

# Document Checklist

This form must be completed at the interview stage by the recruiter or branch consultant conducting the interview and held on the front of the applicant's file. Recruiters must ensure it is sent to the compliance team along with the new candidate's file and must be updated as recruitment checks are carried out by either the compliance team or the branch.

Interview Details	
Name:	Branch:

Applicant Details		
Title:	Forename:	Surname:
Applicant ID:		

Documentation	Interviewer completes	Action	
Registration Form (All sections completed and signed)	<input type="checkbox"/>		
Work History/CV	<input type="checkbox"/>		
DBS application form complete or current DBS	<input type="checkbox"/>	Application sent to DBS <input type="checkbox"/> Date:	
Evidence of right to work in the UK	<input type="checkbox"/>		
NI number	<input type="checkbox"/>		
Proof of address (1)	<input type="checkbox"/>		
Proof of address (2)	<input type="checkbox"/>		
Reference details (1)	<input type="checkbox"/>	Reference requested <input type="checkbox"/>	Reference received <input type="checkbox"/>
Reference detail (2)	<input type="checkbox"/>	Reference requested <input type="checkbox"/>	Reference received <input type="checkbox"/>
New employee starter information	<input type="checkbox"/>		
Pre-employment health declaration	<input type="checkbox"/>		
Immunisation record	<input type="checkbox"/>	Non EPP <input type="checkbox"/>	EPP <input type="checkbox"/>
Passport photograph	<input type="checkbox"/>		
Mandatory training certificate	<input type="checkbox"/>		
NMC statement of entry	<input type="checkbox"/>		
Indemnity insurance	<input type="checkbox"/>		
Professional qualifications	<input type="checkbox"/>		
Terms of engagement	<input type="checkbox"/>		
Ltd company documents	<input type="checkbox"/>	N/A	
Interview questions	<input type="checkbox"/>		
Drug calculations	<input type="checkbox"/>		

# Registration Form



Please complete all details clearly in block capital and return to us as soon as possible. All documentation will be returned to you via recorded delivery.

Personal Details		
<b>Please note: Your name should be in full, as appearing on the NMC register and passport</b>		
Title:	First Name/s:	Surname:
Date of Birth:		
Current Address:		
Home Tel No:		Work Tel No:
Ext./Bleep No:		Mobile No:
Email Address: (Please indicate accurately each character of your email address including full stops, commas etc)		
NMC* Number:	Full/Limited*:	Renewal date:

Next of Kin	
Name:	Relationship:
Address:	
Tel No:	

Right to Work in the UK
I confirm I am entitled to work in the UK on the following basis:  Are you an EEA National/ Citizen? Yes <input type="checkbox"/> (please go to next page) No <input type="checkbox"/> (please answer next question)  What type of Visa/ Documentation do you hold to support your eligibility to work in the UK?

# Registration Form

## National Insurance (NI) Number\*

\*We require one of the following original documents showing your NI number: a pay slip from a previous employer; a P45; a P60; a NINO card; a letter from a previous employer or government department. This item will be returned to you. If you are unable to provide this information, please contact the Department for Work Pensions in order to obtain a National Insurance Number.

## Employment History

Please submit your full employment history via a copy of your current CV. This should include the names of two most recent referees. Where your employment history is not continuous, please provide details of all gaps between employers.

## Rehabilitation of Offenders Act 1974

Applicants for locum medical positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under this Act.

Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the UK or any other country?

Yes ☐

No ☐

If yes, please provide outline on a separate sheet the criminal offence, order binding you over, a caution, including approximate date, the offence and the authority and country which dealt with the offence.

## Disclosure and Barring Service

All public and private organisations request that an Enhanced Disclosure be obtained for all healthcare personnel acquired from the Disclosure and Barring Service or Disclosure Scotland through Excellence Care Services.

Copies of the Excellence Care Services policies on the Rehabilitation of Offenders Act and the Storage and Disposal of DBS Disclosures are available upon request.

## Fitness to Practice

Have you been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country?

Yes ☐

No ☐

If **Yes**, please provide information on a separate sheet detailing the nature of the proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

# Registration Form

Declaration
I confirm that I have read this document fully and that all the information given to Excellence Care Services is correct to the best of my knowledge and belief. I confirm that I will notify Excellence Care Services immediately should any of my circumstances alter. I give permission for any information or documents supplied by me to be used to secure a position with Excellence Care Services on my behalf. I have read and agree to adhere to the Excellence Care Services Terms of Engagement.
Signature:
Print Name:
Date:

Please ensure you send us the following items with this form	
x2 up-to-date passport sized photographs	<input type="checkbox"/>
A copy of your current CV including referees	<input type="checkbox"/>
In addition to your completed Excellence Care Services DBS application form, please also forward your existing original DBS disclosure	<input type="checkbox"/>

**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE  
(NEW STARTER *CLINICAL* FORM)**

**CONFIDENTIAL**

Due to the nature of the role you have applied for we need to carry out a complete a new starter health questionnaire – even if you have been employed in UK health services before. The health of each candidate is considered individually and a decision regarding fitness for work in the prospective job role will be based on the functional effects of any underlying health condition/disability/impairment as well as health service requirements for fitness and immune status.

Before health clearance is given for employment you may be contacted by Excellence Care Services Limited and may need to be seen by an occupational health advisor or physician with gained consent. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties.

Personal Information			
Title	Surname	First names	DOB
Home Tel:		Work Tel:	Mobile:
Home Address:		GP Address:	

Medical History		
<b><u>All staff groups complete this section</u></b>	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

Medical History (continued)			
<b>Have you suffered from any of the following?</b>	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)			
clostridium difficile (C-Diff)			

If you have indicated YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned/rejected**.

Additional Information (If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	No	Date

BBV (Blood Borne Virus)		
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes	No

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived continuously in the UK for the last year ( <b>Include Holidays/ Vacations</b> )	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.</b>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when	Date	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information (If you have answered yes to any questions above please provide additional information below)	

Immunisation History					
Have you had any of the following immunisations			<b>Yes</b>	<b>No</b>	<b>Date</b>
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)					
Polio					
Tetanus					
Hepatitis B (If Yes is ticked please give dates below)					
Course:	1	2	3		
Boosters:	1	2	3		

Proof of Immunity (Please send the following)	
<b>Varicella</b>	You must provide a written statement to confirm that you have had chicken pox or shingles however we <b><u>strongly advise</u></b> that you provide serology test result showing varicella immunity
<b>Tuberculosis</b>	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result ( <b><u>Do not Self Declare</u></b> )
<b>Rubella, Measles &amp; Mumps</b>	Certificate of <b><u>“two”</u></b> MMR vaccinations or proof of a positive antibody for Rubella and Measles
<b>Hepatitis B</b>	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
<b>Hepatitis B Surface Antigen</b>	Evidence of Hepatitis B Surface Antigen Test (Inc. ‘e’ antigen and DNA viral loads if applicable) Report must be an identified validated sample. (IVS)
<b>Hepatitis C</b>	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable)

	Reports must be an identified validated sample. (IVS)
<b>HIV</b>	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The General Data Protection Regulation (GDPR) (EU) 2016/679
<p>All information supplied by you will be held in confidence by Excellence Care Services Limited. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Excellence Care Services Limited. Your personal data may be required to be seen by an occupational health advisor or physician, however it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP, Specialist's or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), withdrawal of consent and refusal of consent without detriment. The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation.</p>

Recommendations	
I understand that as a result of this assessment, recommendations/adjustments may be required;	
I give consent for the Excellence Care Services Limited to make recommendations to my employer, without me having seen a written copy of the recommendations first	<input type="checkbox"/>
I would like to see a written copy of any recommendations that Excellence Care Services Limited may make to my employer, before they are sent to my employer.	<input type="checkbox"/>

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	Signature	Date

# New Employee Starter Information



Employee Personal Details			
Grade:		Payroll Number:	
Title:	Forename:		Surname:
Address:			
Telephone Number:		Date of Birth:	

Employee Bank Details	
Account Name:	Sort Code:
Account Number:	Reference/Roll Number: <i>(Building Society Savings Accounts only)</i>
Bank Name:	
Bank Address:	

Declaration
I confirm the details I have provided regarding my bank details are correct
Signature:
Print Name:
Date:

Office use only <i>(delete where applicable)</i>		
P45.P46/P38(s) Posted to accounts department	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date:	Not Completed <input type="checkbox"/>
Date faxed to accounts department:		

Please deduct £18.50 for uniform



# Reference Request

Reference Requested	
Reference Requested From:	<b>Please affix the official stamp here</b> <b>This reference will not be considered valid unless accompanied by an official stamp or stationary</b> If you do not have a stamp or headed documents, please state here and sign accordingly.
Name:	
Address:	
Postcode:	

Applicant Details		
Title:	Forename:	Surname:
Dates of Employment		
From:	To:	
Position Held:		
Did this person work under your supervision and in which capacity, i.e. clinical position/band and speciality? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Capacity:		
Please state the nature of your acquaintance:		
Reason for Leaving:	Job Profile Applied For:	
Title Applied For:	Band Applied For:	
Would you re-employ this candidate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If <b>No</b> , please state your reason:		

How would you rate the candidate's ability?						
<i>Please tick as appropriate, providing additional comments in box provided</i>	Unable to comment	Poor	Satisfac-tory	Good	Very Good	Excellent
Clinical skills demonstrated in line with the requirements of the position						
Relationships with patients, other healthcare workers and the public						
Timekeeping and management of workload						
Patient records and other records management						
Reliability						
Communication Skills						
Supervisory Skills						
Organisational ability						
Additional comments in support of the statements made:						

Do you believe the named applicant to be honest, conscientious and discreet?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>No</b> , please provide details below:

# Reference Request

**Do you know of any factors surrounding the names applicant that may affect his/her fitness for employment, or any reasons why the names applicant should not work in a clinical environment?**

Yes ☐ No ☐

If **Yes**, please provide details below:

**Are you aware of any criminal conviction(s) relating to the named applicant?**

Yes ☐ No ☐

If **Yes**, please provide details below:

**Have you any reasons to instigate disciplinary action against the names applicant?**

Yes ☐ No ☐

If **Yes**, please provide details below:

**Has the named applicant been, or is he/she currently the subject of any fitness to practice proceedings by an appropriate licensing or regulatory body in the United Kingdom or any other country?**

Yes ☐ No ☐

If **Yes**, please provide details below:

**Do you consider the named applicant suitable for the position identified above?**

Yes ☐ No ☐

If **No**, please provide details below:

**Please provide any further information which is relevant to the above named applicant's application to be supplied as a temporary worker in the position identified above?**

## Declaration

In order to protect the public, the post for which the application is being made is exempt from Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. It is not therefore in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered as 'spent' in relation to this application and which you consider relevant to the applicant's suitability for employment. Any such information will be kept in strictest confidence and used only in consideration of the suitability of this applicant for a position where such an exemption is appropriate.

Print Name:

Signature:

Position:

Date:

Tel. No:

E-mail:

Organisation Name:

Organisation Address:

Postcode:

# Online DBS Check Information Requirements



As part of your application to join our register we are required to complete an enhanced level disclosure and barring service check. To do this we require the following information from you. Please complete all questions. Our recruiter will then submit your details online. Once the DBS check has been completed you will receive a copy of the DBS certificate to your home address directly from the Disclosure and Barring Service. If we need to view this certificate we will contact you directly.

Applicant Details	
Title:	
First Names (all):	
Surname:	
Position Applied For:	

Previous Names		
Have you been known by any other names? (if yes, please state below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Name:	Last Name:	
Dates From:	Dates To:	
First Name:	Last Name:	
Dates From:	Dates To:	
First Name:	Last Name:	
Dates From:	Dates To:	

Birth Details			
Date of Birth:		Gender:	
Place of Birth (Town):		County (optional):	
Country:		Nationality:	
Mothers Maiden Name:		UK National Insurance No:	

Contact Details			
The DBS may need to contact you - please provide a contact number			
Telephone Number:		Best time to call:	

Cautions		
Have you ever received a caution or reprimand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Address History

Please supply a complete five year address history, with your current address first.

First Line:

Town /City:

County:

Country:

Postcode:

From:

m m y y y y

to:

m m y y y y

First Line:

Town/City:

County:

Country:

Postcode:

From:

m m y y y y

to:

m m y y y y

First Line:

Town/City:

County:

Country:

Postcode:

From:

m m y y y y

to:

m m y y y y

First Line:

Town/City:

County:

Country:

Postcode:

From:

m m y y y y

to:

m m y y y y

First Line:

Town/City:

County:

Country:

Postcode:

From:

m m y y y y

to:

m m y y y y

First Line:

Town/City:

County:

Country:

Postcode:

m m y y y y

to:

m m y y y y

## Declaration / Statement of Fair Processing

I confirm that the information given is complete and true and understand that to knowingly make a false declaration could lead to a criminal conviction. I understand that Excellence Care Services will use this information to submit an online enhanced DBS check and I will be informed of the result of this check. I confirm that I will sign up to the DBS update service within 19 days of the date of issue of my DBS certificate and I agree that Excellence Care Services may have on going access to my DBS information while I remain working with this organisation.

By signing the below you are agreeing to the following statement:

The DBS was established in December 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

In the fair processing statement, "we", "us" and "our" refers to the organisation requesting a Criminal Record Disclosure. By using our service and providing us with your personal details, agree to accept and be bound by our privacy policy, the key terms of which are non- exhaustively summarised in this fair processing statement.

All information is stored in a secure environment, compliance with IS27001. All information for a Disclosure is encrypted and submitted to and from DBS via secure government pathway. All organisations requesting Criminal Record Disclosure are required to:

- Abide by the DBS/DS Code of Practice;
- Abide by the Data Protection Act 1998;
- Have a policy for the recruitment of ex-offenders and a policy for secure storage, handling, use, retention and disposal of Disclosure Certificates and Disclosure information.

All information requested is used solely for the purpose of producing a Criminal Record Disclosure and is collected, stored and processed by us and the DBS or Disclosure Scotland in accordance with the Data Protection Act 1998. We will treat your personal information as confidential and we will not disclose it to any third party except: (i) with your prior agreement; (ii) as necessary for providing our Criminal Record online service to you; or (iii) as required by law.

Print Name

Signature

Date

## Terms of Engagement of Medical Professionals

Excellence Care Services, a trading name of Excellence Care Services Limited ("the Company"), Minimum Rate of Pay £ [ ] per hour National Insurance Number:

These Terms of Engagement ("the Terms") form a contract for services and set out the entire agreement between the Medical Professional and the Company (with the exception of details of the Rate for any Assignment). No variation to the Terms shall be binding upon the Company unless the variation is in writing and signed by a statutory director of the Company. In the Terms, references to the singular include the plural (and vice versa) and the following definitions apply:

- 1.1. "Actual Rate of Pay" means, unless and until you have completed the Qualifying Period, the rate of pay per hour which will be paid during an Assignment subject to deductions;
- 1.2. "Actual QP Rate of Pay" means the rate of pay per hour which will be paid to you if and when you complete the Qualifying Period subject to deductions;
- 1.3. "AWR" – means the Agency Workers Regulations 2010;
- 1.4. "Client" means any person, firm, company or organisation requiring your services through the Company;
- 1.5. "Medical Professional" which shall include Doctors, Consultants, Allied Healthcare Professional and Nurses;
- 1.6. "Company" – Excellence Care services with a register office at 21 north street , Shrewsbury, Sy12sq;
- 1.7. "Confidential Information" – means any and all confidential commercial, financial, marketing, technical or other information or data of whatever nature relating to the Client or the Company or their business or affairs, in any form or medium whether disclosed or granted access to whether in writing, orally or by any other means, provided to the Medical Professional;
- 1.8. "Assignment" means any activity in the United Kingdom for which a Client seeks your service through the Company;
- 1.9. "Rate" means your hourly rate of pay by the Company in respect of an Assignment;
- 1.10. "Relevant Period" – means the longer period of either 14 weeks from the first day on which the Medical Professional worked for the Client or eight (8) weeks from the day after the Medical Professional was last supplied by the Company to the Client;
- 1.11. "Qualifying Period" means 12 calendar weeks during which you work in the same role with the Client during one (1) or more assignments;
- 1.12. "WTR" – means the Working Time Regulations 1998.

### 2. CONTRACT

- 2.1. These Terms constitute a contract for services between the Company and the Medical Professional and they govern all Assignments undertaken by the Medical Professional. However no contract shall exist between the Company and the Medical Professional between Assignments.
- 2.2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Company and the Medical Professional. The Medical Professional is engaged under a contract for services. It is agreed and accepted that the Company is required to make statutory deductions from the Medical Professional's remuneration in accordance with Clause 4.
- 2.3. No variation or alteration to these Terms shall be valid unless the details of such variation are agreed between the Company and the Medical Professional and set out in writing and a copy of the varied terms given to the Medical Professional stating the date on or after which such varied terms shall apply.

### 3. ASSIGNMENTS

- 3.1. The Company will endeavour to obtain suitable Assignments for the Medical Professional to work as a medical professional. The Medical Professional shall not be obliged to accept any Assignment offered by the Company. The Medical Professional is free to accept other work from other employment agencies.
- 3.2. The Medical Professional acknowledges that the nature of temporary work means that there may be periods when no suitable work is available and agrees: (a) that the suitability of work to be offered shall be determined solely by the Company; (b) that the Company shall incur no liability to the Medical Professional should it fail to offer opportunities to work in the above category or in any other category; and (c) that no contract shall exist between the Medical Professional and the Company during periods when the Medical Professional is not working on an Assignment.
- 3.3. At the same time as an Assignment is offered to the Medical Professional the Company shall inform the Medical Professional: (a) of the identity of the Client, and if applicable the nature of their business; (b) the date the work is to commence and the duration or likely duration of the work; (c) the type of work, location and hours during which the Medical Professional would be required to work; (d) the rate of remuneration that will be paid and any expenses payable by or to the; and (e) any risks to health and safety known to the Client and the steps the Client has taken to prevent or control such risks. In addition the Company shall inform the Medical Professional what experience, training, qualifications and any authorisation required by law or a professional body the Client considers necessary or which are required by law to work in the Assignment.
- 3.4. Where such information is not given in paper form or by electronic means it shall be confirmed by such means as determined by the Company by the end of the third business day (excluding Saturday, Sunday and any public or Bank holiday) following, save where the Medical Professional is being offered an Assignment in the same position as one in which the Medical Professional had previously been supplied within the previous five (5) business days and such information has already been given to the Medical Professional.
- 3.5. For the purpose of calculating the average number of weekly hours worked by the Medical Professional on an Assignment, the start date for the relevant averaging period under the WTR shall be the date on which the Medical Professional commences the first Assignment.
- 3.6. If, before the first Assignment, during the course of an Assignment or within the Relevant Period the Client wishes to employ the Medical Professional directly or through another Company's, the Medical Professional acknowledges that the Company will be entitled either to charge the Client a fee or to agree an extension of the hiring period with the Client at the end of which the Medical Professional may be engaged directly by the Client or through another Company without further charge to the Client. In addition the Company will be entitled to charge a fee to the Client if the Client introduces the Medical Professional to a third party who subsequently engages the Medical Professional within the Relevant Period.
- 3.7. If the Medical Professional accepts any Assignment offered by the Company, as soon as possible prior to the commencement of each such Assignment and during each Assignment (as appropriate) and any time at the Company's request, the Medical Professional undertakes to: (a) inform the Company of any weeks prior to the date of the relevant Assignment in which the Medical Professional has worked in the same or similar role with the relevant Client via any third party and which the Medical Professional believes count or may count toward the Qualifying Period; (b) provide the Company with all the details of such work, including (without limitation) details of where, when and the period(s) during which such work was undertaken and any other details requested by the Company; and (c) inform the Company if he has prior to the date of the commencement of the relevant Assignment and/or during the relevant Assignment: (i) completed two (2) or more assignments with the Client; (ii) completed at least one (1) assignment with the Client and one (1) or more earlier assignments with any member of the Client's group; and/or (iii) worked in more than two (2) roles during an assignment with the Client and on at least two (2) occasions worked in a role that was not the same role as the previous role.
- 3.8. If the Medical Professional has completed the Qualifying Period on the start date of the relevant Assignment, following completion of the Qualifying Period during the relevant Assignment, and if the Medical Professional is entitled to any terms and conditions relating to pay, bonus, holiday, duration of working time, night work, rest periods and/or rest breaks under Regulation 6 of AWR any such terms and conditions will be set out in the Assignment confirmation or any variation to the same. The Medical Professional shall comply with the requirements of the Company and/or the Client relating to the assessment of the Medical Professional's performance for the purpose of determining whether or not the Clinician is entitled to bonus and the amount of such bonus. If the Medical Professional is to undertake night assignments then the Medical Professional should complete a health screening questionnaire and should the health of the Medical Professional changes during an Assignment then they should contact the Company immediately.
- 3.9. If the Medical Professional considers that he has not or may not have received equal treatment under AWR the Medical Professional will raise this in writing with the Company setting out as fully as possible the basis of the concern.

### 4. REMUNERATION

- 4.1. The Company shall explain the Actual Pay rate to the Medical Professional remuneration calculated at a minimum hourly rate of: £ being the minimum rate of remuneration that the Company reasonably expects to achieve, for all hours worked. The Actual Rate of Pay will be notified on a per Assignment basis, for each hour worked during an Assignment (to the nearest quarter hour) to be paid weekly in arrears subject to deductions in respect of PAYE pursuant to Section 44-47 of the Income Tax (Earnings and Pensions) Act 2003 (or as amended or superseded) and Class 1 National Insurance Contributions and any other deductions which the Company may be required by law to make.
- 4.2. Subject to any statutory entitlement under the relevant legislation, the Medical Professional is not entitled to receive any payment from the Company or Client for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

### 5. STATUTORY LEAVE

- 5.1. For the purposes of calculating entitlement to paid annual leave pursuant to WTR under this clause, the leave year commences on 1 January in each year and ends of 31 December.
- 5.2. Under the WTR the Clinician is entitled to 28 days' 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 over to the next year. Under AWR, on completion of the Qualifying Period the Medical Professional may be entitled to paid and/or unpaid annual leave in addition to the Medical Professional's entitlement to paid annual leave under WTR. If this is the case, any such entitlement(s) and the date from which any such entitlement(s) will commence and how payment for such entitlement(s) accrues will be set out in the Assignment confirmation or any variation to the same.
- 5.3. Where a Medical Professional wishes to take paid leave during the course of an Assignment he should notify the Company of the dates of his intended absence giving notice of at least twice the length of the period of leave that he wishes to take. In certain circumstances the Company may give counter-notice to the Medical Professional to postpone or reduce the amount of leave that the Medical Professional wishes to take and in such circumstances the Company will inform the Medical Professional in writing giving at least the same length of notice as the period of leave that has been requested.

- 5.4. Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Medical Professional on Assignment during the leave year. The amount of payment which the Medical Professional will receive in respect of periods of annual leave taken during the course of an Assignment will be calculated in accordance with and paid in proportion to the number of hours which the Medical Professional has worked on Assignment. Payments for annual leave will be calculated on the basis of the rates paid during the Client's normal working hours, i.e. those which do not attract overtime rates of pay.
- 5.5. In the course of any Assignment during the first leave year the Medical Professional is entitled to request leave at the rate of one-twelfth of the Medical Professional's total holiday entitlement in each month of the leave year.
- 5.6. Where a Bank Holiday or other public holiday falls during an Assignment the Company may at its discretion request the Medical Professional upon giving one (1) week's notice to take a Bank holiday or other public holiday as part of his paid annual leave entitlement.
- 5.7. Following termination of this these Terms the Medical Professional shall be entitled to a payment in lieu of any untaken leave where the amount of leave taken is less than the amount accrued in accordance with Clause 5.4 above.
- 5.8. None of the provisions of this clause regarding statutory entitlement to paid leave shall affect
- 5.9. the Medical Professional's status as a self-employed medical professional.
- 6. SICKNESS ABSENCE**
  - 6.1. The Medical Professional may be eligible for Statutory Sick Pay provided that he meets the relevant statutory criteria.
  - 6.2. For the purposes of the Statutory Sick Pay scheme there is one qualifying day per week during the course of an Assignment and that qualifying day shall be the Wednesday in every week.
- 7. TIME SHEETS**
  - 7.1. At the end of each week of an Assignment (or at the end of an Assignment where it is for a period of one (1) week or less or is completed before the end of a week) the Medical Professional shall deliver to the Company a time sheet duly completed to indicate the number of hours worked during the preceding week (or such lesser period) signed by an authorised representative of the Client.
  - 7.2. Subject to Clause 7.3 the Company shall pay the Medical Professional for all hours worked regardless of whether the Company has received payment from the Client for those hours.
  - 7.3. Where the Medical Professional fails to submit a properly authorised time sheet the Company shall, in a timely fashion, conduct further investigations into the hours claimed by the Medical Professional and the reasons that the Client has refused to sign a time sheet in respect of those hours. This may delay any payment due to the Medical Professional. The Company shall make no payment to the Medical Professional for hours not worked.
  - 7.4. For the avoidance of doubt and for the purposes of WTR, the Medical Professional's working time shall only consist of those periods during which he is carrying out activities or duties for the Client as part of the Assignment. Time spent travelling to the Client's premises, lunch breaks and other rests breaks shall not count as part of the Medical Professional's working time for these purposes.
- 8. CONDUCT OF ASSIGNMENTS**
  - 8.1. The Medical Professional is not obliged to accept any Assignment offered by the Company but if he does so, during every Assignment and afterwards where appropriate, he will: (a) co-operate with the Client's reasonable instructions 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 (including normal hours of work) to which attention has been drawn or which the Clinician might reasonably expected to ascertain; (c) take all reasonable steps to safeguard his own health and safety and that of any other person who may be present or be affected by his actions on the Assignment and comply with the Health and Safety policies and procedures of the Client; (d) not to engage in any conduct detrimental to the interests of the Client or the Company; (e) not at any time divulge to any person, nor use for his or her own or any other person's benefit, any confidential information relating to the Client's or the Company's employees, business affairs, transactions or finances; (f) not commit any act or omission constituting unlawful discrimination against or harassment of any member of the Company's or the Client's staff; and (g) on completion of the Assignment or at any time when requested by the Client or the Company, return to the Client or where appropriate, to the Company, any Client property or items provided to the Medical Professional in connection with or for the purposes of the Assignment, including but not limited to, any equipment, materials, documents, swipe cards or ID cards, uniforms, personal protective equipment or clothing.
  - 8.2. If the Medical Professional is unable for any reason to attend work during the course of an Assignment he should inform the Client and/or the Company within one (1) hour of the commencement of the Assignment or shift.
  - 8.3. If, either before or during the course of an Assignment, the Medical Professional becomes aware of any reason why he or she may not be suitable for an Assignment, he shall notify the Company without delay.
  - 8.4. The Medical Professional acknowledges that all copyright, trademarks, patents and other intellectual property rights deriving from services carried out by him for the Client during the Assignment shall belong to the Client. Accordingly the Medical Professional shall execute all such documents and do all such acts as the Company shall from time to time require in order to give effect to its rights pursuant to this clause.
  - 8.5. The Medical Professional understands and accepts that there is a duty or obligation placed upon them to report incidents "The Duty of Candour". The Medical Professional should volunteer all relevant information to the Client in respect of any persons whom the Medical Professional is aware of or the Medical Professional has witnessed or may have been harmed by the Client or any of the Client's employees or contractor or indeed by the Medical Professional. The obligation applies whether or not the information has been requested and whether or not a complaint or a report about that harm has been made.
- 9. TERMINATION**
  - 9.1. The Company or the Client may terminate the Medical Professional's Assignment at any time without prior notice or liability.
  - 9.2. The Medical Professional may terminate an Assignment with one (1) months' notice.
  - 9.3. If the Medical Professional does not inform the Client or the Company (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 Medical Professional in accordance with Clause 9.2 unless the Medical Professional can show that exceptional circumstances prevented him for complying with Clause 8.2.
  - 9.4. If the Medical Professional is absent during the course of an Assignment and these Terms have not otherwise been terminated under Clause 9.1, 9.2 and or 9.3, above the Company will be entitled to terminate the Terms in accordance with Clause 9.1 if the work to which the absent Medical Professional was assigned is no longer available for the Medical Professional.
  - 9.5. If the Medical Professional does not report to the Company to notify his availability for work for a period of 3 weeks, the Company will forward his P45 to his last known address.
  - 9.6. Where this contract is terminated by either party a P45 will be issued to the Medical Professional.
- 10. CONFIDENTIALITY**
  - 10.1. In order to protect the confidentiality and trade secrets of any Client and the Company and without prejudice to every other duty to keep secret all information given to it or gained in confidence the Medical Professional agrees as follows: (a) not at any time, whether during or after an Assignment (unless expressly authorised to by the Client or the Company as a necessary part of the performance of its duties) to disclose to any person or to make any use of any of the trade secrets or the Confidential Information of the Client or the Company with the exception of information already in the public domain; (b) to deliver up to the Client or the Company (as directed) at the end of each Assignment all documents and other materials belonging to the Client (and all copies) which are in its possession including documents and other materials created by him during the course of the Assignment; and (c) not at any time to make any copy, abstract, summary or précis of the whole or any part of any document or other material belonging to the Client except when required to do so in the course of its duties under an Assignment in which event any such item shall belong to the Client or the Company as appropriate.
  - 10.2. The Medical Professional undertakes to comply with the Client's policies and procedure in respect of their data protection obligations imposed by the Data Protection Act. The Medical Professional will not take any action which will or could lead to an unlawful disclosure of personal data as defined by the Data Protection Act. Should the Medical Professional become aware of a breach of the Data Protection Act they should inform the Client and or the Company as soon as reasonably possible.
- 11. YOUR INFORMATION**
  - 11.1. By signing these Terms the Medical Professional is consenting to the Company holding data and processing data under the rules of the Data Protection Act 1998. The name of the data controller is available on request.
  - 11.2. The Medical Professional also acknowledges that personal data may be forwarded to other persons (as required) for the purpose of conducting checks and referencing and audit purposes and to find the Medical Professional suitable assignments and for any other lawful purpose. The Medical Professional expressly consents to the transfer of the personal data outside the European Union in respect of the reasonable expectation of suitable assignments.
  - 11.3. By signing these Terms, the Medical Professional acknowledges that, without his consent to process his personal data in this manner the Company is unable to search for suitable assignments. The Medical Professional also agrees that the Company or any of its group companies (being those within Impellam Group plc) may contact the Medical Professional by telephone, fax, SMS/text messaging or any other appropriate form of communication with details of temporary work and/or employment opportunities for the purposes set out above.
- 12. TEMPORARY CLINICIAN'S BENEFITS**

The Company operates pension schemes for its medical professionals. You may be entitled to become a member of one of the scheme. Depending on your circumstances enrolment as a member may be automatic. For avoidance of doubt this does not mean you become an employee or are being treated as an employee of the Company.
- 13. PROFESSIONAL OBLIGATIONS**
  - 13.1. The Company will check that the Medical Professional has a current registration with their professional body when you first seeks assignments through the Company. The Medical Professional must maintain full registration with your professional body at all times whilst engaged on an Assignment. Where the Medical Professional is acting as an Approved Clinician under section 12(2) of the Mental Health Act 1983 the Medical Professional will undertake that he will ensure he is registered and will maintain their registration at all times whilst undertaking Assignments which require him to be an Approved Clinician. The Medical Professional agrees and accept that it is a condition of these Terms that in accepting any Assignment they are appropriately registered in respect of their duties and agrees to indemnify the Company against the costs and financial consequences of and occasioned by any and all claims against the Company which arises out of or as a consequence of any act, error or omission by the Medical Professional in connection with their professional registration. The Medical Professional must notify the Company immediately if there is a change to the status of the Medical Professional's registration with their professional body. All Medical Professionals must provide a result of the Enhanced DBS check, including clearances against the Children and/or Adults Barred Lists (as applicable, depending on the assignments being undertaken and contact with vulnerable groups), performed at recruitment and which shall remain valid throughout the duration of any Assignment. The Medical Professional shall not undertake any Assignments through the Company if he is barred from either scheme. The Medical Professional must inform the Company immediately if he is barred from either scheme. The Company will not provide Assignments to anyone who is barred from either scheme and will remove any Medical Professional who becomes barred, from any Assignment at any time without notice.

- 13.2. The Medical Professional shall take out and maintain the following insurances either through a recognised UK insurance company or professional association or union: combined liability, professional indemnity and medical malpractice. The medical malpractice insurance shall insure the Medical Professional in respect of any and all claims or proceedings arising out of any clinical acts or omissions of the Medical Professional during diagnosis, care or treatment of the Client's patients, excluding criminal acts, arising under common law. The Medical Professional shall not be required to have medical malpractice insurance where the Medical Professional is covered by the Client's Clinical Negligence Scheme for NHS Trusts. Where relevant, the Medical Professional shall have fully comprehensive motor insurance extended to indemnify the Medical Professionals. Any failure by the Medical Professional to meet its insurance obligations shall not reduce or eliminate its obligations to indemnify the Company.
- 13.3. The Medical Professional shall not use any motor vehicle or any mechanised equipment in connection with any Assignment unless proper insurance cover is in force for such use. The Medical Professional shall indemnify and keep indemnified the Company against loss or liability incurred directly or indirectly by the Company arising out of any such use.
- 13.4. If during any week of an Assignment, the Medical Professional is doing work (or receiving work related training) for any person, firm, company or organisation other than the Company, he must inform the Company of the nature of the work or training and of its duration in the relevant week.

**14. GENERAL TERMS**

- 14.1. Other than associated companies of the Impellam Group who will have the benefit of and may enforce the Terms, the parties do not intend any of the Terms to be enforceable by any other party pursuant to the Contracts (Rights of Third Parties) Act 1999.
- 14.2. The Medical Professional shall notify the Company of any claim he may have within 12 months of the date of the incident giving rise to such a claim. Save as for any statutory provision extending the limitation period all such claims shall be excluded under these Terms. To the fullest extent permitted by the applicable law, the Company shall not be liable to the Medical Professional for any loss of profits (actual or anticipated), loss of business or goodwill, loss of use or operations, loss of anticipated savings or any loss of revenue regardless whether such losses are direct, indirect or consequential or any indirect, special, punitive or consequential damages whatsoever even if the parties were aware or made aware of the possibility of such loss or damage being incurred by the Medical Professional.
- 14.3. The Company operates an equal opportunities policy governing its dealings with Medical Professionals. Copies of the policy are available from the Company's registered office on written request.
- 14.4. The agreement between the Company and you shall be subject to and interpreted in accordance with English law and the Company and you submit to the exclusive jurisdiction of the Courts of England and Wales- working week as set out in the Working Time Regulations 1998. I understand that this agreement can be terminated by me giving not less than one (1) months' written notice to the Employment Business

**Signed by the Medical Professional:** .....

**Print Full Name:** .....

**Date:** .....

**Home Address:** .....

.....

.....

**Contact Tel No:** .....

**Branch:** .....

The EC Working Time Directive which came into effect on 1 October 1998 limits the average working week to 48 hours averaged over a period of 17 weeks. The regulations allow you to work in excess of the limit by agreement with your employer or agency. If you wish to exercise this right please sign below. This agreement will not affect your entitlement to paid annual leave.

**OPT OUT AGREEMENT FOR MEDICAL PROFESSIONALS**

I hereby confirm my agreement to waive the restriction on the 48 hour average working week as set out in the Working Time Regulations 1998. I understand that this agreement can be terminated by me giving not less than three (3) months' written notice to the Employment Business.

**Signed by the Medical Professional:** .....

**Print Full Name:** .....

**Date:** .....

I ..... Declare that I have received the Excellence Care Services Handbook issued to me on completion of my registration.

Sign.....

Date:.....



# Interview Questions

## Registered General Nurse

### Candidate details

Candidate name:	Address:
Email address:	
Telephone number:	Mobile number:

### Questions

**What is your understanding of a Patients Care Plan and the fundamental elements within it?**

**MRSA is becoming an epidemic, state key principles to follow to stop the spread of it within a ward setting.**

**You are doing a medicine round and a patient is refusing to take his medication. What action would you take?**

**A work colleague informs you that they have given a patient the wrong medication. What action would you take?**

**An elderly patient is admitted to the ward you are working on. You are asked to make her comfortable etc and check her vital signs. Your patient appears very withdrawn and agitated, has unusual markings on her thighs and upper arms. What may you suspect and what action would you take?**

**You are asked to deal with a bereaved relative. How would you deal with them?**

# Interview Questions

## Registered General Nurse

You are asked to give IV antibiotics. What would you do or say?

How would you recognise a patient who was hypoglycaemic? What could you do?

You were walking through a patient area and you found a patient in a collapsed state. What action would you take?

You were out with friends, who knew you worked on a specific ward and on the ward as a patient was a friend. Your friends started to ask questions about this individual. What would you say?

### Declaration

I confirm an interview has taken place with Excellence Care Services.  
My original identification and eligibility to work in the UK documentation has been verified.  
I confirm the information I have supplied on my registration form is true and correct.

Interviewer Name:	Signature:	
Candidate Name:	Signature:	

### Registered Nurse Declaration

I confirm the content of the interview and information obtained has been reviewed by:

RGN Name:	Signature:	Pin Number:	Date:
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# Interview Questions

Registered General Nurse

# Drug Calculation Test

The majority of our NHS and private clients require us to obtain written evidence of your involvement in the administration of medicines.

Please answer all of the following questions below. You are permitted to use a calculator. Once completed, please sign and return it at interview stage. The completed test will be held on your personal file. Excellence Care Services is licensed under the Data Protection Act.

1	Draw lines to match the following conversions:	
	0.5kg	500ml
	0.25g	200mcg
	0.2mg	250mg
	0.5L	500g
2	A patient requires 500mg flucoxacillin, you have 200mg in 1ml syrup. How much do you give?	
3	Mrs James weighs 70kg. It has been decided that she must have 6mg per kg of ibuprofen. How much is to be given?	
4	A suspension contains carbamazepine. You have 75mg in 5ml syrup. How many milligrams is there in 25mls?	
5	A patient requires 50mg of risperidone. You have 25mg in 10mls syrup. How many mls should be administered?	
6	A patient requires 0.25g of clarithromycin. 250mg tablets are available. How many tablets are needed?	
7	Mr Neil requires 20mg of paracetamol, per kg, per day (in four divided doses). He weighs 80kg. Work out the single dose to be given.	
8	A patient is prescribed 125mcg of digoxin. You have 62.5mcg tablets. How many tablets do you need?	
9	A patient requires 125mg pethidine by intramuscular injection. 50mg in 1ml available. How many mls will you administer?	
10	A patient requires 1.5g amoxicillin. It is available in 500mg tablets. How many tablets do you give?	

Declaration	
Signature:	Part of Register:
Print Full Name:	Registration Number:
Initials:	Expiry Date:        /        /