



ENIRO CARE

APPLICATION FORM

17 KING WALK, DIDCOT, OX11 7PE
+44 0744 4669869 | INFO@ENIROCARE.CO.UK

Please
Attach
Photograph

Please read the attached Terms and Conditions of Membership before completing this form.
Please complete this form in **black ink** and in **CAPITAL LETTERS**, use additional sheets if necessary.

TITLE: _____ First Name: _____ Middle Name: _____ Surname: _____

Mr/Mrs/Miss/Ms

Post Applied For: **FOR PROFESSIONAL NURSING APPLICANTS**

Job Reference: _____ Registered as: _____

PIN: _____

Date of Birth: _____ Expiry Date: _____

RIGHT TO WORK

National Insurance Number: _____

Passport (please tick)

European Union

British Citizen

Foreign National

Place passport was issued: _____

UK ENTRY CLEARANCE VISA / RESIDENCE PERMIT

(Please tick where applicable)

Indefinite Leave to Remain

Health Care Services leave to remain - no remarks or observations

Health Care Services leave to remain - with remarks or observations

Spouse visa

Student visa

Home Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile: _____

Other Tel: _____

Email Address: _____



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2.NEXTOFKIN: _____ Relationship: _____

Address: _____ Postcode: _____

Home Tel: _____ Mobile: _____

Other Tel: _____

Email Address: _____

3.DRIVING RECORD

Do you hold a current driving licence? YES /NO Type and No. FULL / PROVISIONAL / Other: _____

Are you a Car Owner? YES /NO Driving Licence valid from: _____ to _____

Details of current endorsements: _____



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4. EDUCATIONAL QUALIFICATION (To High School - Use additional sheet if necessary)

Dates		Name of School / College / University	Qualification attained	Grade
From	To			

5. PROFESSIONAL QUALIFICATIONS (Use additional sheet if necessary)

Dates		Name of School / College / University	Qualification attained	Grade
From	To			

6. PERSONAL INFORMATION (In the space provided below, please tell us why you think you are a suitable candidate - Use additional sheet if necessary)

Large empty space for personal information.

JOB APPLICATION FORM

6. EMPLOYMENT RECORD (Starting from completion of formal education to date – Use additional sheet if necessary. All gaps should be explained)

Dates		Employers Full Name and Address	Type of Work and Pay	Reason For Leaving
From	To			

7. REFEREES

Please give the name, address and telephone number of the Line Manager we can contact for a reference at your two most recent employers. If you have only had one employer for the last 7 years, one work reference will be sufficient together with a second, reference. Relatives and friends are not acceptable as personal references.

(i) Full Name: _____ Position: _____

Tel: _____ Email: _____

Company Name and Address: _____

(i) Full Name: _____ Position: _____

Tel: _____ Email: _____

Company Name and Address: _____

Can we contact your referees before interview:



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8. ASYLUM AND IMMIGRATION ACT 1996

You will be asked to produce one of the following documents specified by the Act to establish your eligibility to work.
Any offer of employment will be limited by, and subject to your continued eligibility to work in the UK.

9. HEALTH SCREENING

If you are offered a job, you will be asked to fill in pre-employment health screening questionnaire,
which will be assessed by Occupational Health.

Any offer of employment will be subject to a satisfactory report from Occupational Health.

10. CRIMINAL RECORDS

Jobs with “**ENIRO CARE**” may involve working with frail or vulnerable people; so, all posts are exempt from the Rehabilitation of Offenders Act 1974. If you are successful in your application, we will then seek an ‘Enhanced Disclosure’ from the Criminal Records Bureau. If you have a criminal record, it may not necessarily bar you from employment with “**ENIRO CARE**”. Our policy on this matter and the CRB Code of practice is available upon request.

**Any offer of employment will be subject to a successful criminal records check.
Declaration of offenders Act 1974.**

You are not entitled to withhold information regarded as “spent” under the act. This is due to the nature of work of the post which may be exempt from sec.4 (2).

Any information which you give will be treated in strict confidence and in accordance with the data protection Act, which “**ENIRO CARE**” adheres and complies with.

- Have you ever been convicted of a criminal offence? **YES / NO**

NOTE.

If “**YES**”, please provide details of all convictions and cautions, including those considered “spent”

- (To protect the confidentiality of this information, please detail convictions on a separate sheet of paper. Place it in a sealed envelope with your name clearly visible, and headed “Private and Confidential - Criminal Convictions” and attach this to your completed Application Form).

11. DECLARATION BY APPLICANT

I confirm that the information in this application is true and accurate to the best of my knowledge and belief.

I understand that any false information may result in the rejection of my application or, in the event of employment, dismissal or disciplinary action by “**ENIRO CARE**”.

Signed: _____ Date: _____



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This form must be completed and signed by the Employee and should be forwarded to the payroll along with a P45 or completed P46 form as soon as the employee has started

Title and Surname:		
Forenames:		
Marital Status:		
National Insurance Number:		
Date of Birth:		
Home Address:		
		Postcode:
Email and Contact Number:		
Ethnic Origin:		
Disability:		
Date of Commencement:		
Job Title		
Sort Code:		
Account Number:		
Bank / Building Society name and branch:		

AUTHORISATION		
Managers Authorisation:		Date:
Employee Signature:		Date:
Actioned for Payroll:		Date:



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HEALTH QUESTIONNAIRE

This questionnaire asks for information of a personal nature. It is necessary to establish your 'health status' as there are aspects of the work which requires us to make risk assessments in order to protect our employees and our clients. All information given will be held in strict confidence.

Position Applied for:	Location:
Title (Mr,Mrs,Ms,Miss):	First Name:
Surname:	Date of Birth:
Full address:	

HAVE YOU EVER SUFFERED FROM:	YES	NO	IF 'YES', PLEASE PROVIDE DETAILS:
Epilepsy			
Fits, fainting attacks or dizziness			
Stomach problems			
Frequent vomiting or diarrhoea			
Chronic or recurrent cough			
Varicose veins			
Rupture / Hernia			
Serious Injury			
Rheumatism / arthritis			
Skin problems (e.g. dermatitis, eczema or psoriasis)			
Back problems			
Hearing / ear problems			
Chest problems			
Diabetes			
Eye / sight problems			
Kidney or bladder problems			
Nervous problems			
Mental illness			
Heart problems			
Abnormal blood pressure			
Persistent headaches			
Jaundice			
Dysentery or typhoid			
Blood borne virus (i.e. hepatitis./HIV)			
Asthma, bronchitis or TB			

Do you smoke?		If yes please state how many per week:
Do you drink alcohol?		If yes please state consumption per week:

VACCINATION: Have you been vaccinated against the following (proof of immunisations must be provided):			
German Measles (Rubella)	Date_____/	Tuberculosis (BCG)	Date_____/
Hepatitis B	Date_____/	Tetanus	Date_____/
Polio	Date_____/		



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Note: I certify that the above information is correct and hereby give permission for a further report to be requested from my GP for clarification if required.

Applicant Signature:		Date:	
Doctor Name:		Address:	
Post Code:		Tel:	

Email:

Website:

EQUAL OPPORTUNITIES MONITORING

"ENIRO CARE" aims to be an equal opportunities employer. We want to ensure that no one is discriminated against on the grounds of sex, marital status, age, colour, ethnic origin, religion or disability. In order to help us monitor our recruitment and selection process, please can you complete this form and return it with your application form.

This information will be treated in the strictest confidence and will be used solely for the purpose of monitoring our equal opportunity practices.

Post Applied for:

Location:

1. What is your race or ethnic origin?

- | | | | |
|------------------------|--------------------------|-------------|--------------------------|
| White | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Other (Please Specify) | <input type="checkbox"/> | | |

2. Do you have a disability?

Yes No

If yes, please specify if you require any special provisions in the work place

3. Your Sex/Gender?

Female Male

4. Your age at last Birthday?

_____ Years

TERMS AND CONDITIONS OF MEMBERSHIP

THIS IS AN IMPORTANT DOCUMENT PLEASE SIGN AND RETURN ONE COPY TO ENCHOR HEALTH CARE SERVICES

The terms and conditions set out below (the "Conditions of Membership") shall govern the relationship between "ENIRO CARE" and you during any period in which you are providing your Health Care Services to "ENIRO CARE". There is no contractual relationship between us outside of these periods. It is a condition of Membership that you read and fully understand these conditions. We will be pleased to clarify any points you do not understand.

1. The Role of "ENIRO CARE"

"ENIRO CARE" is licensed in accordance with Care Quality Commission Regulations and any statutory modifications or re-enactments thereof. "ENIRO CARE" will offer work to its Members within the Healthcare and when work is available. There is no obligation to offer any level of work to you or any obligation upon you to accept work.

2. Assignments

"ENIRO CARE" makes every effort to find Members work in the Healthcare but will make no guarantee that we shall always be able to do this. Temporary work assignments are made in accordance with the terms of this Agreement and the terms of Business (copies of which are available upon request) Members must keep any appointments or arrangements that are made for them. Members who are unable to report for duty for any reason whatsoever must telephone "ENIRO CARE" Manager immediately so that every effort can be made to find a replacement under no circumstances may any person who is not a Member of "ENIRO CARE" be introduced to a case.

3. Payment

"ENIRO CARE" makes payments to Members in advance of fees earned by them, and Members irrevocably appoint "ENIRO CARE" to collect and recover fees, expenses, charges and extras in the name of "ENIRO CARE". Members will be paid regardless of "ENIRO CARE" receiving payment from the client. All monies due to "ENIRO CARE" will be deducted from the monies received from the client. All assignments must be booked through "ENIRO CARE". The payment rates are subject to change as negotiated with clients. "ENIRO CARE" will not pay below the government minimum rate of £7.25.

4. Fees and Expenses

Payment in advance of fees earned by Members is made weekly by Bankers Automated Clearing Health Care Services (BACS), accompanied by a full statement. An appropriate deduction will be made in respect of Professional Negligence Indemnity Insurance (see clause 23 below) Accounts prepared by "ENIRO CARE" on behalf of Members are usually submitted weekly.

5. Timesheets

Fully completed and signed timesheets must be submitted to the payroll branch weekly, to arrive no later than Monday noon, in order for payment to be made promptly. Failure to submit a completed timesheet may result in payment being delayed. To fulfill our record keeping obligations, hours worked will continue to be monitored on a timesheet basis. All timesheets must be completed correctly.

6. Members Employment Status

Members are self-employed in all cases. Members may be deemed employees for the purpose of PAYE and Class One National Insurance Contributions only in appropriate cases, PAYE tax deductions will be made from Members' fees and National Insurance Contributions will be collected by "ENIRO CARE". Because Members' "contracts" exist only for the period of each duty, "ENIRO CARE" does not usually pay statutory sick pay. Members should make enquiries to their local DSS office with regard to sickness benefit. Members who are under Umbrella Companies and Limited Companies are not eligible for holiday pay or benefits from "ENIRO CARE" due to that they are no PAYE deductions, Class one and two National Insurance Contributions.

7. Standards of Conduct

Members of "ENIRO CARE" must at all times maintain the highest professional standards and comply with "ENIRO CARE" policies and procedures. Members are also required to adhere to the policies, procedures and requirements of the client and workplace and comply with the codes of conduct of any professional organisation to which they belong.

8. Uniform

Members will not be required to wear a uniform during working hours unless instructed otherwise by "ENIRO CARE" Manager.

9. Changes to Personal Details

The member's "ENIRO CARE" be notified immediately in writing of changes of address, telephone number or bank details. Failure to notify such changes may result in non-receipt of statement of fees and other correspondence loss of assignments, or incorrect or non-payment of fees.

10. Incomplete Assignments

Members wishing to leave an assignment before its completion must inform their "ENIRO CARE" immediately and give at least one week's notice to the client.

11. Termination of Membership

Members may terminate their Membership with "ENIRO CARE" at any time and one week's notice must be given if an assignment is in progress and likewise "ENIRO CARE" may terminate Membership of the Temporary Worker at any time and one week's notice will be given if an assignment is in progress. If a Member wishes to take up any appointment with a client introduced by "ENIRO CARE" within 6 months of the termination of Membership, the Member must notify their "ENIRO CARE" branch in writing, as a fee will be due from the client. Failure to inform "ENIRO CARE" will jeopardise future work opportunities or result in termination of Membership.

12. Client Care/Reports

Changes in patients' mental and physical condition should be reported to the appropriate person. Detailed records must be kept in accordance with both Client and agency requirements, as required by the "ENIRO CARE" Branch Manager.

13. On-Call

For the purposes of the Working Time Regulations, time spent "on-call" whilst not working will not count towards a member's working time unless and until the Member is called to work.

14. Time Off

Members who wish to have time off from an assignment other than, as paid holiday must give "ENIRO CARE" at least one week's notice to find a suitable replacement for the period of absence.

15. Paid Holiday

The Working Time Regulations provide that Members who work for 12 consecutive weeks (the qualifying period) will, from 1 October 2011 begin to accrue a right to paid holiday on a pro-rata basis equivalent to full time employment of 5.6 weeks per year. This right is broken should you cease to work continuously. However, "ENIRO CARE" has decided to offer greater benefits to you by giving you the entitlement to accrue 12.07% of the total hours worked in any given week. If you have a period of 6 months or more without undertaking any assignments you will need to re-work the qualifying period to accrue more hours. "ENIRO CARE" holiday year commences from 1 April and runs through to the 30th of March. The purpose of the entitlement to paid holiday is to ensure that you take time off work; "ENIRO CARE" therefore recommends that you do not work during your holiday period.

16. Working Hours

In compliance with the implementation of the Working Time Regulations, "ENIRO CARE" recommends that working time (including any time that you personally provide your Health Care Services to anyone else) should not exceed 48 hours per week (average over a period of 17 weeks). However, should you wish to waive this right, please indicate this preference by ticking Yes/No in the box provided below. Members can withdraw the option to work in excess of 48 hours per week at any time by providing 3 months written notice to their local "ENIRO CARE". Working Time shall include only the period of attendance at each individual assignment through "ENIRO CARE". It shall not include travelling time unless specifically agreed in advance by the "ENIRO CARE" Manager.

17. Daily Rest Period

All members should be provided with the opportunity to take 20 minutes unpaid break during assignments of 6 hours duration or more. It is the responsibility of the Member to ensure this is taken in the course of work. Members are entitled to take 11 hours of consecutive rest per day. In circumstances in which flexible practice is required such as home care, sleepovers, hospitals, residential homes, prisons. etc., and there is no opportunity to take rest breaks, this is permitted providing an equivalent break or compensatory rest period is agreed at the convenience of the Member and Client. However, where an agreement has been reached by collective means within the established workforce,

Members will be bound by that agreement in relation to working hours. This will not entitle Members to any other benefits or provisions under such collective agreements. Members are not entitled to receive pay during any rest breaks.

18. Shift Workers

Members are entitled to 11 hours of daily consecutive rest, but this does not apply in relation to shift workers who cannot take a daily rest period between the end of one shift and the start of the next one. In these circumstances, clause 17 relating to rest period applies and an equivalent break of compensatory rest period must be agreed at the convenience of Member and Client and agreed weekly hours must not be exceeded.

19. Night Shifts

Members have the opportunity to undergo a health assessment prior to night duty assignments for which they will not be charged. (This can be arranged through their local branch.) Night duty hours must not exceed 8 hours in 24 hours, and this is averaged over a standard period of 17 weeks. (In certain circumstances in which flexible practice is required, clause 17 relating to rest periods applies, and individual agreements between the Member and "ENIRO CARE" branch management must be reached if night hours are to exceed this limit. In these circumstances, an equivalent break of compensatory rest period is agreed at the convenience of the Member and Client.)

20. Members' Health

Membership of "ENIRO CARE" is conditional upon true statement of the details of a Member's mental and physical health as set out in the application form, and upon the understanding that a Member must be in a state of good health when reporting for each and every duty. Failure to provide all accurate declaration of health or to update the local "ENIRO CARE" branch of any change could jeopardise "ENIRO CARE" Membership.

21. Health and Safety

Members, as self-employed persons, determine their working hours through accepting or refusing assignments offered. Members are individually responsible for ensuring their chosen working hours (including all work other than through "ENIRO CARE" are compatible with their own health and safety at work and that of patients, clients and colleagues. As self-employed persons, Members have a personal responsibility to regard health and safety policies and fully co-operate with those in charge of the workplace. Members are required to assess for any risks in the workplace and maintain a safe environment both for themselves, other staff and Clients. Often, this will involve working to established health and safety practices, but private householders are unlikely to have such a detailed knowledge, so particular care is required when providing home care services. Members are also requested to report any communicable diseases to the Branch Manager, even following termination of contract. This enables "ENIRO CARE" to fulfil the obligation under RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) to protect both Client and staff health and safety, whilst maintaining optimum confidentiality to all Members.

22. Negligence

If a Member is removed from an assignment or a complaint for misconduct or professional negligence is received, "ENIRO CARE" reserves the right to withhold payment in advance of fees earned by the Member.

23. Identification

Members must carry their NMC PIN card and wear a "ENIRO CARE" ID. Badge at all times whilst on duty, or whilst on the Client's premises, going to, or coming off, an assignment. Members will be issued with 2 ID Badges and will be charged a £5.00 penalty fee to replace a lost ID Badge.

24. Data Protection

"ENIRO CARE" holds information on Members' racial or ethnic origin, religious beliefs, and health and criminal records. This sensitive information is held for monitoring purposes only. However, "ENIRO CARE" may use other, non-sensitive information supplied by you to occasionally send, or arrange to send, information which we believe will be of interest to Members. If you do not wish us to pass on this non-sensitive information about you please mark the relevant box below.

Please tick 1 box only for each question

Working Hours

Yes, I may wish to work more than 48 hours per week.

No, I do not wish to work more than 48 hours per week

Data Protection

Yes, I would like to receive correspondence from "ENIRO CARE" and agree to non-sensitive information about me being used for this purpose.

No, I do not wish to receive correspondence from "ENIRO CARE" and do not agree to non-sensitive information about me being used for this purpose.

Amended November 2017. These conditions supersede all previous conditions.

Member Name: _____
(PRINTED)

Signature: _____

Payroll No _____ Date: _____

Branch: _____

If you have any queries concerning these conditions, please contact your local "ENIRO CARE" branch for further explanation. No variation or alteration to these conditions shall be valid unless confirmed in writing by a Director of "ENIRO CARE".

Should you have any specific comments, a copy of our comments and complaint procedure is available from "ENIRO CARE" Registered office.

Additional Information:

REGISTRATION DOCUMENTS	Yes	No	If no, please state reason
Passport			
Front cover of passport			
Visa/ Permit Status (spouse copy where applicable to individual status)			
Birth Certificate			
Marriage Certificate (if applicable)			
National Insurance Card			
Mandatory training certificates			
Vaccination confirmation			
Two proof of address			
Updated CV			
Driving Licence			
REGISTERED NURSES			
Pin Number and NMC Statement of Entry			
Professional Indemnity Cover			
RCN Membership Card (front and back)			
Professional Qualifications			
Portfolio			
HEALTH CARE SERVICES COMPANY			
Company house letter/ Certificate of Incorporation			
Share Certificate			
Indemnity Insurance			
Bank letter/ Bank statement			
HMRC Corporate tax letter			
Invoice format			
SELF EMPLOYED			
Indemnity Insurance			
Bank letter/ Bank statement			
HMRC UTR no			
Invoice format			