

# Healthcare Application Form

Thank you for your interest in working for MPA Recruitment.

Call your local branch to organise an appointment with our specialist nursing and care consultants.

**Please note that all healthcare related roles are subject to a satisfactory outcome from an Enhanced Access NI check.**

## Appointment

Your appointment is at the \_\_\_\_\_ branch is for \_\_\_\_:\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

## Our Branch Locations

Derry-Londonderry	18 Great James Street	Derry-Londonderry	BT48 7DA	Tel: 028 7136 0070
Armagh	Hamiltonsbawn Road	Armagh	BT60 1HW	Tel: 028 3753 7591
Ballymena	5 Greenvale Street	Ballymena	BT43 6AR	Tel: 028 2542 0136
Belfast	29-31 Montgomery Street	Belfast	BT1 4NX	Tel: 028 9521 1111
Coleraine	5a Stone Row	Coleraine	BT52 1BP	Tel: 028 7035 7035
Omagh	13 Sedan Avenue	Omagh	BT79 7AQ	Tel: 028 8224 2595

## Documentation

We have tried to make sure registration as simple and straightforward as possible. Please make sure you have all the documents listed below when you come 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
- Proof of National Insurance number
- Proof of address (issued within the past 3 months)
- Driving Licence (both photo ID card and paper counterpart are required)
- Two Passport photos
- Proof of professional registration applicable to your role (i.e. NMC, NISCC, HCPC, PSNI, etc.)
- Proof of GCSE English and Maths
- Proof of relevant qualifications (e.g. Nursing Degree, Social Work Degree, NVQ Health & Social Care, etc.)
- Record of vaccinations
- Up to date training record and all relevant original training certificates
- Evidence of union membership (e.g. RCN, Unison, GMB, etc.)
- £33.00 payment for Access NI Enhanced Disclosure

Mental Health Applications - please also bring

- Control & restraint training certificates

Midwives - please also bring

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

Non-EU citizens—please also bring

- Evidence of your right to work in the UK e.g. Visa work permit and Home Office confirmation





Dependents

Do you have caring responsibilities for: *(please tick all that apply to you)*

- |                                 |                          |                                      |                          |
|---------------------------------|--------------------------|--------------------------------------|--------------------------|
| <b>A child (or children)</b>    | <input type="checkbox"/> | <b>A person(s) with a disability</b> | <input type="checkbox"/> |
| <b>A dependent older person</b> | <input type="checkbox"/> | <b>None of the above</b>             | <input type="checkbox"/> |

Disabilities

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. "Normal day-to-day activities" listed in the Act are mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger. (If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer 'yes' below.)

Having read this definition, do you consider yourself as having a disability?    Yes                   No

If yes, please indicate which type of impairment(s) apply to you: *(please tick all that apply to you)*

- |   |                          |
|---|--------------------------|
| <b>Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy</b>            | <input type="checkbox"/> |
| <b>Learning disability, such as Down's Syndrome, Dyslexia or Cognitive Impairment such as Autism</b>      | <input type="checkbox"/> |
| <b>Mental health condition, such as depression or schizophrenia</b>                                       | <input type="checkbox"/> |
| <b>Physical Impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches</b> | <input type="checkbox"/> |
| <b>Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment</b>                     | <input type="checkbox"/> |

Sexual Orientation

My sexual orientation is towards someone:

- |  |                          |                                |                          |
|--|--------------------------|--------------------------------|--------------------------|
| <b>Of the opposite sex</b>                     | <input type="checkbox"/> | <b>Of the same sex</b>         | <input type="checkbox"/> |
| <b>Of the same sex and of the opposite sex</b> | <input type="checkbox"/> | <b>I do not wish to answer</b> | <input type="checkbox"/> |

Political Opinion

Please tick the appropriate box to indicate your political opinion:

- |                            |                          |                                |                          |
|----------------------------|--------------------------|--------------------------------|--------------------------|
| <b>Broadly Nationalist</b> | <input type="checkbox"/> | <b>Broadly Unionist</b>        | <input type="checkbox"/> |
| <b>Other</b>               | <input type="checkbox"/> | <b>I do not wish to answer</b> | <input type="checkbox"/> |

**Equal Opportunities Monitoring**

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.

**Marketing**

How did you hear of MPA Recruitment? \_\_\_\_\_

Have you ever worked for MPA or any other agency? \_\_\_\_\_

## Application Form

Personal Details

Position applied for \_\_\_\_\_

Title _____	Marital Status _____
First Name _____	Middle Name _____
Last Name _____	Maiden Name _____
Known as _____	Nat. Insurance No. _____
Date of Birth _____	
Address _____ _____ _____	Do you hold a current driving licence? _____
	Do you have your own transport? _____
City / Town _____	Mobile Phone _____
County _____	Home Phone _____
Postcode _____	Work Phone _____
Email address _____	

Professional Details

Type of registration NMC / NISCC / HCPC / PSNI / Other \_\_\_\_\_

If Other please specify \_\_\_\_\_ Registration Number \_\_\_\_\_

Date Obtained        \_\_\_ / \_\_\_ / \_\_\_

Expiry date         \_\_\_ / \_\_\_ / \_\_\_

Do you belong to a union? \_\_\_\_\_ Membership number \_\_\_\_\_

NMC Revalidation Date \_\_\_ / \_\_\_ / \_\_\_

Work Permit

Nationality \_\_\_\_\_ Work permit held \_\_\_\_\_

Type of Work Permit \_\_\_\_\_ Exp. date \_\_\_ / \_\_\_ / \_\_\_

If Student, name of college / university \_\_\_\_\_

*In line with Home Office guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by MPA Recruitment for temporary work.*

Bank / Building Society Details

Bank Name _____	Location _____
Sort Code _____	Account No. _____
Account Holders Name _____	

*MPA Recruitment will pay weekly earnings directly into the bank or building society detailed above. MPA Recruitment must be notified of any changes to these details in writing.*

## Employment Record

Please list your previous posts beginning with the most recent starting when you left education (*please continue on blank paper if necessary*). Please complete in full.  
 (All gaps in your employment history must be accounted for in the section below).

Note: NHS Requirements state "Employment History should be recorded on an Application Form which is signed". Please complete in full, 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	Day	Month	Year				

## Employment Record – Explanation of Gaps

Please list all gaps in employment history below (*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, do not cross out and write “See CV”

From			To			Reason for Gap	Comments
Day	Month	Year	Day	Month	Year		

## Employment Record – Declarations

Have you ever been dismissed from a healthcare related role?		Are you currently the subject of an investigation / disciplinary proceedings?	
Are you currently the subject of a referral to a professional registration body (e.g. NISCC, NMC, HCPC, etc.)?		Are you currently the subject of a referral to the Independent Safeguarding Authority (ISA) as a result of misconduct involving Children and / or vulnerable adults?	
Have you previously worked for the NHS, Health & Social Care Trust or Apex Housing?		If yes, please give contact details for your most recent manager / supervisor <hr/> <hr/>	

## Qualifications

Level of Qualification E.g. GCSE, A-Level, Degree	Date Taken	Subject Area	Grade / Result

## Training Verification

Please record details of all your most recent training in the following areas. You must provide an original certificate for each subject completed.

Subject Area	Date	Subject Area	Date
Safeguarding Vulnerable Adults		Safer Manual Handling of Patients	
Protecting Children and Young Persons		Challenging Behaviour	
Infection Control		Administration of Medications	
HIV Awareness		Administration of I.V. Medications	
First Aid		Anaphylaxis	
Fire Safety		Hyponatraemia	
C.O.S.H.H.		Venepuncture	

Other Training *(please give full name of course and date)*

Name \_\_\_\_\_

*(Please print)*

Signed \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_



## Professional References

MPA Recruitment requires a 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.

### Referee 1

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City / Town** \_\_\_\_\_

**County** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

### Referee 2

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City / Town** \_\_\_\_\_

**County** \_\_\_\_\_

**Postcode** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

## Emergency Contact Details / Next Of Kin

**Contact Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

## Occupational Health Questionnaire

Name \_\_\_\_\_

D.O.B \_\_\_/\_\_\_/\_\_\_

Job Title: \_\_\_\_\_

Contact No \_\_\_\_\_

	Yes	No	Details <i>(If YES you must include details, if date unknown please estimate)</i>
Have you ever been treated at a hospital for a serious illness or surgery?			
How much time have you lost from work due to illness in the last five years?			
Are you registered disabled?			
Were you ever diagnosed as dyslexic, dyspraxic or any related conditions?			
Were you ever diagnosed with aspergers or any related conditions?			
Have you ever required adjustments to help you undertake school or work tasks?			
Has anyone in your family or household had tuberculosis?			
Have you ever had Tuberculosis?			
Have you ever been tested for HIV?			
Have you ever lived abroad?			
Have you ever coughed up blood or had a persistent cough for more than 3 weeks in the last year?			
Have you had unexplained weight loss in the last year?			
Have you had unexplained fever, high temperature and/or night sweats?			
Do you smoke? How many per day?			
Do you drink alcohol? How many units per week?			
Are you receiving Medicines or prescriptions from your Doctor?			
Do you have any conditions other than those listed above which could affect how you carry out your assignment?			
Do you have any conditions which would make it difficult to undertake night work?			
<b>Have you ever suffered from any of the following</b>	<b>Yes</b>	<b>No</b>	<b>Details</b> <i>(If YES you must include details, if date unknown please estimate)</i>
Heart / Circulatory Illness / Hypertension			
Diabetes			
Asthma / Hayfever			
Bronchitis / Pneumonia / Pleurisy			
Tuberculosis			
Epilepsy / Frequent Fainting Attacks			
Severe / Frequent / Prolonged Headaches or Migraines			
Psychiatric Illness / Anxiety / Depression			
Dermatitis / Psoriasis / Eczema			
Allergies to rubber / latex or any drugs			

Back Injury / Back Pains			
Recurrent infections E.G sore throats / Ear Infections			
<b>Have you ever suffered from any of the following</b>	<b>Yes</b>	<b>No</b>	<b>Details</b> <i>(If YES you must include details, if date unknown please estimate)</i>
Hepatitis / Jaundice			
Chronic or recurrent diarrhoea / colitis			
Problems with your hands, arms, legs or feet which effect movement or normal use			
Any illness or disease that makes you more vulnerable to infection			
Chicken Pox (Varicella)			
Shingles			
German Measles (Rubella)			
Hepatitis			
Typhoid			
Dysentery			
Food Poisoning			
<b>Have you ever been vaccinated, immunised or tested for the following</b>	<b>Yes</b>	<b>No</b>	<b>Details</b> <i>(If YES you must include details, if date unknown please estimate)</i>
Tuberculosis (BCG)			
Mumps, Measles and Rubella (MMR)			
Hepatitis A			
Hepatitis B			
Hepatitis C			
Typhoid			
Tetanus			
Poliomyelitis			
Swine Flu			

## Declaration

I declare that the forgoing statements are true and complete to the best of my knowledge. I am aware that I will be held responsible for the accuracy of this declaration and that if any answer is found to be false within my knowledge or any relevant fact has been wilfully suppressed any offer of employment will be withdrawn and should subsequent information come to light once they have been appointed then I will be liable for dismissal.

I understand that I may require further investigations and immunisations, the need for which will be explained to me by occupational health. I am aware as a worker in a healthcare environment that I have a legal duty and overriding ethical duty to protect the health and safety of patients and others. I understand that I must ensure that if I am aware that I have been exposed to HIV/AIDS infection I will seek immediate medical advice. I will follow client procedures regarding safeguarding of patients, colleagues and myself.

Name \_\_\_\_\_

*(Please print)*

Signed \_\_\_\_\_

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
Arrange leisure activities				
Care course candidates				
Catering assistant				
Catheter care				
Challenging behaviour				
Collect prescriptions				
Control and restraint				
Dispense medication				
Domestic cleaning duties				
Escort duties				
Fluid charts				
Home care				
Hospitals				
Infection Control				
Laundry				
Learning disabilities				
Making and changing beds				
Mental health				
NNEB				
Nursing homes				

Specialism	Less than 6 months	More than 6 months	1 to 2 years	2 plus years
Nursing homes				
NVQ / QCF 2				
NVQ / QCF 3				
Observations				
Overall management responsibility				
Paediatrics				
Palliative care terminally				
Preparation of meals				
Pressure areas and sores				
Private homes				
Promoting continence				
Residential homes				
Schools				
Senior care				
Serving meals				
Student nurse				
Undertaking shopping				
Urinalysis				
Young client group 15 to 25yrs				

## Keywords for Nurses

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
A&E				
Anaesthetic training				
Bereavement clinic				
Blood pressure				
Cardiac				
Cardiothoracic				
Care of the elderly				
Challenging behaviour				
Chemotherapy				
Chronic disease management				
Coil checks				
Community nursing				
Control and restraint				
COPD				
Day care centre				
Day surgery				
Dermatology				
Dressings				
Ear syringing				
ECG's				
ENB practice nurse certificate				
Family planning				
Flu vaccinations				
Gynaecology				
Haematology				
Health visitors				
High dependency unit				
Home care				
Hospices				
Hospitals				
In charge duties				

Specialism	Less than 6 months	More than 6 months	1 to 2 years	2 plus years
Injections				
Intensive care unit				
IT skills				
ITU psychiatric				
IV's				
Learning disability				
Leg ulcers				
Medical				
Mental health				
Midwifery				
Minor injuries				
Neurology				
Nurse practitioner RCN accreditation				
Nurse prescribing				
Nursing homes				
Occupational health				
Oncology				
Orthopaedic				
Out patients				
Palliative care				
Practice nurse				
Prisons				
Radiology				
Renal				
Residential homes				
School Nurse				
Smoking cessation				
Stoma care				
Surgical				
Theatre				
Treatment room				

# Contract for Services for Temporary Workers

**Contract for Services for Temporary Workers Between MPA Recruitment Ltd, acting as an Employment Business and herein after referred to as MPA.**

1. 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 on a contract for services basis as a \_\_\_\_\_ and is required to make "statutory deductions from the temporary worker remuneration in accordance with clause 4.

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 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 National 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 timesheet duly completed to indicate the hours worked during the preceding week signed by an authorised representative.

12. Subject to clause 8.3 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 timesheet 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 contract for services. 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 28 days annual leave. This includes 8 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.

23. These Conditions of Work are governed by English law and the parties agree to submit to exclusive jurisdiction of the English Court

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

Name \_\_\_\_\_  
(Please print)

Signed \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_

## Working Time Directive

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 wish.

**You are under no obligation to sign this form**

### Opt-out of a 48 Hour Working Week Agreement

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

## Declaration

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 4 weeks' notice in writing.

**Name** \_\_\_\_\_

*(Please print)*

**Signed** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

## Declarations

Because of the nature of the work for which you are applying, this post is exempt from 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.**

MPA Recruitment complies fully with the AccessNI Code of Practice, issued by the Department of Justice, in connection with the use of information provided to registered persons, their nominees and other recipients of information by Access NI under Part V of the Police Act 1997, for the purposes of assessing Applicants suitability for employment purposes, voluntary positions, licensing and other relevant purposes. We undertake to treat all applicants for positions fairly and do not discriminate unfairly or unlawfully against the subject of a Disclosure on the basis of conviction or other information revealed. A full copy of MPA Recruitment's policy on the recruitment of ex-offenders and the AccessNI Code of Practice are available on request.

You can also view the AccessNI Code of Practice at <https://nidirect.gov.uk/publications/accessni-code-practice>

### Convictions

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

Do you have any spent or unspent criminal convictions?  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.*

### Further Information

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

### Regulated Activity

Is there any reason why you cannot work in a regulated activity?  Yes  No

If yes, please provide further details using the space below:

---

---

---

---

---

---



## Declarations (continued)

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 Recruitment checking details I have provided in support of this application against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations, such as Access NI, NMC, Safeguarding Team, NISCC, etc.

**Please refer to the privacy noticed provided by Access NI regarding how they process your information when completing criminal record checks and disclosures. This privacy policy can be found online at the Access NI website by visiting <https://www.justice-ni.gov.uk/publications/ani-privacy>. If you are unable to access the Access NI Privacy Notice online then please request a paper copy from your local MPA Recruitment branch and we will be happy to supply you with this information.**

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

**Name** \_\_\_\_\_

*(Please print)*

**Signed** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

## Consent Declaration

I, \_\_\_\_\_, hereby give my consent to the Company to process the following information:

### Personal data

- Name
- Date of birth
- Contact details, including telephone number, email address and postal address
- Experience, training and qualifications
- CV
- National insurance number
- Next of Kin Details

### Sensitive personal data

- [Disability/health condition relevant to the role]
- [Criminal conviction]

I consent to the Company processing the above personal data for the following purposes:

- For the Company to provide me with work-finding services.
- For the Company to process with or transfer my personal data to client/s to provide me with work-finding services.
- For the Company to process my data on a computerised database to provide me with work-finding services.

I also consent to the Company processing my personal data with third parties including [The REC] for the purposes of internal audits and investigations carried out on the Company to ensure that the Company is complying with all relevant laws and obligations.

The consent I give to the Company will last for five years.

I am aware that I have the right to withdraw my consent at any time by informing the Company that I wish to do so.

**Name** \_\_\_\_\_

*(Please print)*

**Signed** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

## Data Protection

MPA Recruitment provides work-finding services to its clients and work-seekers. We must process personal data (including sensitive personal data) so that we can provide these services – in doing so, we act as a data controller. This is why we have asked for your personal data on this form. When we process your personal data we must do so in accordance with data protection laws. Those laws require us to give you a Privacy Statement to explain how we manage your personal data. Please see our Privacy Statement in Annex A.

## Privacy Statement

The Company is a recruitment business which provides work-finding services to its clients and work-seekers. The Company must process personal data (including sensitive personal data) so that it can provide these services – in doing so, the Company acts as a data controller.

You may give your personal details to the Company directly, such as on an application or registration form or via our website, or we may collect them from another source such as a jobs board. The Company must have a legal basis for processing your personal data. For the purposes of providing you with work-finding services and/or information relating to roles relevant to you we will only use your personal data in accordance with the terms of the following statement.

### 1. Collection and use of personal data

#### **a. Purpose of processing and legal basis**

The Company will collect your personal data (which may include sensitive personal data) and will process your personal data for the purposes of providing you with work-finding services. This includes for example, contacting you about job opportunities, assessing your suitability for those opportunities, updating our databases, putting you forward for job opportunities, arranging payments to you and developing and managing our services and relationship with you and our clients.

In some cases we may be required to use your data for the purpose of investigating, reporting and detecting crime and also to comply with laws that apply to us. We may also use your information during the course of internal audits to demonstrate our compliance with certain industry standards.

The legal bases we rely upon to offer these services to you are:

- Your consent
- Where we have a legitimate interest
- To comply with a legal obligation that we have
- To fulfil a contractual obligation that we have with you

#### **b. Legitimate interest**

This is where the Company has a legitimate reason to process your data provided it is reasonable and does not go against what you would reasonably expect from us. Where the Company has relied on a legitimate interest to process your personal data our legitimate interests is/are as follows:

The organisation has a legitimate interest in processing personal data during the recruitment process and for keeping records of the process. Processing data from job applicants allows the organisation to manage the recruitment process, assess and confirm a candidate's suitability for employment and decide to whom to offer a job. The organisation may also need to process data from job applicants to respond to and defend against legal claims.

## Privacy Statement

Where the organisation relies on legitimate interests as a reason for processing data, it has considered whether or not those interests are overridden by the rights and freedoms of employees or workers and has concluded that they are not.

The organisation processes health information if it needs to make reasonable adjustments to the recruitment process for candidates who have a disability. This is to carry out its obligations and exercise specific rights in relation to employment.

Where the organisation processes other special categories of data, such as information about ethnic origin, sexual orientation, health or religion or belief, this is for equal opportunities monitoring purposes.

For some roles, the organisation is obliged to seek information about criminal convictions and offences. Where the organisation seeks this information, it does so because it is necessary for it to carry out its obligations and exercise specific rights in relation to employment.

The organisation will not use your data for any purpose other than the recruitment exercise for which you have applied.

### **c. Recipient/s of data**

The organisation will not share your data with third parties, unless your application for employment is successful and it makes you an offer of employment. The organisation will then share your data with;

- Former employers to obtain references for you,
- Vetting services [Access NI, the Disclosure and Barring Service] to obtain criminal records checks (if a requirement of the job role)
- Regulatory bodies RQIA and NISCC (healthcare workers only)
- Security Vetting (if deemed appropriate for the role)

### **d. Statutory / contractual requirement**

Your personal data is required by law and/or a contractual requirement (e.g. our client may require this personal data), and/or a requirement necessary to enter into a contract. You are obliged to provide the personal data and if you do not the consequences of failure to provide the data are:

- We will be unable to process your application for work any further

## 2. Overseas transfers

The Company may transfer only the information you provide to us to countries outside the European Economic Area ('EEA') for the purposes of providing you with work-finding services. We will take steps to ensure adequate protections are in place to ensure the security of your information. The EEA comprises the EU member states plus Norway, Iceland and Liechtenstein.

## 3. Data retention

The Company will retain your personal data only for as long as is necessary for the purpose we collect it. Different laws may also require us to keep different data for different periods of time.

The Conduct of Employment Agencies and Employment Businesses Regulations 2003, require us to keep work-seeker records for at least one year from (a) the date of their creation or (b) after the date on which we last provide you with work-finding services.

## Privacy Statement

We must also keep your payroll records, holiday pay, sick pay and pensions auto-enrolment records for as long as is legally required by HMRC and associated national minimum wage, social security and tax legislation.

Where the Company has obtained your consent to process your personal and sensitive personal data, we will do so in line with our retention policy. Upon expiry of that period the Company will seek further consent from you. Where consent is not granted the Company will cease to process your personal data and sensitive personal data.

### 4. Your rights

Please be aware that you have the following data protection rights:

- The right to be informed about the personal data the Company processes on you;
- The right of access to the personal data the Company processes on you;
- The right to rectification of your personal data;
- The right to erasure of your personal data in certain circumstances;
- The right to restrict processing of your personal data;
- The right to data portability in certain circumstances;
- The right to object to the processing of your personal data that was based on a public or legitimate interest;
- The right not to be subjected to automated decision making and profiling; and
- The right to withdraw consent at any time.

Where you have consented to the Company processing your personal data and sensitive personal data you have the right to withdraw that consent at any time by contacting Richard Loughery at [richard.loughery@mparecruitment.co.uk](mailto:richard.loughery@mparecruitment.co.uk) or alternatively contact Ciara Campbell at [ciara.campbell@mparecruitment.co.uk](mailto:ciara.campbell@mparecruitment.co.uk).

There may be circumstances where the Company will still need to process your data for legal or official reasons. We will inform you if this is the case. Where this is the case, we will restrict the data to only what is necessary for the purpose of meeting those specific reasons.

If you believe that any of your data that the Company processes is incorrect or incomplete, please contact us using the details above and we will take reasonable steps to check its accuracy and correct it where necessary.

**You can also contact us using the above details if you want us to restrict the type or amount of data we process for you, access your personal data or exercise any of the other rights listed above.**

### 5. Automated decision-making

Recruitment processes are not based solely on automated decision making.

### 6. Complaints or queries

If you wish to complain about this privacy notice or any of the procedures set out in it, please contact:

**Ciara Campbell**  
MPA Operations and Compliance Manager  
18 Great James Street  
Derry-Londonderry  
BT48 7DA

Telephone: 028 7136 0070

Email: [dataprotection@mparecruitment.co.uk](mailto:dataprotection@mparecruitment.co.uk)

## Privacy Statement

You also have the right to raise concerns with Information Commissioner's Office on 0303 123 1113 or at <https://ico.org.uk/concerns/>, or any other relevant supervisory authority should your personal data be processed outside of the UK, if you believe that your data protection rights have not been adhered to.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that MPA Recruitment will be entitled to either charge the client an introduction / transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

**Name** \_\_\_\_\_

*(Please print)*

**Signed** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

## GP Medical Questionnaire

*To be completed by the Applicant*

Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

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

\_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Reference Number: \_\_\_\_\_

*To be completed by General Practitioner (Responsibility for any cost incurred in the completion of this form is assumed by the Applicant)*

Has your patient ever had leg or back complaints which have resulted in time off work?  Yes  No

If "Yes", please specify: \_\_\_\_\_

Does your patient have hearing or sight defects?  Yes  No

If "Yes", please specify: \_\_\_\_\_

Has your patient have any history of Dermatitis, Urticaria or other skin disease?  Yes  No

If "Yes", please specify: \_\_\_\_\_

Does your patient have any allergies?  Yes  No

If "Yes", please specify: \_\_\_\_\_

Does your patient have any history of psychological illness, including eating disorders alcohol or substance abuse?  Yes  No

If "Yes", please specify: \_\_\_\_\_

Has your patient sustained any serious physical injuries?  Yes  No

If "Yes", please specify: \_\_\_\_\_

Does your patient, in your opinion, have any recurring health problems that would affect their employment as a \_\_\_\_\_  Yes  No

*e.g. Diabetes, Epilepsy, Blackouts, Arthritis, Ischaemic Heart Disease, Respiratory Disease, etc*

If "Yes", please specify: \_\_\_\_\_

Has your patient had frequent or prolonged periods of absence from work due to illness?  Yes  No

If "Yes", please specify: \_\_\_\_\_

In your opinion, is your patient medically fit for work in the care sector?  Yes  No

If "No", please specify: \_\_\_\_\_

I verify that the above information is correct to the best of my knowledge

Please place surgery stamp here

Signed \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Health Screening, Immunisation & Medical Examination Enquiry Form

To be completed by the Applicant

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Reference Number: \_\_\_\_\_

I hereby give my consent for you to obtain the following information

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

For completion by Occupational Health Department or GP

BCG Vaccination Date \_\_\_/\_\_\_/\_\_\_ Scar Present \_\_\_\_\_

Heaf/Mantoux Test (in past 5 years) Date \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

Chest X-Ray Date \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

Varicella History Date \_\_\_/\_\_\_/\_\_\_ Positive/Negative \_\_\_\_\_

Varicella Titre/Immunity Date \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

**MMR / MR**

1st Vaccination Date \_\_\_/\_\_\_/\_\_\_

2nd Vaccination Date \_\_\_/\_\_\_/\_\_\_

Rubella Titre/Immunity Date \_\_\_/\_\_\_/\_\_\_

Diphtheria / Tet / Polio Vaccinations Date \_\_\_/\_\_\_/\_\_\_

**Hepatitis B**

1st Vaccination Date \_\_\_/\_\_\_/\_\_\_

2nd Vaccination Date \_\_\_/\_\_\_/\_\_\_

3rd Vaccination Date \_\_\_/\_\_\_/\_\_\_

Booster Vaccination Date \_\_\_/\_\_\_/\_\_\_

Anti-HBs Titre Result Date \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

HBs Antigen Result Date \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

Hepatitis C Screening Test Date \_\_\_/\_\_\_/\_\_\_

HIV 1 & 2 Screening Test Date \_\_\_/\_\_\_/\_\_\_

*We would be most grateful if you would sign, date and stamp this form below*

<p>I verify that the above information is correct to the best of my knowledge</p>	<p>Please place surgery stamp here</p>
<p>Signed _____</p> <p>Position _____</p> <p>Date ___/___/___</p>	