions, or any similar debts including fines and interest and legal fees relating to the service.

Signature: _____ Date: _____

Declaration

I, the undersigned applicant, hereby declare that the information I have given in this application form is true to the best of my knowledge and belief. I o my data and CV being forwarded to clients. I consent to references being passed on to potential employers. I agree that if I have given any false or misleading information, or do not give relevant information now or in the future, this may result in the termination of an assignment without notice. If the use of a temporary assignment, the Client wishes to employ me directly, I acknowledge that PURE HEARTS CARE SERVICES LIMITED will be entitled either to charge the client an introduction/transfer fee or to agree with an extension of the hiring period with the Client (after which I may be employed by the Client without further charge applies to the Client).

Signature: _____ Date: _____

List of requirements for Healthcare Assistants, Support Workers, and Careers

- 2 proofs of address dated within the last 6 months (utility bills, bank statements, Inland Revenue Documents, and driving license. **MOBILE PHONE BILLS ARE NOT ACCEPTED.**
- A CV documenting your FULL employment history (with accurate dates at least in Month/Year format)
- DBS Application form and payment of £54.40 – (Online Application + Card Payment) if you are registered on the new update service, please bring along your DBS certificate so we can photocopy and do an online check on you.
- Proof of your National Insurance number, please note this must be in the form of your NI card, P45, P60 or other Department of Work and Pensions document.
- Passport photograph
- Valid Passport /ID Card / Visa if applicable

- Driving license if applicable
- P45 form or a P45
- Bank details (Welcome letter from bank/Limited Company Certificate & Company account details & Memorandum of Association (LTD's Only))

The Following Mandatory Training Certificates Dated Within the Last 6 Months	Care Certificate
<input type="checkbox"/> Lone Worker <input type="checkbox"/> Safeguarding Vulnerable Adult <input type="checkbox"/> Safeguarding Vulnerable Children <input type="checkbox"/> Fire safety <input type="checkbox"/> Health and Safety <input type="checkbox"/> Infection Control <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Information Governance <input type="checkbox"/> Manual Handling <input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Understand Your Role <input type="checkbox"/> Your Personal Development <input type="checkbox"/> Duty of Care <input type="checkbox"/> Equality and Diversity <input type="checkbox"/> Work in a Person Centre Way <input type="checkbox"/> Communication <input type="checkbox"/> Privacy and Dignity <input type="checkbox"/> Fluids and Nutrition <input type="checkbox"/> Awareness of Mental Health, Dementia and Learning Disabilities <input type="checkbox"/> Safeguarding Children <input type="checkbox"/> Basic Life Support <input type="checkbox"/> Health and Safety <input type="checkbox"/> Handling Information <input type="checkbox"/> Infection Prevention and Control <input type="checkbox"/> Moving and Handling <input type="checkbox"/> Medication

Proof of Immunity for NHS and Private Hospital Placements Only
<input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> TB/BCG <input type="checkbox"/> Varicella/Chicken Pox

Additional Information