



Attach Photograph

# NURSE APPLICATION FORM

Please complete this form in black ink and complete all sections

<b>Position Applied for</b>	
<b>Your Surname and Initials</b>	

## Data Protection Statement

The personal information (data) collected on this form, and on the attachments, (which includes the collection of sensitive personal data) are collected for the purposes of recruitment, personnel administration (for new employees) and monitoring. Unless you direct otherwise (for example in a situation where you would like this Application kept on file for future vacancies) the Application Forms (and attachments) of unsuccessful applicants will be destroyed after 6 months. It is the policy of the Agency to protect, and keep secure, all personal data collected. All personal data is processed for the purposes of recruitment, and, in the case of successful Applicants, for the satisfactory administration of their employment, and for no other purpose.

## Equality of Opportunity Statement

The Agency's Equal Opportunities Policy covers all employees, or potential employees, and embraces the principle that all people shall be treated equally, regardless of their age, gender, ethnic origin, nationality, colour, religion, marital status, sexual orientation, religion or belief, disability, or offending background.

### Which of the following applies to you?

Qualified Nurse  Student Nurse  Qualified Nurse abroad(not registered in the UK)   
Please  as appropriate

NMC pin number

Expiry Date

(please enclose copy of statement of entry and pin card)

## 1. Personal Details

<b>Title</b>		<b>Surname</b>		<b>Maiden Name</b>	
<b>Previous surnames (if any)</b>					
<b>Forenames (in full)</b>					
<b>Address</b>				<b>Post Code</b>	
<b>Telephone</b>	<b>Home</b>	<b>Work</b>	<b>Mobile</b>		
<b>Email address</b>				<b>Nationality</b>	
<b>May we contact you at work?</b>	<b>Yes</b>	<b>No</b>	<b>Please ✓ as appropriate</b>		
<b>Date of Birth</b>			<b>National Insurance Number</b>		
<b>Next of Kin to be notified in case of emergency: Name</b>					
<b>Address</b>				<b>Post Code</b>	
<b>Telephone</b>	<b>Home</b>	<b>Work</b>	<b>Mobile</b>		
<b>Relationship to you</b>					

## 2. Formal Education and Qualifications

<b>Name of School/College/University and Location</b>	<b>Dates of attendance</b>		<b>Course of Study/Qualification(s) gained e.g. GCSE's, "A" levels, NVQ, Degree etc</b>	<b>Grade</b>
	<b>From</b>	<b>To</b>		
	<b>Month/Year</b>	<b>Month/Year</b>		

### 3. Employment History

Please print details of all your employment for a period of at least the last 10 years, to include all nursing agency memberships, in reverse date order; starting with your present or last position. Please include reasons for gaps.

Name & address of Employer	Dates of Employment		Position held and brief summary of duties and responsibilities	Reason for leaving/Last salary or wage
	From	To		
	Month/Year	Month/Year		

### 4. Training – eg. Manual handling, CPR, infection control, first aid etc, (please provide certificates)

Details of training Hospital/establishment	Date from	Date to	Courses taken	Attainment

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## 5. Professional Details

The service we give depends on accurate up to date information. Please keep us informed of all developments in your career. To assist us in doing suitable work for you, please tick all nursing specialities of which you have significant, post training experience.

Please ✓ as appropriate

	✓	Yrs exp.		✓	Yrs exp.		✓	Yrs exp.
A & E			Isolation			Phlebotomy		
Aero medical			ITU			Practice nursing		
AIDS/HIV+			Learning disabilities			Psychiatry		
Anaesthetics			Liver Unit			Radiotherapy		
Burns and plastic			Marie Curie			Recovery		
Cardio-thoracic			Medical			Renal Dialysis		
CCU			Mental Health			SCBU		
Dental Nursing			Midwifery			Screening		
Dermatology			Nanny			Social Work		
District nursing			Neurology			STDs		
Elderly care			NNU			Surgical		
ENT			Occupational Health			Terminal care		
Family Planning			ODA			Theatre		
Genito-urinary			Oncology			Tropical disease		
Gynae			Ophthalmics			Venepuncture		
Haematology			Orthopaedic			X Ray		
ICU			Paediatrics					
Industry			NVQ Details					

Please give details of any certificates or qualifications you hold. (Including any in specialities listed above.)


Please indicate your level of proficiency according to the scale below

- I no experience
- II previously performed but not proficient
- III competent to perform independently

Please ✓ as appropriate

<b>Cardiovascular</b>				<b>Respiratory</b>			
Skill	I	II	III	Skill	I	II	III
Administering intravenous therapy – via pump - via giving set				Administering oxygen therapy			
Basic ECG interpretation				Care of patient using CPAP			
Care of patient post cardiac surgery				Care of patient with chest tubes/underwater sealed drainage			
Care of patient post vascular surgery eg fem/pop bypass				Care of patient with COAD/COPD			
Care of patient with congestive cardiac failure				Care of the ventilated patient			
CVP readings				Interpret arterial blood gas results			
Perform ECG				Perform chest physio			
Use of cardiac monitory equipment				Pulse oximetry			
Use of defibrillator				Respiratory status assessment skills			
Venepuncture				Suctioning – oropharangeal - nasopharangeal - tracheostomy			
				Tracheostomy care			

Please indicate your level of proficiency according to the scale below

- I no experience

- II previously performed but not proficient  
 III competent to perform independently

Please ✓ as appropriate

Neurological				Orthopaedics			
Skill	I	II	III	Skill	I	II	III
Care of head injury patient				Application of POP casts			
Care of patient during/ post seizure				Care of patient post hip replacement			
Care of post craniotomy				Care of patient post joint reconstructions			
Care of patient post neck/back surgery				Care of patient post total knee replacement			
Care of patient post spinal cord injury				Care of patient using CPM			
Perform neurological observations							
Use of glasgow coma scale							

Gastrointestinal				Renal			
Skill	I	II	III	Skill	I	II	III
Abdominal assessment eg. For bowel sounds etc				Care of and AV fistula			
Administration of enemas				Care of a patient post nephrectomy			
Administration of NG feeds – bolus - via pump eg				Care of a patient post renal transplant			
Administration of suppositories				Care of nephrostomy			
Care of abdominal drains				Care of patient with renal failure – chronic - acute			
Care of colostomy				Insertion of urinary catheter – male - female - short term/intermittent			
Care of ileostomy				Manage peritoneal dialysis			
Care of patient post gastrointestinal surgery				Manage venous dialysis			
Care of patient with hepatitis				Perform bladder irrigation – continuous - intermittent			
Care of patient with inflammatory bowel disease				Perform urinalysis			
Care of percutaneous endoscopic gastrostomy(PEG) tube							
Care of T-tube							
Check placement of NGT							
Flexiflo systems							
Insertion of naso-gastic tube (NGT)							

Endocrine/Metabolism				Infection control			
Skill	I	II	III	Skill	I	II	III
Blood sugar level testing				Assessment and care of pressure sores/ulcers			
Care of total parental nutrition infusion/lines				Burn care			
Care of patient post a drug overdose				Care of surgical drains			
Care of patient with diabetes insipidus/ disorders of the pituitary gland				Care of the isolated patient			
Care of patient with thyroid disorders				Knowledge of universal precautions			
Diabetic education				Wound care			
Disorders of the adrenal gland				Wound packing/irrigation			
Insulin administration							
Management of a sliding scale of insulin							
Management of insulin dependent diabetes mellitus							
Management of IV insulin infusion							
Management of non-insulin dependent diabetes mellitus							

## 6. General information

Do you hold a valid and current British Driver's Licence? Yes  No  Please  as appropriate  
 If Yes, what type? (E.g. Provisional, Full, LGV, PCV)

Do you have any endorsements? Yes  No  Please  as appropriate  
 If Yes, please give details

Please state which languages you speak, including an indication of fluency

How did you hear about this agency?

Are you a member of a Union or Professional Organisation offering Indemnity Insurance?  
 Yes  No  Please  as appropriate

Body Name

Amount of Cover

Policy Number

Expiry Date

## 7. Preference regarding work

Please specify which types of work you would prefer. You should tick all appropriate boxes. The service we give depends on accurate, up to date information. Please keep us informed of all developments, in your career and work preferences.

Positions            part time             full time

Type of work            NHS             private hospitals             nursing home             industry

Clients in their own home             Other, please specify \_\_\_\_\_

live in             days             nights             visits

Do you have any other work commitments? Yes  No

Which areas of work do you wish to exclude?

When will you be available to start work?

## 8. Immunisations-proof of immunisations must be provided

Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Skin Test for TB	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
BCG	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Varicella (Chickenpox/Vz.Abs)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Poliomyelitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date
Hepatitis B	Date of last injection	Booster 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
	Date of last blood	Result (titre levels)  IUL

## 9. References

References are normally taken for candidates selected for interview.  
 One of the Professional Referees should be your current or last employer.  
 We require 2 Professional references and 1 Personal for a minimum of 10 years.

Professional Referee Referee Name, Organisation, Address and Post Code		Professional Referee Referee Name, Organisation, Address and Post Code	
Telephone No.		Telephone No.	
Email		Email	
Position / Relationship to you		Position / Relationship to you	
Exact Dates worked		Exact Dates Worked	
May we contact the person above now?  Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate		May we contact the person above now?  Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate	

Personal Referee Name, Address and Post Code		Personal Referee Name, Address and Post Code	
Telephone No.		Telephone No.	
Email		Email	
Relationship to you		Relationship to you	
Number of years known		Number of years known	
May we contact the person above now?  Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate		May we contact the person above now?  Yes <input type="checkbox"/> No <input type="checkbox"/> Please <input checked="" type="checkbox"/> as appropriate	

## 10. Confidentiality declaration

Registration implies acceptance of our code of confidentiality.

In the course of your duties you may have access to confidential information about your clients. On no account must information relating to identifiable client be divulged to anyone other than the manager of the agency. You should not disclose ANY information to your family, friends or neighbours.

If you are worried by any information you have obtained and consider that you should talk about it to someone else **MAKE AN APPOINTMENT TO SPEAK IN PRIVATE TO YOUR MANAGER.**

Failure to observe these rules will be regarded as serious misconduct which could result in removal from the agency register.

I have read and I understand the above and I agree to abide by the contents therein.

Signed

Date

## 11. Rehabilitation of Offenders Act

As a general rule, no-one need answer questions about spent convictions. However this general rule does not apply to specified professions, employments and occupations. By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders, the exemption rule does not apply to:

- a) any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties, or
- b) any employment or other work which is concerned with the provision of care services to vulnerable adults and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to vulnerable adults in receipt of such services in the course of his normal duties

One or both of the above apply to work with the Agency, and covers all occupations.

You are therefore requested to provide details of all convictions, including those which would otherwise be considered as "spent". *All employment applications will be considered carefully, and the disclosure of a conviction does not imply that this employment application will be rejected.*

**Records will be checked via the Criminal Records Bureau procedures**

I have no convictions  I have convictions (see Note below)

Please ✓ as appropriate

### Note

(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)

## Criminal Records – Disclosure Certificate

The Criminal Records Bureau (CRB) have issued a Code of Practice regarding Disclosure Information, a copy of which is available upon request. A Disclosure Certificate (standard or enhanced) will be requested from the CRB which will detail all convictions, including those which would otherwise be "spent", as well as details of cautions, reprimands or final warnings. You will be advised of the type of certificate being requested, and asked to give your approval to this application. The Disclosure Certificate will only be requested in the event that you are successful in your application for employment.

## Asylum and Immigration Act 1996

Under Section 8 of the Asylum and Immigration Act 1996 it is a criminal offence to employ a person aged 16 or over who is subject to immigration control unless:

- That person has current and valid permission to be in the United Kingdom and that permission does not prevent him or her from taking the job in question; or
- The person comes into a category specified by the Home Secretary where such employment is allowed

Any employment offered will be subject to the successful applicant producing appropriate evidence that the Asylum and Immigration Act is not being contravened.

Are you eligible to work in the UK? Yes  No  Please ✓ as appropriate

### Personal Declaration

**I declare that to the best of my knowledge the above information, and that submitted in any accompanying documents, is correct, and**

- I give permission for any enquiries that need to be made to confirm such matters as qualifications, experience and dates of employment, and for the release by other people or organisations of such information as may be necessary for that purpose.
- I give permission for the processing of the personal data contained in this form for employment purposes
- I understand that any false or misleading information could result in my dismissal.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# 1. Equal Opportunities Monitoring Form

**Acerta24 operates a policy of Equal Opportunities: therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us to do this we would be grateful if you could complete this short questionnaire.**

**Your answers will be treated with the utmost confidence and will be used only for statistical purposes.**

## **What is your ethnic group?**

**Choose ONE section from A to E, and then circle the appropriate box to indicate your cultural background.**

### **A White**

British

Irish

Any other White background, please write in here.

### **B Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in here.

### **C Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in here.

### **D Black or Black British**

Caribbean

African

Any other Black background, please write in here.

### **E Chinese of other ethnic group**

Chinese

Any other, please write here.

**SEX**

**Female**

**Male**

### **DISABILITY**

**Applicants with disabilities will be invited for interview if the essential job criteria are met. Do you consider yourself to be a person with a disability as described by the disability discrimination act 1995? i.e do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities**

**Yes**

**No**

**For Office Use Only**

<b>Surname &amp; Initial</b>		
<b>Date Application received</b>		
<b>Date Application acknowledged</b>		
<b>Initial Decision</b>		
<b>Date Applicant informed</b>		
<b>Date(s) of Interview</b>		
<b>Decision</b>		

**Notes**

GAPS IN EMPLOYMENT FORM  
&  
VERIFICATION OF EMPLOYMENT DATES WHERE REFEREE DOES NOT PROVIDE A REFERENCE

<b>Dates where there are gaps in employment or Employer</b>	<b>Notes / Telephone Verification and title of contact you have spoken to</b>	<b>Acerta24 Staff obtaining verification</b>	<b>Date check was completed</b>

Candidate Name: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Agency Handbook, File Access and Data Protection Act  
Declaration

I can confirm receipt of the Agency Worker Handbook which outlines Acerta24 policies, procedures and expectations as well as my responsibilities as an Agency Worker.

At induction I familiarised myself with this handbook and acknowledge, accept and agree to comply with the information contained within this document.

I acknowledge that the handbook is not intended to replace any training requirements or cover all situations that could arise and is a general guide to the organisations policies, practices, procedures and expectations.

By my signature below, I also acknowledge that this is not a contract of employment and that I have received any such contract separately. I will familiarise myself with any updates to this document upon receipt.

The practices, policies and procedures contained within the handbook include policies, procedures and practice in relation to Hospital, Residential, Nursing and Domiciliary Care.

In accordance with the Data Protection Act, I hereby authorise Acerta24 to allow access to my personnel files for compliance purposes or as part of any official audit by both internal and external parties related to my work with the Agency.

General Practice & Policies covered at induction and contained within the Handbook include / not limited to:

Code of Conduct	Caldicott Standards
Recruitment Policy	Uniform Requirements
Timesheet Policy	MRSA
Complaints Procedure	Reasons why temporary workers may be excluded from our register and grievance procedure
Induction and Training and CPD Policy	HIV-AIDS
Medication Policy	Restrictions on Behaviour
Whistle-Blowing	Identification worn by Temporary Workers
Prevention and Detection of Abuse	Occupational Health Policy and Procedures
Safe Administration of Intravenous drugs	Car insurance and use of cars
Criminal Record Checks	Diversity and Equality Policy
Dignity and Privacy policy	Physical Restraint
Anti-Discriminatory Practice -Equal Opportunities	Anti-Fraud Anti-Theft Anti-Corruption
Data Protection and subject access	Safeguarding of Children and Vulnerable Adults
Dealing with difficult behaviours	Incident reporting and Investigation
Managing Risk across the organization	COSHH policy
Health and Safety	Accidents and Incidents Policy
Infection Control Policy	Client feedback
Fire Safety Policy	Grievance Policy
Maintenance of Equipment and Safety checks	Manual Handling
Contingency Plan	Needle Stick Injuries
Confidentiality	Access to SU Homes in event of no response
Smoking and alcohol use	Handling of Money Policy
Record Keeping	

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed the form will be retained within your file at:  
Acerta24, Weatherill House, 23 Whitestone Way, Croydon CR0 4WF

## 5.1 Preference regarding Work

### Working Time Regulations & Night Working

#### Night Workers' Health Assessment & Questionnaire

Under Working Time Regulations, all night workers are to be offered an initial and an annual health assessment.

A night worker is classified as an individual who regularly works for more than three hours during the period 11 p.m. to 6 a.m. The assessment is voluntary and additional to any other health assessment undertaken via the Agency.

Completed questionnaires are held and assessed in confidence. They are designed to identify possible areas of special need in relation to night work.

The questionnaire is deliberately broad and, if necessary, a member of staff from Acerta24 or our appointed Occupational Health Service will contact you within seven working days if further assessment is required.

Do You Suffer from any of the following conditions? Please answer Yes or No to each.

- |  |        |
|--|--------|
| 1. Diabetes  | Yes/No |
| 2. Heart or circulatory disorders                                    | Yes/No |
| 3. Stomach or intestinal disorders                                   | Yes/No |
| 4. Any condition which causes difficulty sleeping                    | Yes/No |
| 5. Chest disorders, especially at night                              | Yes/No |
| 6. Any medical condition requiring medication to a strict timetable  | Yes/No |
| 7. Any other health factors that might affect fitness for night work | Yes/No |

If you have answered "Yes" to any of the questions above, please give further details relating to the question number(s) on the reverse of this document. Remember to sign and date any additional information.

#### Working Time Opt-Out Agreement

In accordance with the Working Time Regulations 1998, Agency Workers of this organisation are not required to work more than 48 hours per week. This is averaged over a 17 week period. This means that an employee might work more than 48 hours in one week, and less in another during a 17 week period – as long as the average is not more than 48 hours.

Agency Workers can opt out of this restriction on weekly hours. By signing this agreement you indicate that you are prepared to work more than 48 hours in any week. This is not a guarantee that you will be offered work in excess of 48 hours in any week. This is just an indication that you are prepared to opt out of the restriction.

You are entitled to give 4 weeks notice if you wish to cancel this agreement. Such notice should be given in writing.

If you choose not to sign this agreement you will not suffer any detriment.

I, would like to opt out of the requirement not to work more than 48 hours per week. I understand that I can give written notice of 4 weeks at any time to terminate this agreement.

**Name:** .....

**Surname:** .....

**Date of birth:** .....

**CONFIDENTIALITY AGREEMENT**

**Agency Worker Confidentiality Agreement**

To **The Partners, Acerta24**

1. In return for **all clients including but not limited to public sector organisations such as the National Health Service (NHS), Primary Care Trusts (PCT's), Local Authorities and other private sector organisations** providing information to me in the course of my assignment as an Agency Worker with **Acerta24**, I promise to do the following in relation to the information given to me or obtained by me in the course of such placement (“the information”):
  - I promise to hold the information in the strictest confidence, and to ensure that it is kept in a safe and secure place when not in use. I acknowledge that no information is to be removed from Client premises without the permission of the Client;
  - I promise to use the Information only for the purpose of the work for which I have been given such information;
  - I promise not to disclose it to any third party or to copy the information except as may be required in the course of my duties;
  
2. I agree that any breach of this undertaking by me or any third party to whom I release the information may result in legal proceedings being commenced against me including a claim for the recover of any losses or damages incurred by the Client as a result of that breach.

Signed by.....

PrintName.....

Dated: .....

**Section 15**  
**Acerta24**

**Candidate New Starter/Amendment Form**

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**Personal Details.**

Title: Mr / Mrs / Miss / Other \_\_\_\_\_ Sex: \_\_\_\_\_

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Add: \_\_\_\_\_

Payslip Option      Emailed            Posted     

Date of birth: dd/mm/yyyy

National Insurance Number

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**Bank Account Details.**

A/C Holders  
Name \_\_\_\_\_

Name of  
Bank \_\_\_\_\_

Sort Code \_\_\_\_\_ A/C Number \_\_\_\_\_

I confirm these account details to be correct, and agree for a deduction of **£7.50** to be made from my account if they are found to be in error to cover bank charges incurred by Acerta24

Your Bank account details can be changed once free of charge, if you wish to alter them again you will be subject to an administration charge of **£20.00**, this charge will be charged at the discretion of the Payroll Manager.

You have the option of being paid weekly or fortnightly, please select which option you would prefer.

Weekly Payroll            Fortnightly Payroll     

Please be aware that once you have selected which payroll run you wish to be on, this cannot be changed without incurring a charge of **£25.00** for Administration purposes.

**I confirm the Bank details above to be correct and to the charges should I incur them**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**Internal Use  
Only**

Candidate Acerta24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Candidate Added to Payroll :	_____
Employment Status	PAYE	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
Tax Document Included	P45	<input type="checkbox"/>	P46	<input type="checkbox"/>	P38	<input type="checkbox"/>

Acerta24 Limited  
Work Contracts  
(i) Casual (ii) Incorporated Companies

I confirm receipt of my contract for

Please tick as appropriate

- 1 Terms and Conditions of Casual Work offered to me by Acerta24 Limited
- 2 Self Employed Contractor Agreement

SIGNED by

.....  
Signature

.....  
Name and Title of Person Signing  
for and on behalf of Acerta24 Limited

SIGNED by

.....  
Contractor Signature

.....  
Contractor Name

**CONFIDENTIAL**

Due to the nature of the role you have applied for we need to carry out an assessment of 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 telephone from a clinician at Healthier Business UK Ltd, however you may also need to be seen by an occupational health advisor/specialist or physician, arrangements for face to face consultations will be arranged by your employer or agency. 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		
<u>All staff groups complete this section</u>		
	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?	<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)	<input type="checkbox"/>	<input type="checkbox"/>	
clostridium difficile (C-Diff)	<input type="checkbox"/>	<input type="checkbox"/>	

**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, including dates, treatment and details of condition)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
<b>Yes</b>	<b>No</b>	<b>Date</b>
<input type="checkbox"/>	<input type="checkbox"/>	

BBV (Blood Borne Virus)		
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST 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
<b>(If you have answered yes to any questions above please provide additional information below)</b>

Immisation History			
Have you had any of the following immunisations	Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (If Yes is ticked please give dates below)	<input type="checkbox"/>	<input type="checkbox"/>	
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>strongly advise</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>Do not Self Declare</b> )
<b>Rubella, Measles &amp; Mumps</b>	Certificate of <b>"two"</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 100iu/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 Healthier Business UK Ltd. 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 Healthier Business UK Ltd. 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), refusal of consent and withdrawal of consent without detriment (withdrawal of consent can be exercised at any stage of the process). 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. Further information regarding your rights under GDPR can be found on the following:</p> <p><a href="https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/">https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/</a></p>

Recommendations	
I understand that following this assessment, recommendations may be provided to assist my health at work;	
I give consent for the Healthier Business UK Ltd to make recommendations and for my employer/agency to provide these recommendations to my placement	<input type="checkbox"/>
I would like to see a written copy of any recommendations Healthier Business UK Ltd may make before my employer/agency provide them to my placement	<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