

Nurse on Call



Healthcare Assistant Applicant Details (please fill out in block capital letters)

Name:		EU Non-EU	
Address:		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

Please continue on additional sheet if required

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



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

Please continue additional referee details on another sheet if required

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: _____



Form: 20 Revision Status: 3



REF NO: _____

Confidential Disclosure Agreement

Confidential Disclosure agreement between Nurse on Call 16 Harcourt Street

And

All Healthcare Assistants 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 undertake and accept that it 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.

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 and I am also aware that if I am employed by another authority that they will be informed that I am seeking extra hours with Nurse on Call.

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. 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: 20

Revision Status: 1st issue

NURSE ON CALL

Nursing Services and Recruitment

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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, MAPA, 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)
- 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
Cork, 50 Patrick Street	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	091 511412(check our website for interview details)