

## NURSES APPLICATION FORM

**IMPORTANT NOTE:** Read carefully and thoroughly. Complete this form in **BLOCK CAPITALS**.

|                            |  |                        |         |                                                                                                   |                                                                |  |  |
|----------------------------|--|------------------------|---------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|--|
| Position Applied For:      |  |                        |         |                                                                                                   |                                                                |  |  |
| <b>A) PERSONAL DETAILS</b> |  |                        |         |                                                                                                   |                                                                |  |  |
| Title:                     |  | Surname:               |         | Forename(S):                                                                                      |                                                                |  |  |
| Date of Birth:             |  | National Insurance No. |         | PIN No.                                                                                           |                                                                |  |  |
| House Number/Road:         |  |                        |         | Do you have a valid right to work in UK? Yes <input type="checkbox"/> No <input type="checkbox"/> | AFFIX PHOTO<br>HERE                                            |  |  |
| Town:                      |  |                        |         | If yes give details:                                                                              |                                                                |  |  |
| County:                    |  |                        |         | Do you have a valid Driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/>     |                                                                |  |  |
| Post Code:                 |  |                        |         |                                                                                                   |                                                                |  |  |
| Tel No.                    |  |                        |         | Do you have Access to own transport? Yes <input type="checkbox"/> No <input type="checkbox"/>     | <b>FOR OFFICIAL USE ONLY</b><br>DBS No.<br><br>DBS issue date: |  |  |
| Mobile No.                 |  |                        |         |                                                                                                   |                                                                |  |  |
| Email Address              |  |                        |         | How did you know about Capital Recruit?                                                           |                                                                |  |  |
| Next of Kin:               |  |                        | Tel No. |                                                                                                   | Address.                                                       |  |  |

|                                                         |        |         |           |          |        |          |        |
|---------------------------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| <b>B) AVAILABILITY AND PREFERENCES</b>                  |        |         |           |          |        |          |        |
| Preferred location(s) of work:                          |        |         |           |          |        |          |        |
| Give date when you are available to start work:         |        |         |           |          |        |          |        |
| Please mark to indicate times and days of availability: |        |         |           |          |        |          |        |
| Time                                                    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Day                                                     |        |         |           |          |        |          |        |
| Night                                                   |        |         |           |          |        |          |        |
| Split Shift                                             |        |         |           |          |        |          |        |

**C) EDUCATION** (Start from the most recent)

| From:<br>(MM/YYYY) | To:<br>(MM/YYYY) | Name and Address of Institution | Qualification | Grade |
|--------------------|------------------|---------------------------------|---------------|-------|
|                    |                  |                                 |               |       |
|                    |                  |                                 |               |       |
|                    |                  |                                 |               |       |

**D) CURRENT / PREVIOUS EMPLOYMENT**- Please start with your current or most recent employer first  
(Cover the last 5 years)

| From:<br>(MM/YYYY) | To:<br>(MM/YYYY) | Company Name and Address: | Job Title and Details: | Reason for Leaving: |
|--------------------|------------------|---------------------------|------------------------|---------------------|
|                    |                  |                           |                        |                     |
|                    |                  |                           |                        |                     |
|                    |                  |                           |                        |                     |
|                    |                  |                           |                        |                     |

PLEASE USE AN EXTRA BLANK PAPER AND ATTACHED IF YOU REQUIRE MORE SPACE

**E) SKILL DETAILS** (Mark to show areas of experience where certification is required, you will be asked to produce the relevant documents)

| Area(s) of experience: | (v) | Date | Training | (v) | Date | Job Titles | (v) | Date |
|------------------------|-----|------|----------|-----|------|------------|-----|------|
| Surgical               |     |      |          |     |      |            |     |      |
| PAEDS                  |     |      |          |     |      |            |     |      |
| Medical                |     |      |          |     |      |            |     |      |
| A & E                  |     |      |          |     |      |            |     |      |
| Theatre                |     |      |          |     |      |            |     |      |
| Community              |     |      |          |     |      |            |     |      |
| ITU                    |     |      |          |     |      |            |     |      |
| OBST                   |     |      |          |     |      |            |     |      |
|                        |     |      |          |     |      |            |     |      |
|                        |     |      |          |     |      |            |     |      |
| Others:                |     |      |          |     |      |            |     |      |

**F) RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION/CANDIDATES PERSONAL STATEMENT**

## G) PERSONAL HEALTH QUESTIONNAIRE AND HEALTH & SAFETY POLICY DECLARATION

*Do you have or have you ever suffered from:*

| Please tick                                                                   | YES | NO |                                                           | YES | NO |
|-------------------------------------------------------------------------------|-----|----|-----------------------------------------------------------|-----|----|
| Fainting attacks                                                              |     |    | Back trouble                                              |     |    |
| Fits or blackouts                                                             |     |    | Other muscle or joint trouble                             |     |    |
| Giddiness                                                                     |     |    | Skin trouble                                              |     |    |
| Mental illness                                                                |     |    | Diabetes                                                  |     |    |
| Recurring headaches                                                           |     |    | Recurring stomach trouble                                 |     |    |
| Heart trouble or deafness                                                     |     |    | Recurring bowel trouble                                   |     |    |
| Eye trouble or defective vision not<br>Corrected by glasses or contact lenses |     |    | Paratyphoid fever                                         |     |    |
|                                                                               |     |    | <i>Do you suffer from any disabilities affecting your</i> |     |    |
| Recurring chest disease                                                       |     |    | Walking                                                   |     |    |
| Asthma                                                                        |     |    | Stair Climbing                                            |     |    |
| Hay fever                                                                     |     |    | Lifting                                                   |     |    |
| Heart trouble                                                                 |     |    | Use of hands                                              |     |    |
| High blood pressure                                                           |     |    | Working at height on ladders/staging                      |     |    |
| Varicose veins                                                                |     |    | Ability to drive a motor vehicle                          |     |    |
| Typhoid fever                                                                 |     |    | Standing                                                  |     |    |

### PERSONAL HEALTH DECLARATION

I declare that all the above statements are true and complete to the best of knowledge. I know of no medical reason why I should not work in a health and social care environment. Should the situation change whilst either:

- a) I am engaged on a temporary assignment by Capital Recruit Ltd
- b) In between assignments for Capital Recruit Ltd

I will immediately notify Capital Recruit Ltd and, if appropriate, the Company where I am working.

Signature: ..... Date: .....

### HEALTH AND SAFETY POLICY AND DECLARATION FOR TEMPORARY WORKERS

It is important for Capital Recruit Ltd to take all reasonable steps to ensure your health, safety and welfare whilst on assignments (as far as practical). However, note that it is the ultimate responsibility of the Client to provide you with a work environment that complies with current health and safety regulations.

It is your responsibility to look after your own health, safety and welfare, and that of others by:

- Familiarising yourself with The Client's Health and Safety Policy, Fire and Evacuation arrangements and First Aid arrangements. Ensuring that you co-operate with the Client's Fire and First Aid arrangements.
- Complying with any induction and task training, supervision and requirements of any relevant risk assessments.
- Ensuring that any Personal Protective Equipment provided by the Client is used in accordance with the instructions given.
- Only carrying out tasks that you are trained for and competent to carry out, and have been authorised to undertake within the agreed premises or area.
- Notifying Capital Recruit Ltd of any changes in your circumstances that could affect your ability to work or put you at risk within the work place.
- Taking care of company property entrusted to you, refraining from horseplay and abuse of welfare facilities.

YOU SHOULD ALSO:

- Report to your supervisor any defects in the office or its equipment and ensure that both are in a safe and secure state when unattended.
- Report all incidents that could result in personal injury or property damage to the Client and you.
- Report any personal work related injury or disease to the Client and you.
- Set a personal example in the workplace.

I..... declares that I have read & understood details of the health & safety policy and accept to adhere to it

Signature: ..... Date: .....

## H) PAYMENT DETAILS

Select your preferred choice of payment engagement with us:

☐

Payroll (Proof of NI and P45 or P46 is required)

☐

Self Employed or Limited Company (Proof of UTR/Company Reg. & VAT Certificated if VAT registered)

## BANK DETAILS (give business account details if operating under own company)

|                        |                         |
|------------------------|-------------------------|
| Bank/Building society: |                         |
| Bank Address:          | Sort Code:              |
|                        | Account Number:         |
|                        | Name of Account Holder: |

## I) REFERENCE

**IMPORTANT NOTE:** This section must be completed in full. Your application cannot be considered if FULL and APPROPRIATE reference information is not supplied. Any job offer made to you will be dependent on satisfactory references received. This is a mandatory requirement.

### REFERENCE 1: Current or most recent employer

|                  |  |
|------------------|--|
| Referee's Name:  |  |
| Position         |  |
| Company Name     |  |
| Building/Road    |  |
| Town             |  |
| Post Code        |  |
| Country          |  |
| Landline Tel No: |  |
| Business Fax No: |  |
| Business Email:  |  |

### REFERENCE 2:

|                  |  |
|------------------|--|
| Referee's Name:  |  |
| Position         |  |
| Company Name     |  |
| Building/Road    |  |
| Town             |  |
| Post Code        |  |
| Country          |  |
| Landline Tel No: |  |
| Business Fax No: |  |
| Business Email:  |  |

Can we approach the above referees/individuals without further liaison with you?

Yes

☐

No

☐

## J) REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 'Exemptions' Order 1975. Applicants are therefore not entitled to withhold information about convictions or police cautions which for other purposes are 'spent' under the provisions of the Act and in the event of employment; any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential (according to the Data Protection Act 1998) and will only be considered in relation to an application for positions to which the Order applies.

|                                    |     |    |                           |     |    |
|------------------------------------|-----|----|---------------------------|-----|----|
| Have you ever been convicted of a: | Yes | No | Have you ever received a: | Yes | No |
| Criminal Offence(s)?               |     |    | Caution(s)?               |     |    |
| Driving Offence(s)?                |     |    | Reprimand(s)?             |     |    |

If yes, please give details of all convictions including spent convictions and cautions.

## K) DECLARATION

I declare that:

- ✓ All information given in this form is true to the best of my knowledge.
- ✓ All documents and certificates supplied to support this application are genuine and I have no restrictions of working in UK.
- ✓ I have read and understood the terms and conditions and agree to comply with the current Health and Safety at work Act.
- ✓ I understand that pay is inclusive of my holiday pay entitlement
- ✓ I understand that the data I have provided in this application is protected by the Data protection Act 1998 and will be secure under Keystone Resourcing Ltd custody. The Company can use deal with the data directly or indirectly in relation to the role I have applied for in this form

Signature..... Date.....20.....

N/B According to Working Time Regulation, on average an adult worker should not work for more than 48 hours in a week. However you can opt out by signing below.

Signature.....Date.....20.....

SEND TO: CAPITAL RECRUIT LTD, SHIELING HOUSE, 30 INVINCIBLE ROAD, FARNBOROUGH, HAMPSHIRE. GU14 7QU

TEL. +44 (0) 1252 561 010

EMAIL: [info@capitalrecruitltd.co.uk](mailto:info@capitalrecruitltd.co.uk)

WEBSITE: [www.capitalrecruitltd.co.uk](http://www.capitalrecruitltd.co.uk)



## CONFIDENTIALITY AGREEMENT FORM

I confirm that during every assignment and afterwards where:

- To hold information relating to the client in the strictest confidence, ensure it is kept safely and securely when not in use. I acknowledge that no information is to be removed from the client's premises without the permission of the client
- To use such information only for the purpose of the work for which it was given.
- Not to disclose to any third party or copy the information except as is required in the course of my duties.
- Any breach, either by me or third party, may result in legal proceedings being brought by the client against me to recover any losses that have occurred as a result of breach.

|                  |  |
|------------------|--|
| Applicants Name: |  |
| Signature:       |  |
| Date Submitted:  |  |

SEND TO: CAPITAL RECRUIT LTD, SHIELING HOUSE, 30 INVINCIBLE ROAD, FARNBOROUGH, HAMPSHIRE. GU14 7QU  
TEL. +44 (0) 1252 561 010  
EMAIL: [info@capitalrecruitltd.co.uk](mailto:info@capitalrecruitltd.co.uk)  
WEBSITE: [www.capitalrecruitltd.co.uk](http://www.capitalrecruitltd.co.uk)

**a** applicant's details

|    |                                                  |                                                                                                                                                                                    |
|----|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | title                                            | Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input checked="" type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> |
| 2  | surname                                          |                                                                                                                                                                                    |
| 3  | forename(s)                                      |                                                                                                                                                                                    |
| 4  | have you ever been known by any other names?     | no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> If 'yes' you must complete the full name(s) in a5 - a13 as appropriate, if 'no' go to a14           |
| 5  | surname                                          |                                                                                                                                                                                    |
| 6  | forename(s)                                      |                                                                                                                                                                                    |
| 7  | dates from and to                                | MMYYYY - MMYYYY                                                                                                                                                                    |
| 8  | surname                                          |                                                                                                                                                                                    |
| 9  | forename(s)                                      |                                                                                                                                                                                    |
| 10 | dates from and to                                | MMYYYY - MMYYYY                                                                                                                                                                    |
| 11 | surname                                          |                                                                                                                                                                                    |
| 12 | forename(s)                                      |                                                                                                                                                                                    |
| 13 | dates from and to                                | MMYYYY - MMYYYY                                                                                                                                                                    |
| 14 | date of birth                                    | DDMMYYYY                                                                                                                                                                           |
| 15 | gender                                           | male <input checked="" type="checkbox"/> female <input checked="" type="checkbox"/>                                                                                                |
| 16 | place of birth (town)                            |                                                                                                                                                                                    |
| 17 | place of birth (country)                         |                                                                                                                                                                                    |
| 18 | e-mail address                                   |                                                                                                                                                                                    |
| 19 | contact telephone number                         |                                                                                                                                                                                    |
| 20 | do you have a national insurance number?         | no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> If 'yes' you must complete a21, if 'no' go to a22                                                   |
| 21 | national insurance number                        |                                                                                                                                                                                    |
| 22 | do you hold a valid UK driving licence?          | no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> If 'yes' you must complete a23, if 'no' go to a24                                                   |
| 23 | driving licence number                           |                                                                                                                                                                                    |
| 24 | do you hold a valid passport?                    | no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> If 'yes' you must complete a25, a26, and a27, if 'no' go to a28                                     |
| 25 | passport number                                  |                                                                                                                                                                                    |
| 26 | nationality                                      |                                                                                                                                                                                    |
| 27 | country of issue                                 |                                                                                                                                                                                    |
| 28 | do you have an ISA registration number?          | no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> If 'yes' you must complete a29, if 'no' go to a30                                                   |
| 29 | ISA registration number                          |                                                                                                                                                                                    |
| 30 | do you have a Scottish vetting & barring number? | no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> If 'yes' you must complete a31, if 'no' go to section b                                             |
| 31 | Scottish vetting & barring number                |                                                                                                                                                                                    |

**registered body use only**

a1-a3 verified ☐

a14 verified ☐

a21 verified ☐

a23 verified ☐

a25 verified ☐

**b current address**

Please give details of your current address.

This is the address to which all correspondence will be sent.

32 address

33 town/city

34 county

35 UK postcode

36 country

37 at address since

registered body use only

current address  
verified?**c other addresses**You must provide all other addresses where you have lived in the last 5 years.  
There must be no gaps in dates, however, overlapping dates are acceptable.Use a continuation sheet if necessary, available from [www.crb.gov.uk](http://www.crb.gov.uk)

If not applicable, go to section d.

38 address

39 town/city

40 county

41 UK postcode

42 country

43 dates from and to

44 address

45 town/city

46 county

47 UK postcode

48 country

49 dates from and to

**d apply for registration with ISA**

Independent Safeguarding Authority

50 are you applying for  
registration with ISA?no ☐yes ☐If 'yes' you must complete d51, d52, d53 and  
d54, as appropriate, if 'no' go to section e.51 are you working or do you intend  
to work, paid or unpaid, withchildren ☐vulnerable adults ☐

cross all that apply

52 are you working or do you intend to work,  
paid or unpaid, in controlled activity withchildren ☐vulnerable adults ☐

cross all that apply

53 are you applying as a  
free of charge volunteer?no ☐yes ☐By placing a cross in the yes box, I confirm that I understand that I may  
be liable for payment at a later date as a result of a change in my  
employment status.54 security information-  
name of first schoolYou may be asked to provide this, together with other personal  
information, when contacting the CRB or ISA for security reasons.**e declaration by the applicant**55 have you ever been convicted of a  
criminal offence or received a caution,  
reprimand or warning?no ☐yes ☐Applicant declaration  
(please sign within the box provided)

56 declaration by the applicant

By signing the applicant declaration box I confirm that the information  
that I have provided in support of this application is complete and true  
and understand that knowingly to make a false statement for this  
purpose may be a criminal offence.

57 date of signature

3MSPSL V1.0 CRB 06/09



## Section one To be completed by the employee

Please complete section one and then hand the form back to your present employer. If you later receive a form P45 from your previous employer, hand it to your present employer.  
Use capital letters when completing this form.

## National Insurance number

This is very important in getting your tax and benefits right

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Title - enter MR, MRS, MISS, MS or other title

|  |
|--|
|  |
|--|

Surname or family name

[illegible]

First or given name(s)

[illegible]

Gender. Enter 'X' in the appropriate box

Male ☐ Female ☐

Date of birth DD MM YYYY

[illegible]

Address

House or flat number

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Rest of address including house name or flat name

A large grid of 50 empty boxes arranged in 5 rows and 10 columns, intended for handwriting practice.

Postcode

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

**A** - This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR

**B** – This is now my only job, but since last 6 April I **have** had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

|   |  |
|---|--|
| B |  |
|---|--|

OR

**C** - I have another job or receive a state or occupational pension.



If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. (*Do not enter 'X' in box D if you are repaying your Student Loan by agreement with the Student Loans Company to make monthly payments through your bank or building society account.*)

D

I can confirm that this information is correct

Signature \_\_\_\_\_

\_\_\_\_\_

Date DD MM YYYY

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

| Applicant Registration Check list                                                                          |  |
|------------------------------------------------------------------------------------------------------------|--|
| Proof of Eligibility to work in UK                                                                         |  |
| PIN No.                                                                                                    |  |
| National Insurance Card/P45/P46/Company Certificate/UTR                                                    |  |
| VAT No.                                                                                                    |  |
| Proof of address e.g. Driving Licence, Bank Statement, Utility Bill                                        |  |
| Two current passport size photograph                                                                       |  |
| A valid Disclosure and Barring Services check (DBS) copy but you will still have to enrol for this with us |  |
| Any valid relevant certificates. We also organise training should you require to be trained                |  |
|                                                                                                            |  |
|                                                                                                            |  |
|                                                                                                            |  |
|                                                                                                            |  |
|                                                                                                            |  |
|                                                                                                            |  |
|                                                                                                            |  |
|                                                                                                            |  |

### Terms of engagement for workers.

Between Keystone Resourcing Ltd (herein known as “the company” and (your Names) .....  
 \_\_\_\_\_ of address \_\_\_\_\_  
 \_\_\_\_\_ National Insurance No \_\_\_\_\_

1. These Terms of Engagement ("The Terms") form a contract for the service and set out the entire agreement between you and the Company (with the exception of details of the Rate for any Assignment). No variation to the terms shall be binding upon the Company unless the variation is in writing and signed by Director of the Company. In the Terms, reference to the singular include the plural (and vice versa) and the following definitions apply:

- 1.1 "Client" means any person, firm, company or organisation requiring the services of a worker from the Company.
- 1.2 "Assignment" means any activity in the United Kingdom for which a Client seeks the service of workers from the Company.
- 1.3 "Rate" means your hourly rate of pay by the Company in respect of an Assignment.

2. The Company is an employment business which supplies temporary workers to its Clients. You will to be provided with paid Assignments including work which falls within the category specified. The Company will not charge you for finding the Assignment. The Company will endeavor to find suitable Assignments for you with Clients in accordance with and subject to the Terms. You are not obliged to accept any Assignment offered to you by the Company. Either you or the Company may terminate the contract between us at any time.

3. The relationship between the Company and you shall not be one of employment. The Company shall have no obligation to provide any minimum period of Assignment or any minimum number of Assignments to you. It shall be entirely within the discretion of the Company to determine whether you are suitable for any particular Assignment and whether you are more suitable than any other worker with whom the Company has an agreement. The Company shall also be entitled to review your suitability (against the requirements of any Assignments and against other workers) from time to time including during an Assignment.

4. The Company shall explain the Rate to you at the start of any particular Assignment. You shall be paid weekly in arrears at the Rate for hours worked during an Assignment. Unless provided by this term or UK legislation, you are not entitled to payment: a) In respect of pension; or b) For time not spent on an Assignment whether as a result of illness, holidays (including public holidays) or any other reason.

5. It shall be your responsibility to deliver to the Company a duly signed timesheet for any hours worked. In order to secure prompt payment, delivery of a timesheet must occur, at the latest, by the Monday of the week immediately following the week when the time is worked. The Company shall be under no obligation to make any payments to you unless a duly signed timesheet have been received within six weeks of the end of the week to which the timesheet relates.

**6.If on Company Payroll:** The Company will deduct income tax at the appropriate rate under schedule E together with the prescribed contributions to National Insurance from payments due to you if you have not produced evidence of being a corporate body in the relevant legislation (or a tax exemption certificate where appropriate). In the event that you claim emolument from the Company without any or all such deductions in accordance with relevant legislation, you will indemnify both the Company and each affected Client against any cost or any claims, assessment, demand etc. which may be made on or against any or all of them in respect of income tax, corporation tax, advance corporation tax, value added tax, national insurance contributions and all and any other taxes and revenues which may be payable by you as a result of an Assignment.

7. Under the Working Time Regulation 1998, you may qualify for paid holidays. Your holiday year will be the 12-month period starting with your first day of work or, in subsequent years with the anniversary of the first day at work. Holiday entitlement accrue at an even rate throughout the holiday year. You should try to take your holiday entitlement within the year. As an exceptional benefit to you, if you have any holiday entitlement left at the end of any holiday year, you may take the holiday within the first 6 weeks of the next holiday year. After that first 6 weeks in the new holiday year, unused and holiday from the previous holiday year will be lost within no right to pay or compensation.

8. You may only take paid Holiday to the extent that you have accrued it by your period of continuous work. If you wish to take paid holiday, you must give four weeks' written notice of the proposed holiday date to the Company at its Branch at which you were registered. The Company may refuse a request for specific holiday dates at any time up to two weeks before the first date to which the request relates. The Company may require you to take part or all of any paid holiday entitlement by giving you not less than two weeks' notice.

9. Unless specifically agreed in writing with the Company in advance of any Assignment, neither the Company nor the Client shall be responsible for:

- a) Any arrangements for or cost of travel or accommodation for you in connection with an Assignment; or
- b) The reimbursement of expense incurred by you in connection with an Assignment

10. While engaged in any Assignment, you must:

- 10.1 Cooperate with the Client and its employees and other workers and accept the direction, supervision and instruction of any responsible person in the Client's organization;
- 10.2 Observe any rules and regulations of the Client's workplace to which your attention has been drawn or which you might reasonably be expected to anticipate or find out;
- 10.3 Conform to the normal hours of work to the Clients' workplace (unless arrangements have been made in advance to the contrary by both the Company and the Client);
- 10.4 Take all reasonable steps while working for the Client to safeguard your own safety and the safety of any others who may be present or affected by your actions during the Assignment and comply with the Health and Safety policy of the Client;
- 10.5 Not engage in any conduct detrimental to the interest of the Client

11. During any Assignment, you shall be under the direction and control of the Client from the time you report at the start of any Assignment until its conclusion. You understand in accepting an Assignment under these Terms, that the Company will provide pay in accordance with the Terms but that the Company has no obligation to provide any other benefit nor does it have any obligation to provide insurance in respect of the Assignment nor any workplace supervision in connection with it. You will indemnify the Company and keep it indemnified against the cost and financial consequences occasioned by any and all claims against the Company arising out of any act or omission by you in connection with an Assignment.

- 12.** If you are seeking work as a qualified nurse or doctor, the Company will check that you have a current registration with your professional body when you first seek work through the Company. You must maintain the full registration with your professional body at all times when you are engaged in an Assignment. Failure to do so means that the Company shall not be obliged to pay you for work done while you were not fully registered. You must notify the Company immediately if there is a change to the status of your registration with your professional body.
- 13.** If you are a qualified nurse or doctor you must ensure that throughout any Assignment you have full, professional insurance and / or indemnify cover in force at all times. You must not jeopardise cover by being in breach of your insurance and / or indemnity scheme.
- 14.** The Client shall be responsible for all acts, errors and omissions on your part, whether willful, negligent or otherwise, as though you are an employee of the Client, and the Client will in relation to you in all respect comply with the statutes, by laws, codes of practice and legal requirements to which the Client is ordinarily subject in respect of the Client's own employees including in particular the provision of adequate Employers and Public Liability Insurance cover.
- 15.** You shall not use any motor vehicle or any mechanised equipment in connection with any Assignment unless proper insurance is in force for such use. You shall indemnify and keep indemnified the Company against laws, liability incurred directly or indirectly by the Company arising out of any such use.
- 16.** You shall provide equipment necessary for the Assignment. If as a matter of convenience, you are provided with any equipment by the Company or a Client for the purposes of an Assignment, you shall be responsible for the security and condition of such equipment. If and to the extent that any equipment is damaged or lost while in your care, you will be responsible for the cost of any necessary repair or replacement. You will pay to the Company the cost of repair or replacement where the equipment belongs to the Company and you will pay to the Company an amount equivalent to any charge made to the Company by the Client on account of such loss or damage where the equipment belongs to the Client. The Company may, if it wishes, obtain part or all of such payment by making deductions from pay due to you under the Terms.
- 17.** Depending on the amount of time of the time worked on an Assignment on any day, you may be entitled to a rest break from work. The Client and not the Company will be in control of working arrangements for an Assignment. The Company therefore expects the Client to provide appropriate rest breaks. If you consider that proper rest breaks are not being provided, you should raise the matter with the Company promptly.
- 18.** Sometimes you may be classified as a night worker. If you are in any doubt as to your status, you should ask your contact at the Company. If you are a night worker, you should fill out a health screening questionnaire. You can get a copy of it from your Company contact. If your health changes after you have filled out a questionnaire, you should ask for and fill out a further questionnaire.
- 19.** If for any reason the Client changes your working hours (whether by duration or timing) or the nature of your duties, you must inform the Company immediately.
- 20.** If during any week of an Assignment, you are doing work (or receiving work-related training) for any person, firm, company or organization other than the Company, you must inform the Company of the nature of the work or training and of its duration in the relevant week.
- 21.** You will not at any time divulge to any person, nor use for your own or any other persons benefit, any confidential information in relation to the Client or the Company or in relation to any of their employees, business affairs, transaction or finances which you may acquire during the currency of your Agreement with the Company under the Terms.
- 22.** We will collect and process personal data from you, which may include sensitive personal data, for the purpose of carrying out our business of supplying temporary workers to Clients and in order to find you suitable Assignments. We may also collect personal data about you from third parties, such as referees and third party agencies, in order to verify information such as professional qualifications and educational background. We disclose your personal data to Clients for the purposes of an Assignment and potential Assignment. You hereby consent to us collecting and processing your personal data and disclosing this information to Clients and other relevant third parties for the purposes outlined above. If you terminate this contract or enter into new terms of engagement with a different organization, in circumstances where you continue to work for the same Client, we may disclose your personal information to the new organization at the Client's request.
- 23.** Other than associated companies of Capital Recruit Ltd who will have the benefit of and may enforce the Terms, the parties do not intend any of the terms to be enforceable by any other party pursuant to the contracts (Rights of Third parties) Act 1999.
- 24.** The Company operates an equal opportunities policy governing its dealing with workers. Copies of the policy are available from the Company's registered office on written request.
- 25.** The agreement between the Company and you shall be subject to and interpreted in accordance with English law and the Company and you submit to the exclusive jurisdiction of the Courts of England.

I understand and agree to the above terms (By Worker) Signature \_\_\_\_\_  
Date \_\_\_\_\_