

## **General Data Protection Regulations – Consent Form for Applicants**

In May 2018, the law changes about how companies record, store, and use individuals' personal data. Currently the Data Protection act cover how this is managed, but this new GDPR law means we must change some of our working practices. As a company we need to collect and hold data about you to enable us to process your job application. The GDPR laws places a further (and new) obligation for employers to tell their jobapplicants in more detail why we collect your data, what we do with it, and how long we expect to retain it. We wish to obtain your informed consent about the data that we may hold about you as it provides you with a better understanding of how we will use your data. We are not planning to transfer your data outside the EEA. We would like your consent to hold personal and special data about you in order that we can process your employment application. Delete as appropriate – we do use automated application/ CV scanning software to search for key essential job criteria (e.g. relevant qualifications). If you would like your application to be examined by one of our staff, please make this clear in your application. The data we wish to obtain and hold (a range of examples provided, but not limited to. In order to register and work for Shan Care24Ltd we will need to collect a variety of information on you which will include but not be limited to: your name, address, CV, all qualifications for the role, contact information including telephone numbers and email addresses, references from former employers, bank account details, National Insurance number, photographic ID, work permit if applicable, DBS details, medical information, details of unspent convictions and details of your limited company if you are one. All your data that we collect from you will be stored digitally on a secure computer or in paper files which are kept in locked cupboards. We will only store limited and necessary information about you on our Mobile phone which we need for out of hours emergencies, this will be: name, address, email, telephone numbers, date of birth and next of kin.

We must hold this data about you to ensure we operate as a lawful employment business for the purpose of supplying temporary staff to our clients and therefore we must make sure you are eligible to live and work in the UK and have the necessary skills and qualifications to carry out the duties required by the clients. In the case where we may supply you to a school, Nursery, or unit with vulnerable service users we may have to provide extra information to them which could include a copy of your DBS certificate. We will only ever share your information with a third party if it is necessary for the purposes of the work assignment and we will never give information such as your bank details. Each business we pass this information to is also legally bound to operate in a responsible manner under the General Data Protection Regulations. Your information and data can be accessed by you at any point during your employment with Shan Care24 Ltd if you would like to view this then please write to us at the office address to request this. Please note due to the nature of the business we will contact you by phone, email, SMS, and post, this is necessary for the purposes of your employment with us. After you leave our employment, we will keep this information for a maximum of 5 years from the date you leave. At any point before this you may request for this information to be destroyed but we must keep your information for 6 weeks after your leave date and we will do this upon receipt of your request however please bear in mind some information regarding payroll will have to be stored for the purposes of HMRC for the 5-year requirement and may have to be passed onto lawful enforcement agencies.

### **Agreement to use my data.**

I hereby freely give my prospective employer Shan Care24 Ltd consent to use and process my personal data relating to my job application (examples of which are listed above).

### **In giving my consent:**

I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR). I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge. I understand that I can request that data that is no longer required to be held, can be removed from my file, and destroyed. I understand that if I am unsuccessful with my application my data will be destroyed after one month.

Full Name:

Signature:

Date



Photo

## APPLICATION FORM

## PERSONAL DETAILS

POSITION APPLIED FOR HCA/RGN		NMC Pin (Nurses only)			
Mr / Mrs / Miss / Ms Other -		Last Name		First Name	
Address				Town	
Postcode		Home Tel		Mobile	
Email		NI Number		Date of Birth	
Passport Number		Visa Status (if applicable)		Nationality	
Next of Kin Name		Address & Post Code		Tel	

## 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

## 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

### DETAILS FOR DBS CHECK

Title	
Gender	
Forename	
Surname	
Date of Birth	
Job Title	
Have you ever used another forename? Yes/No	Used this name from date <span style="float: right;">till date</span>
Have you ever used another Surname? Yes/No	Used this name from date <span style="float: right;">till date</span>
Birthplace (Town/City) Birthplace (County/District) Nationality	
Do you have any unspent criminal convictions? Yes/No	If yes, state it here
Birthplace (Town/City) Birthplace (County/District) Nationality	
Do you have any unspent criminal convictions?	
If yes, state it here	

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

## Night worker Health Assessment

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			
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 diarrhea			
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. anemia, hemophilia 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			
Full Name	Signature	Date	

### 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 patient		Peg feeding	
				Tracheostomy	

Use of bath aids		Use of walking aids		Chest Physio	
Mouth care (Inc dentures)		Use of hoists		Suctioning	
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 center	

## SKILLS ASSESMENT (NURSES ONLY)

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

Skill	Rating	Skill	Rating	Skill	Rating
<b>ADMINISTRATION OF MEDICINES</b>		Administering oxygentherapy		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		<b>WOUND CARE</b>	
Administration of drugs in other forms e.g. eye, ear, nose drops, inhalations		<b>RENAL</b>		Changing wound dressings	
Cytotoxic drugs		Insertion of catheter (male)		Aseptic technique	
<b>INTRAVENOUS THERAPY</b>		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)	
Heparinization 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 hemodialysis		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		<b>NEUROLOGICAL</b>		<b>RESPIRATORY</b>	
Central Venous Pressure readings (CVP)		Neurological observations and assessment		Oxygen therapy	

Venipuncture (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	
<b>GASTROINTESTINAL</b>		Following spinal surgery e.g. laminectomy		Changing a tracheostomy tube	
Naos-gastric tube insertion		An unconscious patient		Managing of chest tubes – under water seal drainage	
Care of naos-gastric tube		During or after a lumbar puncture		Changing drainage tubing and bottles (under water seal)	
Feeding via naos-gastric tube		<b>ORTHOPAEDICS</b>		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., gastronomy. PEG tube, Cecostomy 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
<b>CARDIOVASCULAR</b>		Swans-Ganz catheter		<b>OTHERS</b>	
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 catheterization		Care of confused patient	
Cardiopulmonary resuscitation		<b>CARDIAC ARREST</b>		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 ambo. bags			
Aortic balloon pump		Cardiac compressions			

**EXPERIENCE (NURSES ONLY)**

CLINICAL AREA	YEARS		YEARS	CLINICAL AREA	YEARS
Hospital		Learning disability		High dependency unit	
A&E		Anti Natal		Elder Care	
Nursing home		Respite center		Medical assessment unit	
Residential homes		Theatres		Other	

## EQUAL OPPORTUNITIES MONITORING

Shan Care24Ltd aims to be an equal opportunities employer and we select solely on merit irrespective of disability, race, creed, color, nationality, ethnic origin, sex, marital status or sexual orientation when selecting, recruiting, training and or promoting staff. 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 color 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 Shan Care24Ltd 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 Shan Care24Ltd.

Signed		Date	
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## DISCLOSURE INFORMATION AND DECLARATION

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about **convictions or cautions** which for other purposes are "spent" under the provisions of the Act, and in the event of employment, any failure to disclose such convictions or cautions could result in dismissal or disciplinary action by the Agency. Any information given will be completely confidential and will be considered only in relation to applications for positions to which the Order applies.

Details of convictions:

Do you have any **criminal convictions** that have not become spent under the Rehabilitation of Offenders Act 1974 and/or any offences for which you are currently awaiting a court appearance? **Yes / No.**

Have you ever been disqualified from the practice of a profession or required to practice under specific limitations? **Yes/ No.**

Has your employment or contract ever been terminated or suspended – in the UK or abroad – on grounds relating to your fitness to practice? **Yes/No.**

## BANK DETAILS

Name of the Bank	
Name as written on your bank statement	
Sort Code	
Account Number	
<p>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 Shan Care24Ltd 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 Shan Care24Ltd.</p>	
Full Name:	Signature: <span style="float: right;">Date:</span>