

**Personal Details**Full Name Postal Address Eircode: Email Address Gender NMBI Mobile No. Next of Kin Name + No. D.O.B PPSN EU/Non-EU (Mark which one applies)Qualifications (Circle appropriate) RGN RCN RM RNID RPN**Education, Qualification & Trainings (please list from Leaving Certificate or equivalent)**

Schools, College	From (Month & Year)	To (Month to Year)	Qualification	Results

Employment History

From DD/MM/YY	To DD/MM/YY	Employer	Title of post	Main Role & Responsibilities

Please continue on additional sheet if required

Please state reasons for gaps in employment if any



Reference Details – We require names & contact details 3 of your referees from your current or most recent employer. **We can only except referees from the following positions DON, ADON, CNM3 and CNM2.**

From DD/MM/YY	To DD/MM/YY	Referee & Position	Hospital Name contact details i.e. address, email

Have you applied to the HSE/other Worksite or on the panel Yes No If yes please provide details

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 the Nurse on Call scanning system.

I give Nurse on Call permission to retain a copy of my passport on file for compliance purposes.

Nurse on call will never send or share your contact details to a third party.

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

If I have left Nurse on Call and wish to opt out of receiving emails/texts, I will email nurseoncalljobs@nurseoncall.ie

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 week of 48 hours per week over a period of 4 months. A copy of the Working Time Regulations is available on request.

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

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.

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 information 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 NMBI.

I undertake and accept that it is my responsibility to ensure Manual Handling, CPR, CPI, TMVA (RPN ONLY) Infection Control, Hand Hygiene & eLearning courses are always kept up to date. I am also aware that I am personally responsible for ensuring that I am immunized against Hepatitis B, MMR and Varicella (Chicken Pox) and Tuberculosis. I will keep a regular check on my antibody levels 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, 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 an employee of that hospital/Nurse on Call or any other location at time irrespective of however 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 information 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: _____

Print Name _____

Date: _____



TERMS GOVERNING THE RELATIONSHIP FOR THE PROVISION OF AGENCY SERVICES BETWEEN THE NAMED AGENCY NURSE AND NURSE ON CALL (THE AGENCY)

This statement summarises the essential terms of the relationship between the agency nurse and Nurse on Call as already agreed in the application documents.

This statement applies to _____ (THE AGENCY NURSE)

(a) NAME OF AGENCY: NOC Ltd trading as Nurse on Call

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

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

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

(e) DATE OF COMMENCEMENT OF WORK: The agency nurse 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 nurse 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 Nurse'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 registered nurses or the equivalent rate of pay for a directly hired nurse on the hirer's premises where this differs from the DOH scale.

(h) PAY INTERVALS: The Agency nurse 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. Alternatively shifts submitted via Nurse on Call app for certain Hospitals/Worksites.

(i) HOURS OF WORK: There are no stipulated hours of work as the agency nurse is free to choose what hours they work. The Agency Nurse is entitled to statutory rest periods. In view of the emergency nature of agency nurse 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 nurse chooses their own hour of work, leave can be taken at the nurse'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) SICK PAY - 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 nurse chooses their own hours and there is no warranty by the Agency to provide work.

Signed: _____ Date: _____ (Director NOC)

Signed : _____ Date: _____ (Agency Nurse)



Health & Safety Statement for Nurse on Call Agency Nurses, Care Assistants & Support Staff when assigned to a place of work

When a Nurse or Carer or Support Staff is assigned to a Hospital Ward or place of work, they must ensure the following:

That they orientate themselves with the layout including fire exits in all places where they are placed.

They must familiarise themselves with the “**Emergency Response**” in each area in which they are placed.

Please learn all emergency and important Telephone numbers for each area in which you are placed.

Please read, understand and co-operate **with each Department’s Safety Statement**.

Please read and understand all relevant Nursing, **Organisational and Drug Safety Policies**.

Seek clarification of any issues you do not understand. (THE ONUS IS ON YOU TO ASK).

Report any unsafe condition, practice, substance, equipment or situation as soon as reasonably practicable to the CNM2 or person in charge.

Special Health and Safety requirements apply to the following categories of Nurses, Care Assistants & Support Staff:

- Pregnant Nurses, Carer Assistants & Support Staff
- Nurse who has recently given birth
- Nurses who are breastfeeding

Nurse On Call should be informed immediately if any of the above applies to you. This will ensure that we can allocate you to suitable assignments where the handling or administering of cytotoxic drugs or working in areas that involve radiation or harmful rays or manual handling is avoided.

Pregnant Nurses/Care Assistants must tell us their due date as soon as they are aware they are pregnant.

Obviously pregnant Nurses/Care Assistants/Support staff are the only people who are aware of their capabilities during their pregnancy but we would strongly recommend that you do not accept or put your self on call for night duty shifts, as they are very tiring. (We will prioritise you for day duty)

Thank you for your co-operation and help with these extremely important issues.

I confirm that I have read the Nurse on Call Risk Assessment and Safety Statement.

Signed: _____

Print Name _____

Date: _____

**Checklist**

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. If you have any other queries, please do not hesitate to contact Nurse on Call.

Completed application form	
CV	
Current NMBI registration	
Passport	
Visa if applicable	
3 x References including full details	
Mandatory Training Certs	
Copy of Additional certs i.e. IV policy, ICU	
Proof of increment (Payslip)	
<u>Overseas Police Clearance</u>	
Garda Vetting	
Proof of address (in the last 4 months)	

For any queries please do not hesitate to contact us 014965199 or 0214222830

Please return the completed application form to either of the undernoted addresses or emails:

Dublin Office: Nurse on Call, 16 Harcourt Street, Dublin D02 NN29

Email: interviewer@nurseoncall.ie

Cork Office: Nurse on Call Cork, Unit 9C, Eastgate Avenue, Little Island, Co. Cork, T45 YN92

Email: corkoffice@nurseoncall.ie