



REF NO:

Nurse on Call



Nurse Applicant Details (please fill out in block capital letters)

| | | |
|--|-------------------|---|
| Name: | | |
| DOB: | NMBI No: | EU Non-EU |
| Address: | | |
| Email address: | Transport: | Gender: |
| Phone: | Mobile: | PPS: |
| Next of Kin Relationship & Contact details: | | |
| Qualifications (Circle appropriate): RGN RCN RM RNID RPN | | |
| Education | | |
| Nurse Training: | Dates: | |
| Post Grads: | Dates: | |
| <i>Please continue on additional sheet if required</i> | | |
| Employment History & References | | <small>We require names & contact details of your referees from your current or most recent employer, must be CNM1 level or higher.</small> |
| 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: | |
| 4. Name of referee & Title: | Dates: | Position: |
| Address: | | |
| Reason for leaving position | Email: | |
| <i>Please continue additional referee details on another sheet if required</i> | | |





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| Nurse Competency | | Please indicate (1) Performs well with min 1 yrs exp. (2) Limited experience. (3) No experience | | | |
|---------------------------------|----------------------------|--|----------------------------|---------------------------------|------------------|
| Cardiology | | Cardiac Failure | | | Unstable Angina |
| Pre & Post Coronary Angiography | | | | Pre & Post Coronary Angioplasty | |
| Cardiac Surgery | Pre & Post Cardiac Surgery | | | Pre & post Valve Surg | |
| Medicine | Respiratory | | Dermatology | | Gastroenterology |
| Diabetes | Neurology | | Insulin dependent diabetes | | |
| Surgical | General | | Gynaecology | | Urology |
| Vascular | Plastics | | Orthopaedic | Ophthalmic | |
| Oncology | Radiotherapy | | Neutropenic Isolation | | Chemotherapy |
| Others | Tracheostomy Care | | Ventilated Patients | | |

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: _____





REF NO: _____

Criminal Declaration

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

- 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: _____



REF NO: _____

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.

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: 184

Revision Status: 3



REF NO:

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) 983 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 of the below, we can always book you into any courses if required. Most nurses are working within a couple of days if they have the majority of the undernoted with them when they come in. If you have any other queries, please do not hesitate to contact Nurse on Call.

- Completed application form
- Copy of Current registration with NMBI
- 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)
- Copy of any additional Nursing Certificates i.e. ICU, A & E, IV Policy
- 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)**