



Safehands Live In Care Ltd

Recruiting Healthcare Staff and Providing High Quality Care

Telephone: 0208 1270330

Email: recruit@safehandsliveincare.co.uk

Trading as Safehands Healthcare Services

Dear applicant,

Thank you for enquiring and taking an interest in wanting to join Safehands Live In Care Ltd.

Please bring originals of all required documents to ensure swift registration. All our registration forms must be filled in by the person looking for work themselves. This is to prove that they understand what is written in the form.

Registrations will not be accepted either by phone or by someone else filling the form in on your behalf.

SAFEHANDS LIVE IN CARE LTD REGISTRATION REQUIREMENTS

VALID PASSPORT / DRIVERS LICENSE

with proof of right to work in the U.K

PROFESSIONAL REGISTRATIONS (NURSE)

NMC

QUALIFICATIONS

Degree, Diploma, NVQs or related certificates

PROFESSIONAL MEMBERSHIPS (NURSE)

RCN OR Unison

CURRENT VALID DBS

(Previously CRB) can be carried out by us at a cost of £60.00

PROOF OF NATIONAL INSURANCE NUMBER

NI Card, p45/P60 or letter from Job Centre

MANDATORY TRAINING CERTIFICATES

Manual Handling, Fire Safety, Infection Control, Health And Safety, Safeguarding Adults, Food Hygiene, First Aid, Medication Administration (Nurses) and other relevant training.

PROOF OF ADDRESS

Bank Statement or Utility Bill

IMMINUSATION RECORDS

TB, HEP B, MMR, HIV

PASSPORT SIZE PHOTOGRAPHS

CURRENT CV

We require ALL documents listed above to proceed with your application. Should you require any assistance please do not hesitate to contact us. After your references are successfully received back we will contact you for an interview.

Yours sincerely,

Registration Team

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

SURNAME

PREVIOUS SURNAME

PLEASE ATTACH PHOTOGRAPH

FORENAMES

ADDRESS

POSTCODE

HOME TELEPHONE

MOBILE TELEPHONE

EMAIL

DATE OF BIRTH

NI NUMBER

MARITAL STATUS

DEPENDANTS

ARE THERE ANY RESTRICTIONS ON YOU
TAKING UP EMPLOYMENT IN THE UK

DO YOU HOLD A PASSPORT?

DO YOU HOLD A WORK PERMIT?

EXPIRY DATE OF WORK PERMIT

PIN NUMBER

EXPIRY DATE OF PIN NUMBER

NEXT OF KIN NAME

RELATIONSHIP TO NEXT OF KIN

ADDRESS:

TELEPHONE:

EDUCATION AND QUALIFICATIONS				
University / College Name	Dates attended		Qualification achieved	NVQ Level
	From	To		
MEMBERSHIP TO PROFESSIONAL BODIES / UNIONS				
Name	Registration Number	Registered since	Expires	

EMPLOYMENT HISTORY

Starting with the most recent first, please list details of your employment going back at least five years, explaining any gaps in employment.

Date		Name & address of employer	Position	Duties
From	To			
Reason for leaving				
Reason for leaving				
Reason for leaving				
Reason for leaving				
Reason for leaving				

PROFESSIONAL REFEREES

Please provide details of two people that have agreed to give character references for you.
Preferably your two last employers.

REFEREE 1		REFEREE 2	
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Tel		Tel	
Email		Email	

CONVICTIONS / DISQUALIFICATIONS

This position is considered exempt from provisions of the Rehabilitation of Offenders Act 1974, as contained in the Exemptions Amendment 1986. You are required to disclose information concerning all convictions including those, which for other purposes would be regarded as spent under the Act. All information will be treated as confidential and taken into account where the offence is relevant.

Please list below all convictions. Past, current and pending.

I certify that the above information is true to the best of my knowledge. I also understand that I will not be allowed to commence work until I hold a current valid DBS check.

Signed		Date	
Print Name			

Safehands Live In Care Ltd TERMS AND CONDITIONS

These conditions constitute a legally binding Agreement between you (the temporary worker) and Safehands Live In Care Ltd. It is a condition of Membership that you should read and fully understand. We will be pleased to clarify any points you do not understand.

1. **The role of Safehands Live In Care Ltd.**
Safehands Live In Care Ltd acts as agent for each and every member and is licensed in accordance with the Nurse's Agencies Act, 1957; the Nurse's Agencies Regulations 1961; and any statutory modifications or re-enactments thereof.
2. **Assignments.**
Safehands Live In Care Ltd makes every effort to find members suitable work but will make no guarantee that we shall always be able to do this. Temporary work arrangements are made in accordance with the terms of this Agreement and 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 appropriate Safehands Live In Care Ltd branch 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 Safehands Live In Care Ltd be introduced to a case.
3. **Payments**
Safehands Live In Care Ltd makes payment to Members in advance of fees earned by them, and Members irrevocably appoint Safehands Live In Care Ltd as their agent to prepare and submit accounts and collect and recover fees, expenses, charges and extras in the name of Safehands Live In Care Ltd. All monies due to Safehands Live In Care Ltd will be deducted from monies received from the client. All assignments must be booked through Safehands Live In Care Ltd and will be subject to agency fees.
4. **Fees and Expenses**
Payment in advance of fees earned by Members is made weekly.
5. **Timesheets**
Fully completed and signed time sheets must be submitted to the payroll branch weekly, to arrive no later than Monday 12:00 noon, in order for payment to be made promptly. Failure to submit a completed time sheet may result in payment being delayed. To fulfil our record keeping obligations, hours worked will continue to be monitored on a time sheet basis.
6. **Members' Employment status.**
Members are employed by Connect Nursing unless otherwise agreed that the Member will work as a self-employed contractor and has provided a Unique Tax Reference UTR.
7. **Standards of conduct**
Members of Connect must at all times maintain the highest professional standards and comply with Safehands's policies and procedures. Members are also required to work to the policies, procedures and requirements of the client's organisation to which they belong.
8. **Uniform**
Members will be required to purchase and wear a Connect uniform at all times. The only exception to this is where either the uniform is provided by the client or the client wishes that uniform is not worn.
9. **Changes to personal details**
Connect must be notified immediately in writing and changes of details by filling out a change of details form, which is available at any branch. Failure to do so may result in non-receipt of pay slips, wages, correspondence and /or assignments.
10. **Incomplete assignments**
Members wishing to leave an assignment uncompleted they must inform Connect Immediately.
11. **Termination**
Members may terminate their membership of Connect at any time and with two weeks' notice. If the member wishes to take up any appointment with a client introduced by Connect with 6 months of termination, the member must notify Connect immediately. A fee will be applicable to the client in this instance. Failure to notify Connect can result in termination of any placements and membership and/or our solicitors being instructed to collect any owed fees.
12. **Client Care / Report**
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 Connect 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 a holiday must give their Connect branch at least two weeks' notice to find a suitable replacement for the period of absence.
15. **Paid Holiday**
Connect pay holiday pay at a rate of 12.07% on top of members standard pay rate to cover holiday pay. This is not rolled into the pay rate but paid on top of standard pay rates and is

detailed separately on Members' pay slips. Members are encouraged to save their holiday pay towards time off when they require it. Holiday pay is paid from the first paid assignment.

16. **Working Hours**
To comply with the Working Time Regulations, Members' working time should not exceed 48 hours per week (averaged over a period of 17 weeks) and Connect recommend this practice. However, Members may wish to waive this right, and should indicate their preference by signing to opt out of the working time directive. Working time shall include only the period of attendance at each individual assignment through Connect
17. **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 or compensatory rest period must be agreed at the convenience of the Member and client and agreed weekly hours must not be exceeded
18. **Night Shifts**
Members have an 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 9 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 Connect management must be reached if night hours are to exceed this limit. In these circumstances, an equivalent break or compensatory rest period is agreed at the convenience of the Member and Client.
19. **Members' Health**
Membership of Connect is conditional upon a 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 an accurate declaration of health or to update the local Connect branch of any change could jeopardise Connect Membership.
20. **Health and Safety**
Member, 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 Connect are compatible with their own health and safety at work and that of patients, clients and colleagues. As selfemployed persons, Members have a personal responsibility to regard health and safety policies and fully co-operate with those in charge of the workplace and maintain a safe environment both for themselves, other staff and Clients. Often, this will involve working to establish 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 Connect 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 its members.
21. **Negligence**
If members are removed from an assignment or a complaint for misconduct or professional negligence is received. Connect reserve the right to withhold payment in advance of fees earned by the Member.
22. **Professional Negligence Indemnity Insurance**
Members are advised to obtain their own Indemnity insurance.
23. **Data Protection**
Connect 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, we 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 to pass on this non-sensitive information about you please let the connect branch manager know.
24. **Identification**
Members wear their Connect I.D. badge at all times whilst on duty or whilst on the Client's premises.
Name
Signed
Date

If you have any questions regarding these terms and conditions, please do not hesitate to contact us at our registered head office.

HEALTH DECLARATION

This section MUST be filled in to help us ascertain areas you would be most suited to work in. This will not affect your application in general.

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

DESCRIPTION OF ILLNESS	YES	NO	DETAILS
1 – Any skin condition			
2 – Chicken Pox			
3 – Deafness, infected or discharging ears			

Burney House Office 13, 11-17, Fowler Road, Hainault, Essex, IG6 3UJ

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4 – Bronchitis, Pneumonia, Tuberculosis or similar exposure to TB			
5 – Asthma or other allergic conditions			
6 – Recurrent sore throats			
7 – Episodes of chest pain or breathlessness			
8 – Heart disease or high blood pressure			
9 – Severe headaches or migraines			
10 – Fits, blackouts or epilepsy			
11 – Depression or nervous breakdowns			
12 – Eye disease, injury or defect of vision not corrected by lenses.			
13 – Any type of Hepatitis (previous, current or being investigated)			
14 – Gastric or Duodenal ulcer, frequent or prolonged indigestion or chronic diarrhoea			
15 – Kidney disease or bladder infection			
16 – Typhoid, dysentery, food poisoning or gastroenteritis			
17 – Rheumatism, rheumatic fever			
18 – Backache, sciatica or other back or neck pains			
19 – Rupture, varicose veins or foot ailments			
20 – Operations or accidents			
21 – Diabetes			
22 – Blood disorders e.g. anaemia, haemophilia or			
23 – Any immune disorders			
24 – Are you registered disabled?			
25 – what injections, pills, medicines or skin applications are you taking / using at present (excluding contraceptives)			
26 – Do you suffer from or have you been investigated for any medical condition, which may be relevant to your employment?			
27 – How many days' sick have you had in the last 2 years? Please give a reason			

IMMUNISATION RECORDS				
Have you been Immunised or vaccinated against any of the following? (proof will be required)		YES	NO	DATE
1	Tuberculosis including BCG Heaf, Mantoux or Tine			
2	Is scar still visible?			
3	Rubella (German Measles)			
4	Poliomyelitis			
5	Hepatitis B Course 1			
	Course 2			
	Course 3			
6	Hepatitis B Antibodies (Date and Result)			
7	Tetanus			
8	Typhoid			
9	Have you ever had a throat swab for MRSA?			
10	Have you had Chicken Pox? (Varicella)			
11	Any other?			

DOCTORS INFORMATION			
Name		Height	
Address		Weight	
Tel			

MANDATORY TRAINING		
Course	Date Attended	Expiry date
Moving & Handling		
Health & Safety		
Sova		
Infection Control		
Fire Safety		
First Aid Awareness		
Food Hygiene		
Dementia Awareness		
Medication Administration (Senior Carers and Nurses only)		
Other		

SKILLS ASSESMENT (HCA ONLY)

1 = EXPERIENCED 2 = FAMILIAR BUT NOT FULLY COMPETENT 3 = NOT COMPETENT

Skill	Rating	Skill	Rating	Skill	Rating
Personal Hygiene		Mobility		Clinical	
Bath, Shower, Assisted wash		Lifting transferring patient		Peg feeding	
Use of bath aids		Use of walking aids		Tracheostomy	
Mouth care (Inc dentures)		Use of hoists		Chest Physio	
Care of feet		Observations		Others	
Dressing / undressing of patients		Temperature		Light housework	
Bed bath		Respiration		Maintaining confidentiality	
Shaving		Blood pressure		Report writing	
Hair care		Pulse		Handovers	
Fingernail care		Nutrition		Experience in	Years
Eye care		Meal preparation		Hospital	
Toileting		Feeding		Nursing home	
Use of bedpans		General		Hospice	
Recording Fluid balance		Pressure area care		Home care	
Emptying catheter bag		Washing personal laundry		Learning disability	
Care incontinent patient		Bed making		Respite centre	

SKILLS ASSESMENT (NURSES ONLY)

1 = EXPERIENCED 2 = FAMILIAR BUT NOT FULLY COMPETENT 3 = NOT COMPETENT

Skill	Rating	Skill	Rating	Skill	Rating
ADMINISTRATION OF MEDICINES		Administering oxygen therapy		Crutchfield tongs	
Oral administration		Care of patient post abdominal surgery		Stryker frame	
Injections		Administration of enemas		Spinal lifts	
Administration of rectal or vaginal		Administration of suppositories		Log rolls	
Topical Application of drugs		Rectal lavage		WOUND CARE	
Administration of drugs in other forms e.g. eye, ear, nose drops, inhalations		RENAL		Changing wound dressings	
Cytotoxic drugs		Insertion of catheter (male)		Aseptic technique	
INTRAVENOUS THERAPY		Insertion of catheter (female)		Removal of sutures	
I.V. Rate Calculations		Suprapubic catheter		Removal of clips	
Admission of drugs by continuous infusion		Nephrostomy tube		Removal of staples	
Admission of drugs by intermittent infusion		Bladder lavage and irrigation		Drain dressings (e.g. keyhole)	

Heparinisation in IV Cannula		Care of patient with renal transplant		Change of vacuum bottle	
Administration of blood and blood products e.g. Plasma		Care of patient on haemodialysis		Shortening of a drain	
Infusion pumps		Care of patient on peritoneal dialysis		Removal of a drain	
Syringe drivers		Care of patient following nephrectomy		Prevention of pressure sores	
Central Venous Catheter		NEUROLOGICAL		RESPIRATORY	
Central Venous Pressure readings (CVP)		Neurological observations and assessment		Oxygen therapy	
Venepuncture (taking blood)		Care of patient during and following seizure		Suctioning – Oropharyngeal	
Setting up Arterial Lines :		Care of patient with brain injury:		Endotracheal	
Removal of Arterial Lines :		Following a cva		Tracheostomy care – changing a dressing	
Taking a blood sample		With a spinal cord injury e.g. paraplegic or quadriplegic		Suctioning a tracheostomy	
GASTROINTESTINAL		Following spinal surgery e.g. laminectomy		Changing a tracheostomy tube	
Naso-gastric tube insertion		An unconscious patient		Managing of chest tubes – under water seal drainage	
Care of naso-gastric tube		During or after a lumbar puncture		Changing drainage tubing and bottles (under water seal)	
Feeding via naso-gastric tube		ORTHOPAEDICS		Removal of drainage tube	
Stoma care		Care of a patient with a skin traction		Care of ventilated patients	
Care of patient with abdominal wounds, drains e.g. gastrostomy. PEG tube, Caecostomy drain		Care of a patient with skeletal traction		Obtaining arterial blood gases	
Care of a patient undergoing abdominal paracentesis		Care of a patient in plaster of Paris		Interpreting arterial blood gases	
Administering oxygen therapy		Care of a patient following amputation		Assisting with intubation	
Care of patient post abdominal		Halo traction			

1 = EXPERIENCED 2 = FAMILIAR BUT NOT FULLY COMPETENT 3 = NOT COMPETENT					
Skill	Rating	Skill	Rating	Skill	Rating
CARDIOVASCULAR		Swans-Ganz catheter		OTHERS	
Perform 12 lead electrocardiogram (ECG)		Care of patient with acute myocardial infarction		Barrier nursing – infectious or immunosuppressed patient	
Cardiac monitoring		Care of patient with congestive cardiac failure		Care of multiple trauma patient	
Telemetry		Care of patient post cardiac surgery (e.g. coronary vein grafts, aortic valve replacement)		Care of patient with eye problems	
Interpretation of basic arrhythmias		Care of patient post cardiac catheterisation		Care of confused patient	
Cardiopulmonary resuscitation		CARDIAC ARREST		Knowledge of NMC code of professional conduct	
Defibrillation		Knowledge of drugs used		Knowledge of the NMC guidelines for the administration of medicines	
Assisting with insertion of a pacemaker		Use of airway and ambu bags			
Aortic balloon pump		Cardiac compressions			

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EXPERIENCE (NURSES ONLY)

CLINICAL AREA	YEARS	CLINICAL AREA	YEARS	CLINICAL AREA	YEARS
Hospital		Learning disability		High dependency unit	
A&E		Anti Natal		Elder Care	
Nursing home		Respite centre		Medical assessment unit	
Hospice		Home care		Mental health unit	
Intensive care		Midwifery		Paediatrics	
Residential homes		Theatres		Other	

EQUAL OPPORTUNITIES MONITORING

Safehands Live In Care Ltd aims to be an equal opportunities employer and we select solely on merit irrespective of disability, race, creed, colour, nationality, ethnic origin, sex, marital status or sexual orientation when selecting, recruiting, training and or promoting staff. In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated. Please note: Ethnic minority questions are not about nationality, place of birth or citizenship.

They are about colour and broad ethnic groups- UK citizens can belong in any group. In promoting its Equal Opportunities Policy, the Agency will try to meet in full the legal requirements placed on it by the Race Relations Act 1976, the Sex Discrimination Act 1975, the measures relating to the employment of disabled people and codes of practice now in force.

This information is for monitoring purposes only and will be treated in the strictest confidence.

SEX	MALE	FEMALE	ETHNICITY	White European	White other		
NATIONALITY			Black Caribbean	Black African	Black other		
AGE GROUP	16-20	21-35	36-50	50+	Pakistani	Indian	Filipino
DISABILITIES	Registered disabled		No Disability		Turkish	Chinese	Irish

WORKING TIME REGULATIONS

I agree with Safehands Live In Care Ltd that the limit stated on Regulation 4(1) of the Working Time Regulations 1998, of 48 hours maximum shall not apply to me. I understand that my hours of work may now exceed those stated in the Working Times Regulations. This agreement shall apply from the date of signing below. I understand that I can terminate this agreement at any time with 4 weeks' written notice. I agree to comply with the policies and procedures of Safehands Live In Care Ltd.

Signed		Date	
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DECLARATIONS

I can confirm that I am not under investigation by any professional body such as the NMC etc. Nor am I being investigated by my employer previous or current. I agree to disclose any future investigations to Safehands Live In Care Ltd as soon as possible. I also agree to inform Safehands Live In Care Ltd of any criminal Investigations against me.

Signed		Date	
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I (the applicant) agree that all information provided by me is true and accurate to the best of my knowledge. I understand that and false or misleading information provided by myself can lead to the termination of my contract. I am permitted to work in the UK. I understand the conditions of the agreement between Safehands Live In Care Ltd and Temporary Nurses and Carers. I agree to inform the company if I am offered permanent employment by any client I am sent to work at by Connect Nursing.

Signed		Date	
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BANK DETAILS

Bank / Building Society Name	
Bank / Building Society Address	
Name on card	
Sort Code	
Account Number OR Building Society Ref	
Is this account in your name?	
If not, what is your relationship with the named person?	
National Insurance Number	
Your Current Address:	
Post Code:	

How did you hear about Safehands Live In care		Referred By	
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You can now either Email this application to recruit@safehandsliveincare.co.uk
Safehands Live In Care Ltd
Burney House Office 13
11-17 Fowler Rd,
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