



Application Form

Thank you for your interest in working with MPA Nursing. Call your local branch to organise an appointment with our specialist nursing and care consultants.



L'DERRY

18 Great James Street
L'Derry BT48 7DA
Tel: 028 7126 0030
Fax: 028 7126 5297
nursing@mparecruitment.co.uk

COLERAINE

12 Dunmore Street
Coleraine BT52 1EL
Tel: 028 7035 7035
Fax: 028 7032 9690
coleraine@mparecruitment.co.uk

OMAGH

46 High Street
Omagh BT78 1BP
Tel: 028 8224 2595
Fax: 028 8224 0201
omagh@mparecruitment.co.uk

We have tried to make registration as simple and straightforward as possible. Please make sure you have all the documents listed below when you come in to see us.

- Complete the forms using black ink
- Fully completed application form with no gaps
- Proof of identity - passport, birth certificate, National Identity Card
- Bank details and National Insurance Number
- Any specialist certificates or qualifications you hold
- Manual handling and CPR certificates undertaken in the previous 12 months
- Hep 1 results - less than 5 years old (And any other record of vaccinations if applicable)
- NMC Pin Card and your Statement of Entry (Nurses Only)
- 2 Passport Photographs

Mental health - also bring

- Control & restraint certificates

Midwives - also bring

- Copy of your intention to practise and the name and contact details of your mentor

Non-EU citizens - also bring

- Evidence of your right to work in the UK - visa, work permit and Home Office confirmation
Evidence that you are a student if studying in the UK

PLEASE DO NOT POST YOUR DOCUMENTS

When all checks have been completed and you have been cleared to work, you will need to collect your ID badge and bring £20 to cover the cost of the uniform

AccessNI Check

It is now a legal requirement for every nurse and care assistant to hold an annual enhanced AccessNI (police check).

The AccessNI Check costs £30.00, which will be charged at registration.

Two satisfactory references (care related) are required prior to being placed.



To help you enhance your professional skills, we've developed our own training academy, which includes Manual Handling Training, POCVA, Mandatory, Infection control and other training

For further information on training just call us on
028 7126 0030

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 APPLICANT
 REFERENCE

EQUAL OPPORTUNITIES MONITORING

MPA Recruitment is committed to equality of opportunity for all applicants regardless of gender, marital status, perceived religious affiliation, political opinion, race, ethnic origin, disability, age or sexual orientation.

We select those suitable for employment and advancement solely on the basis of merit, i.e.. on the basis of eligibility or terms of ability, qualifications and aptitude for work, and we are also monitoring our activities to ensure that our equal opportunities policy is effectively implemented. The application of equal opportunity in the agency is being monitored on the basis of a comparison of sex, marital status, community background, disability and ethnic origin of applicants. The question on community background is asked in order to fulfil our requirements under the Fair Employment Legislation. It is therefore an offence under the Act for any person knowingly to give false information.

Please tick appropriate box

1. **SEX** Male Female
2. **MARITAL STATUS** Single Married Other
3. **COMMUNITY BACKGROUND**
 I am a member of the Protestant Community
 I am a member of the Catholic Community
 I am a member of neither the Protestant Community nor the Roman Catholic Community
4. **DISABILITY**
 Do you consider yourself as having a disability?
 Yes No
5. **ETHNIC ORIGIN** (i.e. origin by birth, NOT NATIONALITY)
What do you consider your ethnic origin to be?
 White Black African Bangladeshi Mixed Ethnic Group
 Chinese Irish Traveller Pakistani Black Caribbean
 Indian Any other Ethnic Group Please specify

Access to this information will be strictly controlled and will not be available to those considering your application for employment.

The information will subsequently be transferred to the monitoring system operated by the Monitoring Officer. There it will be strictly controlled in accordance with MPA Recruitment’s Code of Practice.



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URN:

APPLICATION FORM

Position applied for:

PERSONAL DETAILS

Title

First Name

Last Name

Middle Name

Known as

Maiden Name

Marital Status

Date of Birth

House Name / Number

Address

City / Town

County

Postcode

Home Phone

Work Phone

Mobile Phone

Email address

MISCELLANEOUS DETAILS

Nationality

National Insurance Number

Work Permit Held Yes No

Type of Work Permit

Exp. date / /

If Student, name of college/University

Do you hold a current Driving Licence Yes No Do you have your own transport Yes No

NURSES ONLY

Do you belong to a Union Yes No RCN Unison Other

Membership Number

Union Expiry Date / /

How did you hear of MPA Nursing?

Have you ever worked for MPA or any other agency?

Nursing NMC pin no

Expiry date

Parts of NMC register

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Validated: Initials

EMPLOYMENT RECORD

Please list your previous posts beginning with the most recent starting when you left education. (All gaps must be accounted for - please continue on blank paper if necessary)
Note: NHS Requirements state: "Employment History should be recorded on an Application Form which is signed". Please complete in full. Please do not cross out and write "See CV".

| FROM | | TO | | | Name & Address of Employer | Title of post held / Grade and brief description of duties | Reason for Leaving | Salary |
|------|--|-----|-------|------|----------------------------|--|--------------------|--------|
| | | Day | Month | Year | | | | |
| | | | | | | | | |

Have you ever been dismissed from any employment? Yes No

If yes, please give details: _____

PROFESSIONAL REFERENCES

MPA Nursing requires reference from your last or most recent employer. By professional we mean actual employers not colleagues, so work addresses are essential. All references must relate to the care sector over the last five years. If you have left a job working with children or vulnerable adults, legally a reason must be given.

1. Name of referee

Company Name

Relationship to Candidate

Mailing Address

Country

Post Code

Telephone Number

Fax

Email

Mobile phone

2. Name of referee

Company Name

Relationship to Candidate

Mailing Address

Country

Post Code

Telephone Number

Fax

Email

Mobile phone

BANK / BUILDING SOCIETY DETAILS

Bank Name

Location

Sort Code

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Account No.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Account holders name

I authorise MPA Nursing to pay my weekly earnings directly into the bank or building society whose details I have given above. I confirm that I will notify MPA Nursing in writing of any changes to these details.

Signed _____ Date ____ / ____ / ____

MEDICAL QUESTIONNAIRE

| | YES | NO | DETAILS (If YES you must include details, if date unknown please estimate) |
|--|-----|----|--|
| Have you ever been treated at a hospital for a serious illness or surgery? (Please provide details) | | | |
| How much time have you lost from work due to illness in the last five years? (Please provide details) | | | |
| Are you a registered disabled person? (Please provide details) | | | |
| Have you ever suffered from any of the following? | YES | NO | DETAILS (If YES you must include details) |
| Heart / Circulatory illness / Hypertension | | | |
| Diabetes | | | |
| Asthma / Hayfever | | | |
| Bronchitis / Pneumonia / Pleurisy | | | |
| Tuberculosis | | | |
| Epilepsy / Frequent Fainting Attacks | | | |
| Headaches / Migraine | | | |
| Psychiatric illness / Anxiety / Depression | | | |
| Dermatitis, Skin Sensitivity (Allergies) Psoriasis / Eczema | | | |
| Back Injury / Back Problems or Back Pains | | | |
| Recurrent Infections e.g. Sore Throats / Ear infections | | | |
| Hepatitis / Jaundice | | | |
| Are you receiving Medicines, Pills or Tablets from a doctor or on Prescription? | | | |
| Do you have any other physical disabilities other than those listed above that could affect your ability to carry out your assignment? | | | |
| Have you ever been Vaccinated, Immunized or Tested for / against any of the following? | YES | NO | DETAILS (If YES you must include details, if date unknown please estimate) |
| Varicella | | | |
| Tuberculosis including BCG | | | |
| Heaf, Mantoux or Tine | | | |
| Rubella (German Measles) | | | |
| Poliomyelitis | | | |
| Hepatitis B | | | |
| Heptitis B Antibodies Date & Results | | | |
| HIV | | | |
| Tetanus | | | |
| Typhoid | | | |
| Swine Flu | | | |
| Any Other | | | |

If you do not have vaccination information, please provide details of where we can request this information e.g. Hospital/GP/Occupational Health.

Do you have any conditions which would make it difficult to undertake night work?

Please sign your approval for this request. Signed _____ Date _____

EMERGENCY CONTACT DETAILS

Contact Name _____

Relationship _____

Telephone No: _____

DECLARATIONS

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 (Exemption Order 1957). Applicants are therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application. A copy of our written policies are available upon request. A criminal record will not necessarily be a bar to obtaining a position.

Have you ever been convicted of a criminal offence? Yes No

Do you have any spent or unspent criminal conviction? Yes No
Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Have you supplied additional information with this application for any:

Spent/unspent convictions, cautions or reprimands? Yes No

Have you ever been involved in Court Proceedings? Yes No

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

I consent to MPA Nursing checking details I have provided in support of this application against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations, such as: Access N.I., NMC, POCVA team.

I confirm that to the best of my knowledge the information given on this form is true and correct.

I understand that it is my responsibility to ensure that my professional indemnity insurance is current at all times.

I hereby understand that it is my responsibility to adhere to MPA policies and procedures.

Signature _____

Date _____

KEYWORDS FOR CARE & SUPPORT WORKERS

PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE, PLEASE REMEMBER THAT YOU WILL BE HELD PROFESSIONALLY ACCOUNTABLE.

| SPECIALISM | LESS THAN 6 MONTHS | MORE THAN 6 MONTHS | 1 TO 2 YEARS | 2 PLUS YEARS | SPECIALISM | LESS THAN 6 MONTHS | MORE THAN 6 MONTHS | 1 TO 2 YEARS | 2 PLUS YEARS |
|----------------------------|--------------------|--------------------|--------------|--------------|-----------------------------------|--------------------|--------------------|--------------|--------------|
| Arrange Leisure Activities | | | | | NVQ1 | | | | |
| Care Course Candidate | | | | | NVQ2 | | | | |
| Catering Assistant | | | | | NVQ3 | | | | |
| Catheter care | | | | | NVQ4 | | | | |
| Challenging Behaviour | | | | | Observations | | | | |
| Collect Prescriptions | | | | | Observations BP | | | | |
| Control and Restraint | | | | | ODA/ODP | | | | |
| Dispense Medication | | | | | Overall Management Responsibility | | | | |
| Domestic Cleaning Duties | | | | | Paediatrics | | | | |
| Escort Duties | | | | | Palliative Care Terminally | | | | |
| Fluid Charts | | | | | Preparation of Meals | | | | |
| Home Care | | | | | Pressure Areas and Sores | | | | |
| Hospitals | | | | | Private Homes | | | | |
| Infection Control | | | | | Promoting Continence | | | | |
| Kitchen Assistant | | | | | Residential Homes | | | | |
| Laundry | | | | | Schools | | | | |
| Learning Disabilities | | | | | Senior Care | | | | |
| Making and Changing Beds | | | | | Serving Meals | | | | |
| MAYBO Trained | | | | | Student Nurse | | | | |
| Mental Health | | | | | Undergoing Adaptation | | | | |
| NNEB | | | | | Undertaking Shopping | | | | |
| Nursery Nurse | | | | | Urinalysis | | | | |
| Nursing Homes | | | | | Young Client Group 15 to 25 yrs | | | | |

NURSES ONLY

PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE, PLEASE REMEMBER THAT YOU WILL BE HELD PROFESSIONALLY ACCOUNTABLE.

KEYWORDS

| SPECIALISM | LESS THAN 6 MONTHS | MORE THAN 6 MONTHS | 1 TO 2 YEARS | 2 PLUS YEARS | SPECIALISM | LESS THAN 6 MONTHS | MORE THAN 6 MONTHS | 1 TO 2 YEARS | 2 PLUS YEARS |
|--------------------------------|--------------------|--------------------|--------------|--------------|---------------------------------------|--------------------|--------------------|--------------|--------------|
| A&E | | | | | Injections | | | | |
| Anaesthetic Training | | | | | Intensive Care Unit | | | | |
| Bereavement Clinic | | | | | IT Skills | | | | |
| Blood Pressure | | | | | ITU Psychiatric | | | | |
| Cardiac | | | | | IVs | | | | |
| Cardiothoracic | | | | | Learning Disability | | | | |
| Care of the Elderly | | | | | Leg Ulcers | | | | |
| Challenging Behaviour | | | | | Medical | | | | |
| Chemotherapy | | | | | Mental Health | | | | |
| Chronic Disease Management | | | | | Midwifery | | | | |
| Coil Checks | | | | | Minor Injuries | | | | |
| Community Nursing | | | | | Neurology | | | | |
| Control and Restraint | | | | | Nurse Practitioner RCN -Accreditation | | | | |
| COPD | | | | | Nurse Prescribing | | | | |
| Day Care Centre | | | | | Nursing Homes | | | | |
| Day Surgery | | | | | Occupational Health | | | | |
| Dermatology | | | | | Oncology | | | | |
| Dressings | | | | | Orthopaedic | | | | |
| Ear Syringing | | | | | Out Patients | | | | |
| ECG's | | | | | Palliative care | | | | |
| ENB Practice Nurse Certificate | | | | | Practise Nurse | | | | |
| Family Planning | | | | | Prisons | | | | |
| Flu Vaccinations | | | | | Radiology | | | | |
| Gynaecology | | | | | Renal | | | | |
| Haematology | | | | | Residential Homes | | | | |
| Health Promotions | | | | | School Nurse | | | | |
| Health Visitors | | | | | Smoking Cessation | | | | |
| High Dependency Unit | | | | | Stoma Care | | | | |
| Home Care | | | | | Surgical | | | | |
| Hospices | | | | | Theatre | | | | |
| Hospitals | | | | | Treatment Room | | | | |
| In Charge Duties | | | | | | | | | |

Other

Contract for Services for Temporary Workers

1. Between MPA Recruitment Ltd, acting as an Employment Business and herein after referred to as MPA. These terms constitute a contract for services between MPA and the temporary worker and they govern all Assignments undertaken by the temporary worker. However no contract shall exist between MPA and the temporary worker between Assignments.
2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between MPA and the temporary worker. The temporary worker is engaged as a self-employed worker although MPA is required to make "statutory deductions from the temporary worker remuneration in accordance with clause 7.
3. No Changes will be made to these Terms, unless such changes are agreed with the Temporary Worker, set out in writing and a copy given to the temporary worker.
4. MPA agrees to offer to the temporary worker opportunities to work as a _____ (specify) _____ where there is a suitable Assignment with a hirer, (hereinafter called the Client) requiring such a worker.
5. MPA reserves the right to offer any Assignment to such temporary workers as it may elect where that Assignment is open to several temporary workers.
6. The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available, the suitability of the work to be offered will be determined solely by the Employment Business, MPA shall incur no liability to the temporary worker should it fail to offer opportunities to work.
7. MPA shall pay to the temporary worker remuneration calculated at the actual hourly rate notified on a per Assignment basis for each hour worked during an Assignment to be paid weekly in arrears, subject to deductions in respect of PAYE pursuant to sections 44-47 of the Income Tax (Earning & Pensions) Act 2003 and Class 1 National Insurance Contributions and any other deduction which MPA may be required by law to make. The hourly rate will be no less than the minimum wage.
8. The temporary worker is under no obligation to accept any offer of an Assignment, but if he/she does so, he/she shall at all times when services are due to a Client comply with the following conditions:
 - a) Not to engage in any conduct detrimental to the interests of MPA.
 - b) To be present during the times or for the total number of hours during each day and/or weeks as may be agreed.
 - c) To take all reasonable steps to safeguard his/her own safety and the safety of any other person who may be affected by his/her actions at work.
 - d) To comply with all disciplinary rules or obligations in force at the premises where services are performed to the extent that they are reasonably applicable.
 - e) To comply with all reasonable instructions and requests within the scope of the agreed services made either by MPA or the Client.
9. At the same time as an Assignment is offered to the temporary worker, MPA shall inform the temporary worker of the identity of the Client and, if applicable, the nature of their business; the date the work is to commence and the duration or likely duration of the work; the type of work, location and hours during which the temporary worker would be required to work; the rate of remuneration that will be paid and any expenses payable by or to the temporary worker; and any risks to health and safety known to the Client in relation to the Assignment and the steps the Client has taken to prevent or control such risks. In addition, MPA shall inform the temporary worker what experience, training, qualifications and authorisation are required either by law or a professional body and that the Client deems necessary to work in the assignment. This information will be given to the temporary worker in written or electronic form no more than 3 days after being offered the assignment.
10. If, before the first Assignment or within the relevant period which is either; during the course of an Assignment, 14 weeks from the start of the first Assignment (each Assignment where there has been a break of 6 weeks since the end of the previous Assignment shall be considered a first Assignment) or 8 weeks from the day after the last day that the temporary worker worked on the Assignment, the client wishes to employ the temporary worker direct or through another employment business the temporary worker acknowledges that MPA will be entitled either to charge the client a fee or agree an extended period of hire, at the end of which the temporary worker may be engaged directly by the Client or through another employment business without further charge to the client. This also applies where the client introduces the temporary worker to a 3rd party who subsequently engages the temporary worker within the relevant period.
11. At the end of each week of an Assignment (or at the end of an Assignment where it is for a period of less than one week), the temporary worker shall deliver to MPA a time sheet duly completed to indicate the hours worked during the preceding week signed by an authorised representative.
12. MPA shall pay the temporary worker for all hours worked regardless of whether MPA has received payment from the Client for those hours.
13. It is the temporary workers obligation to complete the time sheet and get an appropriate authorised signature – failure to do so may result in delayed payment.
14. The temporary worker will be paid weekly, one week in arrears.
15. There is no obligation by MPA to provide or the temporary worker to serve, any nominal number of hours in any day or week. The hours of work agreed for each Assignment will be stated on the commencement letter. Failure to attend or leaving an Assignment for any reason without prior notification for any period will result in the automatic termination of the temporary workers contract for services.
16. There is no notice required for a) the temporary worker to terminate the employment and b) MPA to terminate the temporary workers employment. However, MPA will endeavour to give the temporary worker at least one days notice and would appreciate if the temporary worker would return this gesture.
17. MPA and the temporary worker agree that the nature of temporary work is such that there may be periods between Assignments when no work is available.
18. MPA may instruct the temporary worker to end an Assignment with a Client at any time.
19. If the temporary worker is ill or likely to be late, he/she must inform the branch by 8.30am. If he/she wishes to end an Assignment or needs to take time off, the branch must be contacted at least a week in advance.
20. If the temporary worker wishes to work more than 48 hours in a week, he/she is legally obliged to sign an 'opt-out' form. This document can be obtained from and must be retained at his/her local MPA branch. If you do not sign an Opt Out form, calculating the average weekly hours will be taken over a 17 week period and will start from the start date of the assignment.
21. All temporary workers are entitled to 24 days annual leave. This includes 4 nominated bank holidays. To claim this holiday pay the temporary worker must give 1 week notice to his/her MPA branch. This money is to be paid to cover time away from work for the purpose of annual leave and must not be claimed by the temporary worker or paid out by MPA for any other purposes. When a temporary worker leaves MPA and claims their P45, holiday pay will be paid into the temporary worker's nominated Bank/building society account on the day that the P45 is issued.
22. MPA temporary workers are entitled to all benefits associated with the temporary worker benefits, unless stated on their contract for services, after the relevant qualifying periods.

By signing this contract you also accept the conditions of work as stated above.

Signature of Temporary Worker: _____ Date: _____

MPA Recruitment

Opt-Out of a 48 Hour Working Week Agreement

The Regulations say that on average you should not be asked to work more than 48 hours in each week, taken over a 17 week period.

By Signing this Opt-Out Agreement, you will give yourself the power to decide how many hours per week you want to work. It gives you the right to plan your working week however you may wish.

You are under no obligation to sign this form

The 'Opt-Out' Agreement is made under the provisions of the Working Time Directive (WTD) 1998 and as such forms part of your Contract of Employment with MPA Recruitment.

- The WTD Regulations ensures that the worker shall not work in excess of a 48 hour week, averaged over 17 weeks, unless they have agreed in advance to do so.
- With effect from the 17th December 1999, workers who sign an individual 48 Hour Opt-Out Agreement, need not have their working hours recorded for monitoring purposes.
- Any worker that wishes to withdraw their Agreement to an existing 'Opt-Out' may do so after giving appropriate notice to their employer.

I hereby agree to 'Opt-Out' of the 48 Hour Agreement as specified in the "Working Time Directive".

I understand that if I wish to revoke this in the future, then I am required to give MPA Recruitment a minimum of 5 weeks notice.

Name: _____
(Please Print)

Signature: _____ Date: _____

18 Great James Street, Derry
Tel: (028) 7136 0070
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Tel: (028) 7035 7035
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46a High Street, Omagh, BT78 1BP
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Recruitment of Permanent and Temporary Staff
Co. Registration No. NI40246

