



Declaration:

DATA PROTECTION ACT DECLARATION

The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

Do you have any prosecutions pending?

Yes No

If yes, please give details in the box below:

Have you ever been convicted at a court or cautioned by the police for any offence?

Yes No

If yes, please list below details of all convictions, cautions or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

Declaration of Abuse Investigation(s)

Have you ever been the subject of any adult or child abuse investigations which alleged that you were the perpetrator of any adult or child abuse?

Yes No

If yes, please list full details below indicating the name of police unit or HSC Trust involved in the investigation. If possible, please provide the approximate date(s):

DECLARATION AND CONSENT

I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in the withdrawal of any conditional offer made, or dismissal or other disciplinary action if I am appointed.

I understand that I will be asked to complete a DBS Certificate Application Form if my application is successful, and that my DBS information will be periodically checked for updates throughout my employment with Medstar UK. I consent to the Enhanced Disclosure Check being made, and I agree to enquiries relevant to the declaration.

I understand that my professional registration will be checked on application and periodically (annually as a minimum) throughout my employment with Medstar UK and hereby give consent to this.

Signed:

Date (DD/MM/YY):



Medstar UK offer a 48 hour opt out scheme

Legislation states that you cannot work for more than 48 hours per week, which is normally measured over a 17 week 'reference period'. However, this 17-week reference period' can be amended where:

- There is a valid collective or workforce agreement in place the reference period can be extended up to a maximum of 52 weeks.
- Workers can have a 26-week reference period if they live far from their workplace (e.g. offshore workers); if they work in security or surveillance that requires a permanent presence; or they do work that involves the need for continuity of service or production e.g. Press/Film/TV, hospital and care workers, farm workers, utility workers, dock and airport workers.

Information you need to know about the weekly working limit:

- If you are on a contract for a fixed period (Fixed Term PAYE or as a Worker), that is under the 17 or 26-week reference period (whichever your employer is using), your 'reference' period for calculating your working hours will be the actual length of your contract (see below).
- This 48 hour per week limit also applies if you have more than one job, i.e. the total amount of combined working hours you do should not exceed 48 per week. If it does, each Employer should ask you to sign an Opt-Out (see below).
- If you are an Agency Temp, then the Employer you are working for (not the Agency that employs you) is responsible for ensuring you do not work more than 48 hours per week. See our new Guide to the Agency Workers Regulations which come into effect on 1st October 2011 and give 'agency workers' the right to equal treatment with permanent employees.
- Young Workers (those under 18 but over school leaving age) cannot normally work more than 8 hours per day (40 hours per week) and they cannot Opt-Out (see below) of these limits or have their hours averaged out.

I hereby understand the above and choose to opt out of the current 48 hour working directive, due to the nature of work offered.

Name:

Signature:

Date:



CONFIDENTIAL

PRINCIPAL STATEMENT OF TERMS AND CONDITIONS

This document outlines the Terms and Conditions which apply to your contract and other information which is relevant to your employment.

1. You agree to be available for work, should Medstar UK offer you work. However, Medstar UK has no obligation to offer you work at any time, and you are **not** entitled to a minimum number of hours of work per day, week or year.
2. If Medstar UK does offer you work, you are required to accept and complete it to the organisation's satisfaction. Where Medstar UK offers work to you, it does not give rise to a presumption that it will offer you any further work.
3. A minimum 30 minutes prior to the commencement of a work assignment, Medstar UK will contact you to explain the work that they require you to carry out and the date on which the work is due to start. You should confirm your availability immediately if you are able to complete the work.
4. You will be subject to the terms and conditions as agreed and amended from time to time by the Company as outlined in its policies, procedures, handbooks and other relevant documents.
5. If the Company makes an overpayment to you to which you are not entitled, or is more than that to which you are entitled, you agree to allow the Company to recover the overpayment by deductions from your salary or other payments due to you. Any deductions will normally be made over the same period that the overpayment was made. It is within your interest to regularly check your pay slips.
6. You will be paid weekly, in arrears, on the Friday. Payment cycle runs from the Monday to the Sunday of each week. Payment will be made to a bank account of your choice.
7. You are expected to comply with the Company dress code, the shift coordinator will explain the details of this, and provide you with any relevant company policy on this.
8. Should the need for disciplinary action be deemed necessary, this will be taken in accordance with the Company Policy and Procedure on Disciplinary Action. You have a right of appeal against this as outlined in the Procedure.
9. If you have a grievance in relation to your employment, then you should follow the procedure outlined in the Company Grievance Policy and Procedure. You should initially discuss any grievance with your immediate superior.
10. You are required to report any sickness absence as soon as is practicably possible to your immediate superior, and provide certification of sickness in line with Company policy. You should not accept a work assignment if you know that you will be unable to work all or any of the hours agreed because of sickness or injury.
11. Smoking on Company premises is prohibited (except in those external areas specifically designated for that purpose). Breach of this regulation may result in disciplinary action being taken.
12. In the course of your employment you may have access to confidential material both in paper and electronic form. On no account should this information be divulged to any unauthorised person. Breaches of confidentiality will be dealt with through the Company Policy and Procedure on Disciplinary Action.
13. The Company has a strict anti-bribery and corruption policy in line with the Bribery Act (2010). If you bribe (or attempt to bribe) another person, intending either to obtain or retain business for the company, or to obtain or retain an advantage in the conduct of the company's business this will be considered gross misconduct. Similarly accepting or allowing another person to accept a bribe will be considered gross misconduct. In these circumstances you will be subject to formal investigation under the Company's disciplinary procedures, and disciplinary action up to and including dismissal may be applied.
14. It is a condition of your employment that the Company is satisfied on your medical fitness to carry out your duties. This appointment is conditional on a satisfactory Occupational Health Service / Company Doctor assessment. Should it be deemed necessary during the course of your employment, you may be required to attend for a medical examination from the Company Doctor / Occupational Health Service.
15. Your employment with the Company may be dependent upon the possession of particular qualifications or registration with a statutory Body or other Authority; evidence of this must be produced on request. Failure to produce such evidence may lead the termination of your employment
16. Access to all handbooks, policies and procedures etc. is available through your line manager or the Company Head Office, and copies can be provided on request.
17. If you are in agreement with the above terms and conditions, please sign below.
18. I give permission for Medstar UK to contact me on the phone number or email address written on this application form.

DISABILITY AND REASONABLE ADJUSTMENTS

19. A provisional offer of employment is conditional upon you being able to carry out the identified intrinsic functions of the role as previously discussed. If the role doesn't require an identified intrinsic function then this does not apply. A person is considered disabled if he or she has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. Your prospective employer needs to know if you have any health or disability effecting the intrinsic functions for the post.
20. It is required that you provide information regarding any illness or disability that would require any reasonable adjustments needed for the role as described. If reasonable adjustment cannot be made to the identified intrinsic function of the role then the provisional offer can be revoked.
21. The details of your disability cannot be provided in consultation with prospective end user without your written consent. It may be helpful for them to understand the nature of your disability in order to consider what adjustments may need to be made to the workplace to help you perform your job effectively and to comply with Health and Safety.

FORM OF ACCEPTANCE: I accept this appointment on the terms and conditions stated above.

Name:

Signature:

Date: