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• The Peoples Healthcare Limited • Marshall House • 124 Middleton Road • Office 18 • London • SM4 6RW •

The People's Healthcare

Healthcare Assistant Application Pack

Attach your recent passport size photo here

HCA's, please complete application clearly in block capital letters

Candidate Details Quick Reference

Name: _____ **Specialism:** _____

Your Location: _____ **Date:** / / 2018

Application Pack Quick Navigation

Click headings to navigate your application pack

Section 1: Personal Details

Title: _____

First Name(s): _____ Surname: _____

Please specify title if other: _____

Maiden/ Former Names: _____

Date of Birth: _____ Age: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Postcode: _____

Home Tel: _____ Mobile: _____

Email Address: _____

National Insurance Number: _____

Nationality: _____

Next of Kin Name: _____

Relation: _____

Next of Kin Contact Number (Day): _____

Next of Kin Contact Number (Night): _____

Next of Kin Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ Postcode: _____

It is your responsibility to keep us updated with any changes to your next of kin details

Are you a car driver? Yes ☐ No ☐

Maximum distance you are happy to travel: _____ Hours

Section 2: Professional Qualifications and Training Details

Training Establishment	Dates	Qualification gained
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	

Please state below any other courses and dates attended (e.g. Basic Life Support/ Manual Handling etc). Continue onto separate sheet is necessary. Please note evidence of training is required for agency files. The Peoples Healthcare require certain mandatory training according to the area in which you work. All mandatory training must be provided by appropriately qualified instructors.

Course Title	Dates	Qualification gained
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	
	From: To:	

As of April 2016 it will be a mandatory requirement as a nurse of The Peoples Healthcare for you to have completed the Immediate Life Support (ILS) Course.

Section 3: Work History

Please state clearly details of the last 10 years work history.

You must state reasons for any breaks in-between employments. Please start with your most recently held position. Continue on a separate sheet if necessary.

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Name of employer	Address	Position held	Date of employment
			From: To:
Reason for leaving			

Section 4: Skills and Preferences

Please tick below which you are suitably skilled, experienced and competent to currently work in

A&E	☐	ANP	☐	Chemotherapy	☐
Clinics	☐	Community	☐	Elderly Care	☐
ECP	☐	ENT	☐	General	☐
Home Care	☐	Health Visitor	☐	Gynaecology	☐
Nurse Practitioner	☐	ITU	☐	Learning Disabilities	☐
Medical	☐	Mental Health	☐	Midwifery	☐
Neonatal/ PICU	☐	Neurology	☐	Occupational Health	☐
Care/ Nursing Homes	☐	ODP	☐	Orthopaedics	☐
Paediatrics	☐	Practice Nurse	☐	Recovery	☐
Renal	☐	SCBU	☐	Surgical	☐

Please tick to confirm all the skills below that you can perform independently

Assess/ Manage Minor Injuries Autonomously	☐	4 Layer Bandaging	☐
Assess/ Manage Minor illness Autonomously	☐	Asthma Care/ Monitoring	☐
B12 Therapy Monitoring	☐	Baby Vaccinations	☐
Basic Dressing	☐	Blood Glucose Reading	☐
Blood Pressure Reading	☐	Cannulation	☐
Catheterisation Male/ Female	☐	Contraceptive Checks- Oral	☐
Contraceptive Checks- Injectable	☐	COPD Care	☐
Comprehensive contraceptive advice/ treatment	☐	CVC Care	☐
License to prescribe independently	☐	Diabetics Care and Monitoring	☐
Ear Syringing	☐	End of Life	☐
Epilepsy Care	☐	Healthy Lifestyle Promotion	☐
Heart Failure Care	☐	Height And Weight	☐
IHD Monitoring	☐	Insulin and Starts/ Ortitration	☐
Intramuscular Injections	☐	IV Therapy	☐
Leg Ulcer Dressing	☐	Mental Health Monitoring	☐
NHS Health Checks	☐	Phlebotomy	☐
Nasogastric Tube Insertation/ Care	☐	Physical Assessment training	☐
Pre-Conceptual Care and Advice	☐	Pregnancy Testing	☐
Prescribe Medication	☐	Spirometry	☐
Stroke Monitoring	☐	Subcutaneous Injections	☐
Syringe Drivers	☐	Tissue Viability	☐
TPN	☐	Tracheostomy Care	☐
Travel/ Health Vaccinations	☐	Triage	☐

skills you can perform independently continued:

Urinalysis	☐	Venepuncture	☐
Weight Management	☐	Woman's Cervical Cytology	☐

If you can think of any others not mentioned above please mention below:

Disclaimer: I confirm that I have received adequate training and I am competent in practices as selected above and I understand that I have a professional obligation to keep my knowledge updated in order to practice.

Name: _____

Signed: _____

Date: _____

Section 5: Areas of Expertise

In order for us to obtain work placements that are most appropriate, according to both your own and client requirements, please state below your areas of personal expertise and the length of time you have spent working in these areas. Continue on separate sheet if necessary.

Area of Expertise	Dates	Workplace Including Address
	From: To:	

Area of Expertise	Dates	Workplace Including Address
	From: To:	

Area of Expertise	Dates	Workplace Including Address
	From: To:	

Area of Expertise	Dates	Workplace Including Address
	From: To:	

Area of Expertise	Dates	Workplace Including Address
	From: To:	

Area of Expertise	Dates	Workplace Including Address
	From: To:	

Section 6: General Information

Please indicate your work preferences by checking the relevant boxes:

Days	☐	Nights	☐	Full Time	☐	Part Time	☐
Bank Holidays	☐	Residential Homes	☐	Nursing Homes	☐	NHS/ Private Hospitals	☐

Section 7: Professional Indemnity Self Declaration

It is the professional responsibility of each HCA to ensure that you have cover which is appropriate to your role and scope of practice and its risks.

If you have personal cover in place it must be relevant to the risks involved in your practice, so that it is reasonably sufficient in the event that a claim is successfully made against you.

You are not required to provide a copy of your documents for your indemnity arrangement when you self declare.

Although you only have to sign the declaration annually you must have cover in place at all times. We may undertake compliance checks, identification of failure to have the cover in place once you have signed a self declaration may result in action being taken.

I Declare that I have appropriate professional indemnity in place to cover the entirety of my professional scope of practice. I understand that signing this declaration and failing to have the appropriate cover in place at all times would result in me being personally liable for any claims.

Signed: _____ Date: _____

Section 8: Limited Company

I wish to be paid through my Limited Company **YES** ☐

I wish to be P.A.Y.E through an umbrella company **YES** ☐

If opting for an umbrella company, using our prefered umbrella company will help provide reliable and seamless payments **(subject to timesheets being received on time, correctly completed and correctly authorised)**

Limited Company Name: _____

Company Number: _____

Unique Tax Payers Reference (UTR): _____

Section 9: References

Please provide the name and contact details of two or more references that we may contact who must be a doctor, nurses, healthcare staff or line manager and must hold a position more senior to your own. One of these must be from your current or most recent place of employment.

Clinical Reference 1:

Name: _____

Job Title/ Position: _____

Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
Postcode: _____

Current or previous employer: Current ☐ Previous ☐

Professional/ Work email address _____
(Personal email address may delay your application)

Contact Number: _____

Clinical Reference 2:

Name: _____

Job Title/ Position: _____

Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
Postcode: _____

Current or previous employer: Current ☐ Previous ☐

Professional/ Work email address: _____
(Personal email addresses may delay your application)

Contact Number: _____

Clinical Reference 3:

Name: _____

Job Title/ Position: _____

Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
Postcode: _____

Current or previous employer: Current ☐ Previous ☐

Professional/ Work email address _____
(Personal email address may delay your application)

Contact Number: _____

Clinical Reference 4:

Name: _____

Job Title/ Position: _____

Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
Postcode: _____

Current or previous employer: Current ☐ Previous ☐

Professional/ Work email address: _____
(Personal email addresses may delay your application)

Contact Number: _____

Section 10: Equal Rights Opportunities

The People's Healthcare are committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review this on an on-going basis on all aspects of recruitment to unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, marital status, age, disability, race, colour, ethnic or national origin, religion or political beliefs and we place an obligation upon all staff to respect and act in accordance the with the policy.

The People's Healthcare shall not discriminate unlawfully when deciding which applicant is submitted for a vacancy or assignment, or in any terms of employment or engagement for temporary workers.

The People's Healthcare will ensure that each candidate is assessed only in accordance with the candidate's merits, qualifications and abilities to perform the relevant duties required by a particular vacancy.

Section 11: Right to work

Please tell us about your eligibility to work in the UK

I am eligible to work in the UK and do not require a work permit ☐

I am already in possession of a work permit to work in the UK ☐

I need to obtain a work permit to work in the UK ☐

Other ☐ Please specify:_____

In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original identification documents as your evidence of your right to work in the UK if you are registered with The Peoples Healthcare for temporary work.

Section 12: DBS Disclosure and Convictions

Please note that this application will require a criminal background check by the Criminal Records Bureau at an enhanced level and a POVA check first. It may be the case that you already have a DBS disclosure for other employment, but legal requirements are that all agency workers must obtain a new check unless you are subscribed to the update service. We can view existing DBS disclosures you have but they are not considered transferable or portable, unless you are registered with the DBS update service.

If you are not registered with the DBS update service, it can take up to 3 weeks for a DBS check to be completed and returned to us.

If you are subscribed to the DBS Update Service, please provide the reference number you were supplied with (not the certificate number)

DBS Reference Number:

Do you have any spent/ unspent criminal convictions? YES ☐ NO ☐

If you answered yes, please provide details below:

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases, particularly where the employment is sought in relations to positions involving with children or vulnerable adults, details of all criminal convictions must be given. The information provided will be treated with the strictest of confidence and only taken into account where, in the reasonable opinion of The People's Healthcare, the offence is relevant to the position of an agency nurse/ healthcare professional.

Failure to declare any conviction may require us to exclude you from our register or terminate your contract if the offence is not declared but later comes to light.

Section 13: Bank Details

Name of Bank: _____ Branch Name: _____

Account Holder Name: _____

Branch Address: _____

_____

_____

_____ Postcode: _____

Sort Code: ___-___-___ Account Number: _____

Section 14: Personal Statement

Please could you please provide us with a descriptive statement about yourself?

Please see CV ☐

15: Final Declaration

1. HEPATITIS B

I have been advised at the registration office of the importance of having the Hepatitis B vaccine. I acknowledge that I have been/am being vaccinated against Hepatitis B and will continue to maintain my immunity. I accept responsibility for my decision and I will ensure that I take all precautions to avoid contracting the illness and avoid accepting work within environments which are hazardous.

Signed _____ Date _____

2. TERMS & CONDITIONS

I confirm that the information given in this application is, to the best of my knowledge, true.

I am permitted to work in the UK.

I understand that my registration is subject to the receipt of at least two satisfactory references and an enhanced disclosure from the Disclosure and Barring Service (DBS).

I undertake to inform The People's Healthcare should I be convicted of an offence in the future.

I undertake to inform The People's Healthcare immediately if I am engaged through their introduction, including the offer of permanent employment following a temporary assignment.

I agree to respect the confidentiality of patients and any other information I may have access to, at all times.

I am clear that The People's Healthcare cannot guarantee assignments and that they have no responsibility to pay for hours not worked no matter the situation.

I have read, understood and agree to the conditions of work for temporary nurses, of which I have been given a copy.

Signed _____ Date _____

3. INDUCTION

I have received a copy of the Induction information letter and can confirm that I have received, read, understood and will comply with the Agency Worker Handbook at all times. I am aware that the latest version of the Handbook is available via your recruitment consultant.

Signed _____ Date _____

4. BANK DETAILS

I have completed my bank details and confirm they are complete and correct. I hereby understand that any incorrect or incomplete details can result in a delay of my payment.

Signed _____ Date _____

5. WORKING TIME REGULATIONS

For the purpose of the Working Time Regulations 1998 (as amended), I consent to work in excess of an average of 48 hours per week. I understand that I may withdraw this consent by giving The People's Healthcare not less than three months' notice. I understand that my registration with The People's Healthcare can be terminated at any time following unsatisfactory work reports.

I consent to work ☐ I do not consent to work ☐

Signed _____ Date _____

6. DATA PROTECTION

I agree that The People's Healthcare retain the right to hold this application and any other data required to process it and to pass on to any employment related third party the details held within, also to retain these details for as long as reasonably necessary in accordance with the Data Protection Act.

Signed _____ Date _____

7. RESPONSIBILITY OF COMPLIANCE

Many of your compliance items need to be reviewed annually. It is your responsibility to ensure that your file is in date at all times. If any of your compliance items lapse, it may cause the suspension and/or termination of your placement.

Signed _____ Date _____

8. YOUR PROFESSIONAL CONDUCT

Have there been any proceedings of medical negligence or professional misconduct against you and have you ever been suspended or dismissed?

YES ☐ NO ☐

If "YES" please supply details:

_____

_____

_____

- Thank you for taking the time and effort to complete our application –

16. Refer a friend

We value our sincere, dedicated and reliable healthcare staff and appreciate your everyday commitment to providing an outstanding service to our clients and their patients.

As a result of our work to provide sincere, dedicated and reliable healthcare staff, we are experiencing an increase in demand from our clients for our dependable and reliable service. Therefore we would like to invite you to recommend any friends or family members who you feel would benefit from working for a great company like The People's Healthcare.

Not only will you be providing the person you refer the opportunity to work for a great company like our's, but you will also be rewarded £25 for each candidate referred as a thank you from us, once 10 shifts have been completed.

We will be very grateful if you can complete the details below to recommend a friend, family or relative to us.

Your Details	
Your Name	
Contact Number	
Email address	

Referred Candidate 1	
Prospective Candidate Name:	
Role they would be interested in:	
Prospective Candidate Telephone Number:	
Prospective Candidate Telephone Number (other):	
Relation to you:	

Referred Candiate 2	
Prospective Candidate Name:	
Role they would be interested in:	
Prospective Candidate Telephone Numer:	
Prospective Candidate Telephone Numer (other):	
Relation to you:	

Referred Candiate 3	
Prospective Candidate Name:	
Role they would be interested in:	
Prospective Candidate Telephone Numer:	
Prospective Candidate Telephone Numer (other):	
Relation to you:	

Referred Candiate 4	
Prospective Candidate Name:	
Role they would be interested in:	
Prospective Candidate Telephone Numer:	
Prospective Candidate Telephone Numer (other):	
Relation to you:	