



Nurse on Call

Ref No:

Healthcare Assistant/Student Nurse Applicant Details (please fill out in block capital)

Name:			EU Non-EU
Address:		Eircode:	Gender:
Email:	DOB:		Transport:
Phone:	Mobile:	PPS:	
Next of Kin Relationship & Contact details:			
Education			
Secondary Education Institution:		Course:	Dates:
List QQI (Fetac) Modules	Date:	Date:	List QQI (Fetac) Modules
1			7
2			8
3			9
4			10
5			11
6			12
<i>Please continue on additional sheet if required</i>			
Employment History & References		We require names & contact details of your referees from your current or most recent employer, must be CNM1 level or higher.	
1. Name of referee & Title:		Dates:	Position:
Address:			
Reason for leaving position			Email:
2. Name of referee & Title:		Dates:	Position:
Address:			
Reason for leaving position			Email:
3. Name of referee & Title:		Dates:	Position:
Address:			
Reason for leaving position			Email:



Nurse on Call

Ref No: _____

4. Name of referee & Title:	Dates:	Position:
Address:		
Reason for leaving position		Email:

Please continue additional referee details on another sheet if required

How did you hear of Nurse on Call i.e. Family, work colleague, social media	
--	--

I give Nurse on Call permission to contact me by phone, email or text with regards to:

- * Accounts e.g. Payslips, Timesheets, Tax etc.,
- * Human Resources e.g. Training Programmes, updates, registration & application process etc
- * Bookings/Operations e.g. Shift details, Client policies (parking/infection control/uniform) etc.
- * Recruitment: Temporary and Permanent Roles Available
- * Other important communications as deemed necessary by our Management Team
- * A soft copy of your file is kept on Nurse on Call scanning system.

Please be assured that Nurse on call will never send on your contact details to a third party

I give Nurse on Call permission to seek references on my behalf.

If you have left the company and wish to opt out of receiving emails/texts,

please email nurseoncalljobs@nurseoncall.ie

Signature: _____

Date: _____

Print: _____

Have you applied to the HSE/other Hospitals or are you currently on a panel for a job?

Yes No (Please circle)

If so, where have you applied? _____

Signed: _____

Date: _____



Nurse on Call

Ref No: _____

Criminal Declaration

I, _____ of _____, _____ (DOB)
(Name) (Address)

- No - I have no previous convictions or pending cases against me.
- Yes – If yes please contact our HR Department 01 4965199.

HEREBY DECLARE that:

I have never been arrested for, or convicted of, any offence or crime (other than an offence under road traffic legislation), either in Ireland or in any other state;

I have never been the subject of a pardon or amnesty or other similar legal action in respect of any offence or crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I have never unlawfully distributed or sold a controlled substance (drug);

I am not currently, nor have I ever been to my knowledge under investigation by the Garda Siochana / Police force of any state in relation to the commission of a crime (other than an offence under the road traffic legislation for which a penalty of imprisonment is not enforceable);

I am not currently, nor have I ever been the subject of disciplinary action by any professional or statutory body with responsibility for regulation of nursing or medical professions.

I hereby authorise the Hospital and / or its relevant Health Service Executive to make enquiries, for the purpose of verifying any part of this declaration, with An Garda Siochana and / or the regulatory body of nursing or medical professions of any state. This data will be processed by the Hospital and the Agency in accordance with the Data Protection Acts, 1988 and 2003.

I confirm that I will inform Nurse on Call of any convictions, pending or otherwise that occur after the date of signing this document and I accept that I am obliged to do so.

Signed _____ Date _____

I give my permission to Nurse on Call to give copies of relevant documents to the relevant appraisal bodies including HIQUA/or any other body for Auditing purposes or recruitment.

I give permission to Nurse on Call to give my timesheets to Clients for auditing purposes and for the purpose of verification of signatures and to authorise payment

Are there any fitness to practise issues with your registration? NO YES

Signed _____ Date _____

Working time Regulations

The European Union has laid down guidelines for all workers governing the length of the maximum working week, which it is deemed safe to work. The current limit is a maximum average net weekly working time of 48 hours per week over a period of 4 months. Copy of Working Time Regulations Act is available to you upon request.

I confirm that I have read and understand the information regarding the working time regulations and it is my responsibility to adhere to same

Signed _____
Print Name _____

Date: _____



Confidential Disclosure Agreement

Confidential Disclosure agreement between Nurse on Call 16 Harcourt Street And

All Nurses who carry out assignment/shifts or work in HSE Locations, All Hospitals, Nursing Homes, Private Home or any other Location.

I the undersigned shall regard as confidential and shall not disclose to any person, other than a person authorised, any information acquired by me concerning the HSE/all other locations, its staff or procedures; concerning the identity of any patient at HSE/all other locations premises or concerning the medical condition of or treatment received by any such patient. I undertake never to discuss patients, their families or otherwise with anybody other than an authorised person.

I accept that any breach of confidentiality may be pursued through the legal system or in the case of a Nurse may be referred to the “fitness to practise” within An Bord Altranais.

I undertake and accept that is my responsibility to ensure Manual Handling, CPR, MAPA, Infection Prevention and Control are kept up to date at all times. I am also aware that I am personally responsible for ensuring that I am immunized against Hepatitis B and Varicella (Chicken Pox) and Tuberculosis. I will keep a regular check on my antibodies level and that I will not put anyone at risk by not doing so.

I undertake and accept that Garda Vetting is carried out by Nurse on Call. I also undertake to inform Nurse on Call immediately if any new court case proceedings are commenced or convictions recorded against me. I declare that I will never make myself available for work if I am sick or if I am on sick leave from any other establishment.

In the event of any necessary adjustment to payroll, Nurse On Call/NurseOnCall Hospital Support Services reserve the right to deduct any overpayments from future earnings. If I no longer carry out shifts with Nurse On Call/ NurseOnCall Hospital Support Services, I understand and agree that any overpayment will be repaid to Nurse On Call/NurseOnCall Hospital Support Services.

I undertake and agree to inform Nurse on Call immediately if I come in contact with any clinical risk or if I pose a risk to patient or staff safety. I am aware of my obligations under the Working Time Act.

I understand and accept when I am placed in a hospital/or any location that I am not considered any employee of that hospital/Nurse on Call or any other location at time irrespective of how ever long I may be placed there. I accept that I will at no point become an employee of the HSE/Nurse on Call or any location where I am assigned by Nurse On Call irrespective of however long I am placed there, but the HSE/or any location will provide supervision and I will be under their direction and control for the duration of the shift. I am also aware that my main employer has the right to ask Nurse on Call for a list of my hours worked with Nurse on Call. I am aware that Nurse on Call cannot guarantee shifts and that the rates may vary from Client to Client and Nurse on Call do not set the rates but will endeavour to get the best possible rates available.

I accept that if there are any disputes of any nature that they will be dealt with by Nurse on Call and not by the HSE/or any location where I am placed apart from unfair dismissal and Health and Safety issues which should be dealt by the Hirer. I understand and accept that Nurse on Call has the right to relocate me any time.

I the undersigned shall regard as confidential and shall not disclose to any person any information regarding Nurse On Call, its staff, its clients or procedures to any unauthorised person.

Signed _____ Date _____

Print _____ Form: 184 Revision Status: 5



Ref No:

Nurse on Call

TERMS GOVERNING THE RELATIONSHIP FOR THE PROVISION OF AGENCY SERVICES BETWEEN THE NAMED AGENCY HEALTHCARE WORKER AND NURSE ON CALL HOSPITAL SUPPORT SERVICES.

This statement summarises the essential terms of the relationship between the agency healthcare worker and Nurse on Call Hospital Support Services as already agreed in the application documents.

This statement applies to _____ (THE AGENCY HEALTHCARE WORKER)

(a) NAME OF AGENCY: Trading as Nurse on Call Hospital Support Services.

(b) ADDRESS OF AGENCY: 16 Harcourt Street Dublin 2

(c) PLACE OF WORK: The agency worker can choose the place of work depending on availability.

(d) JOB TITLE OR NATURE OF WORK: Agency Healthcare Worker providing professional care services to a third party. The agency does not warrant that it will have any work available nor is the agency HCA obliged to accept any work offered. There is no mutuality of obligation.

(e) DATE OF COMMENCEMENT OF WORK: The Agency Healthcare Worker will be totally free to choose the time and date of shifts they choose to work. The work shall start at the commencement of the shift and terminate at the end of the shift.

(f) The agency Healthcare Worker will be under the direction and control of the third-party hirer (usually a hospital) whilst working a shift on the hirer's premises and the third-party hirer is solely responsible for the Agency Worker's Health and Safety whilst on the Third Party's premises.

(g) RATE OF REMUNERATION: The rate of remuneration will be the appropriate increment on the Department of Health scale for Healthcare Assistants or the equivalent rate of pay for a directly hired Healthcare worker on the hirer's premises where this differs from the DOH scale.

(h) PAY INTERVALS: The Agency Healthcare Worker will be paid weekly following receipt of a completed timesheet signed by an authorised person for the third-party hirer (hospital) for the shifts worked.

(i) HOURS OF WORK: There are no stipulated hours of work as the agency worker is free to choose what hours they work. The Agency Healthcare Worker is entitled to statutory rest periods. In view of the emergency nature of agency worker deployment and the nature of hospital work, if there are occasions when the hospital is not in a position to provide the statutory rest period, then this should be noted and signed off for on your timesheet. You will be paid for all hours worked.

Statutory Rest Periods under the Organisation of Working Time Act, 1997: • A daily rest period of 11 consecutive hours per 24 hours; • A weekly rest period of 24 consecutive hours per 7 days, following a daily rest period; • A 15-minute break if working 4.5 hours; • A 30-minute break if working 6 hours. (which may include the first break) Payment for breaks is not a statutory entitlement.

(j) PAID LEAVE: As the agency Healthcare Worker chooses their own hours of work, leave can be taken at the Healthcare Worker's discretion. Leave will accrue in proportion to the time worked and payment will be calculated in accordance with and in proportion to the number of standard hours worked. Public Holiday will be paid when 40 hours have been worked in the five weeks preceding the week ending prior to the public holiday.

(k) -No payment will be made for days absent or sick (except in accordance with legal requirements)

(l) PENSION SCHEMES: Access to a PRSA scheme is available.

(m) PERIOD OF NOTICE TO BE GIVEN: Not applicable as the Agency Healthcare Worker chooses their own hours and there is no warranty by the Agency to provide work.



Nurse on Call

Ref No: _____

Signed: _____ Date: _____ (Director NOC)

Signed : _____ Date: _____ (Agency Worker)

Increments

I am aware that my incremental point will be agreed at the time of interview based on the proof I have provided.

As Nurse on Call is an Agency, hours and weeks worked can vary hugely amongst staff. Therefore, the onus is on the individual to inform Nurse on Call HR department if they have moved an increment or if they are due an increment increase.

Once queried, if appropriate, we will implement the change and inform the accounts department of the same and confirm this with the agency worker.

Please note, there can be no backdating of pay as invoices have already been submitted once payments for shifts have gone through.

I have read and understood the above regarding increments.

I am aware if I do not contact the HR department to query my increment, that I will remain on the same point until queried.

Signed: _____ Date: _____



Ref No:

Nurse on Call

NURSE ON CALL

Nursing Services and Recruitment



Head Office, 16 Harcourt Street, Dublin 2, Ireland. Eircode D02NN29 Tel: (01) 496 5199 Fax: (01) 496 5690 / (01) 406 2079
E-mail: dublinoffice@nurseoncall.ie Internet: <http://www.nurseoncall.ie>
50 Patrick Street, Cork, Ireland. Tel: (021) 422 2830 Fax: (021) 427 9939 E-mail: corkoffice@nurseoncall.ie
Drogheda, Louth & Meath, Cavan, Monaghan Tel: (041) 985 6928
Waterford, Wexford, Tipperary, Kilkenny, Tel: (051) 333950

The following documents & information are required to be submitted. Don't worry if you do not have all the below, we can always book you into any courses if required. If you have any other queries, please do not hesitate to contact Nurse on Call.

- Completed application form
- Copy of Fetac/QQI Certificate in Healthcare Support or equivalent
- Passport
- GNIB Card & Visa (if applicable)
- Copy of CV
- 3 names & contact details of referees.
- Manual Handling, CPR, CPI Safety Intervention , Infection Control & Elder Abuse Certificates
- Occupational Health Report, Hep B titre level, Hep C (blood screening) proof of immunity for MMR & Varicella + BCG scar (if not visible mantoux or quantiferon test, Pertussis (whooping cough), COVID-19 Vaccine
- Proof of Incremental experience (Recent payslip form HSE or HSE funded Hospital acceptable as proof, alternatively statements of service from previous employers)

Please check our website for Interview times www.nurseoncall.ie ([contact us](#)) Or Call our offices:

Dublin, 16 Harcourt Street 01 4965199 - interviews Mon – Fri 8.30am-5pm
(excluding bank holidays) No appointment necessary

Unit 9C, Eastgate Avenue,
Little Island, Co. Cork 021 4222830(interviews Mon – Fri 8.30am-5pm)
(excluding bank holidays) No appointment necessary

Kerry 021 4222830(check our website for interview details)

Drogheda 0419836928(check our website for interview details)

Portlaoise 01 4965199(check our website for interviews details)

Waterford 051 333950(check our website for interview details)

Galway 01-4965199 (check our website for interview details)