

Please
Attach
Photograph

NEW LINC HEALTH CARE SERVICES

335a High Street, Slough, SL11TX
TEL:0175 353 5921 Fax: 01753 524 719
e-mail: info@newlinc.co.uk
website: www.newlinc.co.uk

WE CARE FOR YOU 24/7



New Linc Ltd

JOB APPLICATION FORM

Please read the attached Terms & Conditions of Membership before completing this form.
Please complete this form in black ink and capital letters, use additional sheets if necessary.

1. PERSONAL DETAILS

TITLE: Mr/Mrs/Miss/Ms	First Name:	Middle Name:	Surname:
Post Applied For:		For Professional Nursing Applicants	
Job Reference :		Registered as.....	
Date Of Birth:		PIN No.....	
		Expiry Date.....	
Are you eligible to work in the United Kingdom YES / NO		Visa Status	
National Insurance No.....		British National / Student Visa / Leave to remain/Other	
		If other please Specify	

Home Address:
.....
Post Code:.....

Home Tel:**Mobile Tel:**

Other Tel:

Email Address:

2. NEXT OF KIN:.....**Relationship:**.....
.....
Post Code:.....

Home Tel:**Mobile Tel:**

Other Tel:

Email Address:

3. DRIVING RECORD

Do you hold a current driving licence? **YES / NO** Type: **FULL / PROVISIONAL /Other.....**

Are you a Car Owner? **YES / NO** Driving Licence valid from:to.....

Details of current endorsements:

JOB APPLICATION FORM

4. EDUCATIONAL QUALIFICATION (Use additional sheet if necessary)

DATES		Name of School/College/University	Qualification Attained	Grade
FROM	TO			

5. PROFESSIONAL QUALIFICATIONS (Use additional sheet if necessary)

DATES		Name of School/College/University	Qualification Attained	Grade
FROM	TO			

6. PERSONAL INFORMATION

(In the space provided below, please tell us why you think you are a suitable candidate – Use additional sheet if necessary)

JOB APPLICATION FORM

7. EMPLOYMENT RECORD (Starting from completion of formal education to date – Use additional sheet if necessary)

DATES		Employers Full name & Address	Type of Work & Pay	Reason For Leaving
FROM	TO			

8. Referees

Please give the name, address and telephone number of the Line Manager we can contact for a reference at your two most recent employers. If you have only had one employer for the last 7 years, one work reference will be sufficient together with a second, reference. Relatives are not acceptable as personal references.

(i) Full Name:Position:.....

Tel No:.....Email Address.....

Company Name & Address:.....

.....

(ii) Full Name:Position:.....

Tel No:.....Email Address.....

Company Name & Address:.....

.....

Can we contact your referees before interview: Yes / No

JOB APPLICATION FORM

9. ASSYLUM AND IMMIGRATION ACT 1996

You will be asked to produce one of the following documents specified by the Act to establish your eligibility to work.
Any offer of employment will be limited by, and subject to your continued eligibility to work in the UK.

10. HEALTH SCREENING

If you are offered a job, you will be asked to fill in pre-employment health screening questionnaire, which will be assessed by Occupational Health.
Any offer of employment will be subject to a satisfactory report from Occupational Health

11. CRIMINAL RECORDS

Jobs with **New Linc Limited** may involve working with frail or vulnerable people; so all posts are exempt from the Rehabilitation of Offenders Act 1974. If you are successful in your application, we will then seek an 'Enhanced Disclosure' from the Criminal Records Bureau. If you have a criminal record, it may not necessarily bar you from employment with **New Linc Limited**. Our policy on this matter and the CRB Code of practice is available upon request.
Any offer of employment will be subject to a successful criminal records check.

12. DECLARATION BY APPLICANT

I confirm that the information in this application is true and accurate to the best of my knowledge and belief.
I understand that any false information may result in the rejection of my application or, in the event of employment, dismissal or disciplinary action by **New Linc Limited**.

Signed.....Date.....

NEW LINC HEALTH CARE SERVICES

335a High Street, Slough, SL11TX
TEL:01753535921 Fax: 01753524719
e-mail: info@newlinc.co.uk
website: www.newlinc.co.uk



New Linc Ltd

WE CARE FOR YOU 24/7

NEW EMPLOYEE DETAILS

This form must be completed and signed by the Employee and should be forwarded to the payroll along with a P45 or completed P46 form as soon as the employee has started

Title & Surname	
Forenames	
National Insurance Number	
Date of Birth	
Home Address & Postcode	
	Post Code:
Ethnic Origin	
Disability	
Date of Commencement	
Job Title	
Sort Code	
Account Number	
Bank/B.S. Name and Branch	

AUTHORISATION	
Managers Authorisation	Date:
Employee Signature	Date:
Actioned for Payroll	Date:

NEW LINC HEALTH CARE SERVICES

335a High Street, Slough, SL11TX
 TEL:01753535921 Fax: 01753524719
 e-mail: info@newlinc.co.uk
 website: www.newlinc.co.uk
WE CARE FOR YOU 24/7



New Linc Ltd

HEALTH QUESTIONNAIRE

This questionnaire asks for information of a personal nature. It is necessary to establish your 'health status' as there are aspects of the work which requires us to make risk assessments in order to protect our employees and our clients. All information given will be held in strict confidence.

Position Applied for:	Location:
_____	_____
Title (Mr,Mrs,Ms,Miss).....	First name:.....
Surname:.....	Date of Birth:.....
Full address:.....	
.....	

Have you ever suffered from	Yes	No	If 'Yes', Please provide details
Epilepsy			
Fits, fainting attacks or dizziness			
Stomach problems			
Frequent vomiting or diarrhoea			
Chronic or recurrent cough			
Varicose veins			
Rupture / Hernia			
Serious Injury			
Rheumatism / arthritis			
Skin problems (e.g. dermatitis, eczema or psoriasis)			
Back problems			
Hearing / ear problems			
Chest problems			
Diabetes			
Eye / sight problems			
Kidney or bladder problems			
Nervous problems			
Mental illness			
Heart problems			
Abnormal blood pressure			
Persistent headaches			
Jaundice			
Dysentery or typhoid			
Blood borne virus (i.e. hepatitis./HIV)			
Asthma, bronchitis or TB			

VACCINATION - Have you been vaccinated against the following (proof of immunisations must be provided):

German Measles (Rubela)	Yes	Date _____/_____/_____	No	Tuberculosis (BCG)	Yes	Date _____/_____/_____	No
Hepatitis B	Yes	Date _____/_____/_____	No	Tetanus	Yes	Date _____/_____/_____	No
Polio	Yes	Date _____/_____/_____	No				

Note: I certify that the above information is correct and hereby give permission for a further report to be requested from my GP for clarification if required.

Applicant Signature:	Date:
Doctor Name:	Address:
Post Code:	Telephone number:



EQUAL OPPORTUNITES MONITORING

New Linc limited aims to be an equal opportunities employer. We want to ensure that no one is discriminated against on the grounds of sex, marital status, age, colour, ethnic origin, religion or disability. In order to help us monitor our recruitment and selection process, please can you complete this form and return it with your application form

This information will be treated in the strictest confidence and will be used solely for the purpose of monitoring our equal opportunity practices.

Post Applied for:

.....

Location

.....

1. How would I describe my race or cultural origin as:

White

Chinese

Irish

Indian

Black African

Pakistani

Black Caribbean

Bangladeshi

Other (Please Specify)

2. Do you have a disability?

Yes

No

3. Your Sex/gender?

Female

Male

4. Your age at last Birthday?

.....Years

NEW LINC HEALTH CARE SERVICES

335a High Street, Slough, SL11TX
TEL: 01753535921 Fax: 01753524719
e-mail: info@newlinc.co.uk
website: www.newlinc.co.uk

WE CARE FOR YOU 24/7

TERMS AND CONDITIONS OF MEMBERSHIP

THIS IS AN IMPORTANT DOCUMENT PLEASE SIGN AND RETURN ONE COPY TO NEW LINC LIMITED

The terms and conditions set out below (the "Conditions of Membership") shall govern the relationship between New Linc Limited and you during any period in which you are providing your services to New Linc Limited. There is no contractual relationship between us outside of these periods. It is a condition of Membership that you read and fully understand these conditions. We will be pleased to clarify any points you do not understand.

1. The Role of New Linc Limited

New Linc Limited is licensed in accordance with the Nurses' Agencies Act, 1957 the Nurses' Act, 1951: the Nurses' Agencies Regulations, 1961; and any statutory modifications or reenactments thereof. New Linc Limited will offer work to its Members where suitable work is available. There is no obligation to offer any level of work to you nor any obligation upon you to accept work

2. Assignments

New Linc Limited makes every effort to find Members suitable work but will make no guarantee that we shall always be able to do this. Temporary work assignments are made in accordance with the terms of this Agreement and the terms of Business (copies of which are available upon request) Members must keep any appointments or arrangements that are made for them. Members who are unable to report for duty for any reason whatsoever must telephone New Linc Limited Manager immediately so that every effort can be made to find a replacement Under no circumstances may any person who is not a Member of NewLinc Limited be introduced to a case.

3. Payment

New Linc Limited makes payments to Members in advance of fees earned by them, and Members irrevocably appoint New Linc Limited to collect and recover fees, expenses, charges and extras in the name of New Linc Limited All moneys due to New Linc Limited will be deducted from the moneys received from the client. All assignments must be booked through New Linc Limited

4. Fees and Expenses

Payment in advance of fees earned by Members is made weekly by Bankers Automated Clearing Services (BACS), accompanied by a full statement. An appropriate deductions will be made in respect of Professional Negligence Indemnity Insurance (see clause 23 below) Accounts prepared by NewLinc Limited on behalf of Members are usually submitted weekly.

5. Timesheets

Fully completed and signed timesheets must be submitted to the payroll branch weekly, to arrive no later than Monday noon, in order for payment to be made promptly. Failure to submit a completed timesheet may result in payment being delayed. To fulfill our record keeping obligations, hours worked will continue to be monitored on a timesheet basis

6. Members Employment Status

Members are self-employed in all cases) Members may be deemed employees for the purpose of PAYE and Class One National Insurance Contributions only In appropriate cases, PAYE tax deductions will be made from Members' fees and National Insurance Contributions will be collected by New Linc Limited. Because Members' "contracts" exist only for the period of each duty, New Linc Limited does not usually pay statutory sick pay. Members should make inquiries to their local DSS office with regard to sickness benefit

7. Standards of Conduct

Members of New Linc Limited must at all times maintain the highest professional standards and comply with New Linc Limited's policies and procedures Members are also required to work to the policies, procedures and requirements of the client and workplace and comply with the codes of conduct of any professional organisation to which they belong

8. Uniform

Members will be required to purchase and wear a New Linc Limited uniform at all times. The only exceptions to this condition are (a) where the Client provides their own uniform, or (b) where the Client does not wish one to be worn.

9. Changes to Personal Details

The Member's New Linc Limited branch must be notified immediately in writing of changes of address, telephone number or bank details. Failure to notify such changes may result in non-receipt of statement of fees and other correspondence loss of assignments, or incorrect or non-payment of fees.

10. Incomplete Assignments

Members wishing to leave an assignment before its completion must inform their New Linc Limited branch immediately and give at least one week's notice to tile client

11. Termination of Membership

Members may terminate their Membership of New Linc Limited at any time and one week's notice must be given if an assignment is in progress. If a Member wishes to take up any appointment with a Client introduced by New Linc Limited within 6 months of the termination of Membership, the Member must notify their New Linc Limited branch in writing, as a fee will be due from the Client. Failure to inform New Linc Limited will jeopardize future work opportunities or result in termination of Membership

12. ClientCare/Reports

Changes in patients' mental and physical condition should be reported to the appropriate person Detailed records must be kept in accordance with both Client and agency requirements, as required by the New Linc Limited Branch Manager.

13. On-Call

For the purposes of the Working Time Regulations, time spent "on-call" whilst not working will not count towards a member's working time unless and until the Member is called to work

14. Time Off

Members who wish to have time off from an assignment other than, as paid holiday must give New Linc Limited at least one week's notice to find a suitable replacement for the period of absence.

15. Paid Holiday

The working Time Regulations provide that Members who work for 13 consecutive weeks (the qualifying period) will, from 2 February 2007 begin to accrue a right to paid holiday on a pro-rate basis equivalent to full time employment of 4 weeks per year. This right is broken should you cease to work continuously. However, New Linc Limited has decided to offer greater benefit to you by giving you the entitlement to accrue 1 hour of paid holiday for every 13 hours worked through New Linc Limited (following your initial qualifying period). if you have a period of 6 months or more without undertaking, any assignments you will need to re-work the qualifying period to accrue more hours. The New Linc Limited holiday year commences from 2nd February and runs through to 30th March. Members are obliged to give appropriate notice to their intention to take time off. Leave may not be booked in advance of it being accrued. The purpose of the entitlement to paid holiday is to ensure that you take time off work New Linc Limited therefore recommends that you do not work during your holiday period Accrued annual leave not taken within the holiday year will be lost

16. Working Hours

In compliance with the implementation of the Working Time Regulations, New Linc Limited recommends that working time (including any time that you personally provide your services to anyone else) should not exceed 48 hours per week (average over a period of 17 weeks). However, should you wish to waive this right, please indicate this preference by ticking Yes/No in the box provided below. Members can withdraw the option to work in excess of 48 hours per week at any time by providing 3 months written notice to their local New Linc Limited. Working Time shall include only the period of attendance at each individual assignment through New Linc Limited. It shall not include traveling time unless specifically agreed in advance by the New Linc Limited Manager.

17. Daily Rest Period

All members should be provided with the opportunity to take 20 minutes unpaid break during assignments of 6 hours duration or more. It is the responsibility of the Member to ensure this is taken in the course of work. Members are entitled to take 11 hours of consecutive rest per day. In circumstances in which flexible practice is required such as home care, sleepovers, hospitals, residential homes, prisons. etc., and there is no opportunity to take rest breaks, this is permitted providing an equivalent break or compensatory rest period is agreed at the convenience of the Member and Client. However, where an agreement has been reached by collective means within the established workforce, Members will be bound by that agreement in relation to working hours. This will not entitle Members to any other benefits or provisions under such collective agreements. Members are not entitled to receive pay during any rest breaks.

18. Shift Workers

Members are entitled to 11 hours of daily consecutive rest, but this does not apply in relation to shift workers who cannot take a daily rest period between the end of one shift and the start of the next one. In these circumstances, clause 17 relating to rest period applies and an equivalent break of compensatory rest period must be agreed at the convenience of Member and Client and agreed weekly hours must not be exceeded.

19. Night Shifts

Members have the opportunity to undergo a health assessment prior to night duty assignments for which they will not be charged. (This can be arranged through their local branch.) Night duty hours must not exceed 8 hours in 24 hours, and this is averaged over a standard period of 17 weeks. (In certain circumstances in which flexible practice is required, clause 17 relating to rest periods applies, and individual agreements between the Member and New Linc Limited branch management must be reached if night hours are to exceed this limit. In these circumstances, an equivalent break of compensatory rest period is agreed at the convenience of the Member and Client.)

20. Members' Health

Membership of New Linc Limited is conditional upon true statement of the details of a Member's mental and physical health as set out in the application form, and upon the understanding that a Member must be in a state of good health when reporting for each and every duty. Failure to provide all accurate declaration of health or to update the local New Linc Limited branch of any change could jeopardise New Linc Limited Membership.

21. Health and Safety

Members, as self-employed persons, determine their working hours through accepting or refusing assignments offered. Members are individually responsible for ensuring their chosen working hours (including all work other than through New Linc Limited are compatible with their own health and safety at work and that of patients, clients and colleagues. As self-employed persons, Members have a personal responsibility to regard health and safety policies and fully co-operate with those in charge of the workplace. Members are required to assess for any risks in the workplace and maintain a safe environment both for themselves, other staff and Clients. Often, this will involve working to established health and safety practices, but private householders are unlikely to have such a detailed knowledge, so particular care is required when providing home care services. Members are also requested to report any communicable diseases to the Branch Manager, even following termination of contract. This enables New Linc Limited to fulfill the obligation under RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995) to protect both Client and staff health and safety, whilst maintaining optimum confidentiality to all Members.

22. Negligence

If a Member is removed from an assignment or a complaint for misconduct or professional negligence is received, NewLinc Limited reserves the right to withhold payment in advance of fees earned by the Member

23. Professional Negligence Indemnity Insurance

New Linc Limited has a Professional Negligence Indemnity Scheme. Membership of the scheme is compulsory and a charge of £1.00 per payslip is automatically deducted from Members' fees. Under the terms of the scheme, each member is covered for negligence claims arising out of any work assignment arranged through New Linc Limited to a maximum of £4,000,000. A copy of the certificate confirming the Professional Negligence Insurance Policy is available for inspection at any New Linc Limited branch.

24. Identification

Members must carry their NMC PIN card and wear a New Linc Limited Nursing ID. badge at all times whilst on duty, or whilst on the Client's premises, going to, or coming off, an assignment.

25. Data Protection

New Linc Limited holds information on Members' racial or ethnic origin, religious beliefs, health and criminal records. This sensitive information is held for monitoring purposes only. However, New Linc Limited may use other, non-sensitive information supplied by you to occasionally send, or arrange to send, information which we believe will be of interest to Members. If you do not wish us to pass on this non-sensitive information about you please mark the relevant box below.

Please tick 1 box only for each question

- | | | |
|-----------------|--------------------------|---|
| Working hours | <input type="checkbox"/> | Yes, I may wish to work more than 48 hours per week. |
| | <input type="checkbox"/> | No, I do not wish to work More than 48 hours per week |
| Data Protection | <input type="checkbox"/> | Yes, I would like to receive Correspondence from New Linc Limited and agree to non-sensitive Information about me being used for this purpose. |
| | <input type="checkbox"/> | No, I do not wish to receive Correspondence from New Linc Limited and do not agree to Non-sensitive information about me being used for this purpose. |

Amended July 2009. These conditions supersede all previous conditions.

Member Name
(PRINTED)

Signature

Payroll No Date

Branch

If you have any queries concerning these conditions, please contact your local New Linc Limited branch for further explanation. No variation or alteration to these conditions shall be valid unless confirmed in writing by a Director of New Linc Limited.

Should you have any specific comments, a copy of our comments and complaint procedure is available from New Linc Limited Registered office.

NEW LINC HEALTH CARE SERVICES

335a High Street, Slough, SL11TX
TEL:01753535921 Fax: 01753524719
e-mail: info@newlinc.co.uk
website: www.newlinc.co.uk
WE CARE FOR YOU 24/7



New Linc Ltd

CHECKLIST OF DOCUMENTS REQUIRED

- **Proof of ID** (Passport or Birth Certificate)
- **Proof of address** (Utility Bill, Bank Statement, Drivers Licence)
- **Recent Certificates**
- **2 Professional Referees**
- **N.I Card**
- **Proof Of Vaccination**
- **Your own correct UK Bank Details**
- **NMC Statement of entry and the NMC Pin Card** (Qualified Nurses only)
- **Details of membership to professional bodies e.g. RCN, UNISON**