

Healthcare Application Form

Thank you for your interest in working for MPA Recruitment.

Call your local branch to organise an appointment with our specialist nursing and care consultants.

Please note that all healthcare related roles are subject to a satisfactory outcome from an Enhanced Access NI check.

Appointment

Your appointment is at the _____ branch is for ____:____ on ____/____/____

Our Branch Locations

Derry-Londonderry	18 Great James Street	Derry-Londonderry	BT48 7DA	Tel: 028 7136 0070
Ballymena	5 Greenvale Street	Ballymena	BT43 6AR	Tel: 028 2542 0136
Belfast	29-31 Montgomery Street	Belfast	BT1 4NX	Tel: 028 9521 1111
Coleraine	17 Stone Row	Coleraine	BT52 1BP	Tel: 028 7035 7035
Omagh	13 Sedan Avenue	Omagh	BT79 7AQ	Tel: 028 8224 2595

Documentation

We have tried to make sure registration as simple and straightforward as possible. Please make sure you have all the documents listed below when you come to see us.

- Complete the forms using black ink
- Fully completed application form with no gaps
- Proof of identity - Passport, Birth Certificate, National Identity Card
- Proof of National Insurance number
- Proof of address
- Driving Licence
- Two Passport photos
- Proof of professional registration applicable to your role (i.e. NMC, NISCC, HCPC, PSNI, etc.)
- Proof of GCSE English and Maths
- Proof of relevant qualifications (e.g. Nursing Degree, Social Work Degree, NVQ Health & Social Care, etc.)
- Record of vaccinations
- Up to date training record and all relevant original training certificates
- Evidence of union membership (e.g. RCN, Unison, GMB, etc.)
- £33.00 payment for Access NI Enhanced Disclosure

Mental Health Applications - please also bring

- Control & restraint training certificates

Midwives - please also bring

- Copy of your intention to practice and the name & contact details of your mentor

Non-EU citizens—please also bring

- Evidence of your right to work in the UK e.g. Visa work permit and Home Office confirmation

Equal Opportunities

MPA Recruitment is committed to equality of opportunity for all applicants regardless of gender, marital status, perceived religious affiliation, political opinion, race, ethnic origin, disability, age or sexual orientation.

We select those suitable for employment and advancement solely on the basis of merit, i.e. on the basis of eligibility or terms of ability, qualifications and aptitude for work, and we are also monitoring our activities to ensure that our equal opportunities policy is effectively implemented. The application of equal opportunity in the agency is being monitored on the basis of a comparison of sex, marital status, community background, disability and ethnic origin of applicants. The question on community background is asked in order to fulfil our requirements under the fair employment legislation. It is therefore an offence under the act for any person to knowingly give false information.

Please tick appropriate box

Sex Male Female
Marital Status Single Married Other

Community Background

I am a member of the Protestant community
I am a member of the Catholic community
I am a member of neither the Protestant community nor the Catholic community

Disability

Do you consider yourself as having a disability? Yes No

Ethnic Origin (i.e. origin by birth, not nationality)

What do you consider your ethnic origin to be?

White Black African Black Caribbean Mixed Ethnic Group
 Chinese Irish Traveller Indian Pakistani
 Bangladeshi Any other ethnic group, please specify _____

Equal Opportunities Monitoring

Access to this information will be strictly controlled and will not be available to those considering your application for employment.

The information will subsequently be transferred to the monitoring system operated by the monitoring officer. There it will be strictly controlled in accordance with MPA Recruitment's Code of Practice.

Marketing

How did you hear of MPA Recruitment? _____

Have you ever worked for MPA or any other agency? _____

FOR OFFICE USE ONLY: Applicant Reference _____

Application Form

Personal Details

Position applied for _____

Title	_____	Marital Status	_____
First Name	_____	Middle Name	_____
Last Name	_____	Maiden Name	_____
Known as	_____	Nat. Insurance No.	_____
Date of Birth	_____		
Address	_____	Do you hold a current driving licence?	_____
	_____	Do you have your own transport?	_____

City / Town	_____	Mobile Phone	_____
County	_____	Home Phone	_____
Postcode	_____	Work Phone	_____
Email address	_____		

Professional Details

Type of registration NMC / NISCC / HCPC / PSNI / Other _____

If Other please specify	_____	Registration Number	_____
Date Obtained	___/___/___		
Expiry date	___/___/___	NMC Revalidation Date	___/___/___
Do you belong to a union?	_____	Membership number	_____

Work Permit

Nationality	_____	Work permit held	_____
Type of Work Permit	_____	Exp. date	___/___/___
If Student, name of college / university	_____		

Bank / Building Society Details

Bank Name	_____	Location	_____
Sort Code	_____	Account No.	_____
Account Holders Name	_____		

MPA Recruitment will pay weekly earnings directly into the bank or building society detailed above. MPA Recruitment must be notified of any changes to these details in writing.

Employment Record

Please list your previous posts beginning with the most recent starting with the most recent starting when you left education (*please continue on blank paper if necessary*). Please complete in full. (*All gaps in your employment history must be accounted for in the section below*).

Note: NHS Requirements state "Employment History should be recorded on an Application Form which is signed". Please complete in full, do not cross out and write "See CV"

From			To			Name & Address of Employer	Title of post held / grade and brief description of duties	Reason for Leaving	Salary
Day	Month	Year	Day	Month	Year				

Employment Record – Explanation of Gaps

Please list all gaps in employment history below (please continue on blank paper if necessary).

Note: NHS Requirements state "Employment History should be recorded on an Application Form which is signed". Please complete in full, do not cross out and write "See CV"

From			To			Reason for Gap	Comments
Day	Month	Year	Day	Month	Year		

Employment Record – Declarations

Have you ever been dismissed from a healthcare related role?		Are you currently the subject of an investigation / disciplinary proceedings?	
Are you currently the subject of a referral to a professional registration body (e.g. NISCC, NMC, HCPC, etc.)?		Are you currently the subject of a referral to the Independent Safeguarding Authority (ISA) as a result of misconduct involving Children and / or vulnerable adults?	
Have you previously worked for the NHS, Health & Social Care Trust or Apex Housing?		If yes, please give contact details for your most recent manager / supervisor	_____

Qualifications

Level of Qualification E.g. GCSE, A-Level, Degree	Date Taken	Subject Area	Grade / Result

Training Verification

Please record details of all your most recent training in the following areas. You must provide an original certificate for each subject completed.

Subject Area	Date	Subject Area	Date
Safeguarding Vulnerable Adults		Safer Manual Handling of Patients	
Protecting Children and Young Persons		Challenging Behaviour	
Infection Control		Administration of Medications	
HIV Awareness		Administration of I.V. Medications	
First Aid		Anaphylaxis	
Fire Safety		Hyponatraemia	
C.O.S.H.H.		Venepuncture	

Other Training *(please give full name of course and date)*

Name _____

(Please print)

Signed _____

Date ___/___/___

Professional References

MPA Recruitment requires a reference from your last or most recent employer. By professional we mean actual employers, not colleagues, so work addresses are essential. All references must relate to the care sector over the last five years. If you have left a job working with children or vulnerable adults, legally a reason must be given.

Referee 1

First Name _____

Last Name _____

Relationship _____

Company Name _____

Address _____

City / Town _____

County _____

Postcode _____

Work Phone _____

Mobile Phone _____

Fax _____

Email _____

Referee 2

First Name _____

Last Name _____

Relationship _____

Company Name _____

Address _____

City / Town _____

County _____

Postcode _____

Work Phone _____

Mobile Phone _____

Fax _____

Email _____

Emergency Contact Details / Next Of Kin

Contact Name _____

Relationship _____

Telephone No. _____

Occupational Health Questionnaire

Name _____

D.O.B ___/___/___

Job Title: _____

Contact No _____

	Yes	No	Details <i>(If YES you must include details, if date unknown please estimate)</i>
Have you ever been treated at a hospital for a serious illness or surgery?			
How much time have you lost from work due to illness in the last five years?			
Are you registered disabled?			
Were you ever diagnosed as dyslexic, dyspraxic or any related conditions?			
Were you ever diagnosed with aspergers or any related conditions?			
Have you ever required adjustments to help you undertake school or work tasks?			
Has anyone in your family or household had tuberculosis?			
Have you ever had Tuberculosis?			
Have you ever been tested for HIV?			
Have you ever lived abroad?			
Have you ever coughed up blood or had a persistent cough for more than 3 weeks in the last year?			
Have you had unexplained weight loss in the last year?			
Have you had unexplained fever, high temperature and/or night sweats?			
Do you smoke? How many per day?			
Do you drink alcohol? How many units per week?			
Are you receiving Medicines or prescriptions from your Doctor?			
Do you have any conditions other than those listed above which could affect how you carry out your assignment?			
Do you have any conditions which would make it difficult to undertake night work?			
Have you ever suffered from any of the following	Yes	No	Details <i>(If YES you must include details, if date unknown please estimate)</i>
Heart / Circulatory Illness / Hypertension			
Diabetes			
Asthma / Hayfever			
Bronchitis / Pneumonia / Pleurisy			
Tuberculosis			
Epilepsy / Frequent Fainting Attacks			
Severe / Frequent / Prolonged Headaches or Migraines			
Psychiatric Illness / Anxiety / Depression			
Dermatitis / Psoriasis / Eczema			
Allergies to rubber / latex or any drugs			

Back Injury / Back Pains			
Recurrent infections E.G sore throats / Ear Infections			
Have you ever suffered from any of the following	Yes	No	Details <i>(If YES you must include details, if date unknown please estimate)</i>
Hepatitis / Jaundice			
Chronic or recurrent diarrhoea / colitis			
Problems with your hands, arms, legs or feet which effect movement or normal use			
Any illness or disease that makes you more vulnerable to infection			
Chicken Pox (Varicella)			
Shingles			
German Measles (Rubella)			
Hepatitis			
Typhoid			
Dysentery			
Food Poisoning			
Have you ever been vaccinated, immunised or tested for the following	Yes	No	Details <i>(If YES you must include details, if date unknown please estimate)</i>
Tuberculosis (BCG)			
Mumps, Measles and Rubella (MMR)			
Hepatitis A			
Hepatitis B			
Hepatitis C			
Typhoid			
Tetanus			
Poliomyelitis			
Swine Flu			

DECLARATION

I declare that the forgoing statements are true and complete to the best of my knowledge. I am aware that I will be held responsible for the accuracy of this declaration and that if any answer is found to be false within my knowledge or any relevant fact has been wilfully suppressed any offer of employment will be withdrawn and should subsequent information come to light once they have been appointed then I will be liable for dismissal.

I understand that I may require further investigations and immunisations, the need for which will be explained to me by occupational health. I am aware as a worker in a healthcare environment that I have a legal duty and overriding ethical duty to protect the health and safety of patients and others. I understand that I must ensure that if I am aware that I have been exposed to HIV/AIDS infection I will seek immediate medical advice. I will follow client procedures regarding safeguarding of patients, colleagues and myself.

Name _____

(Please print)

Signed _____

Date ___ / ___ / ___

Keywords for Care & Support Workers

Please tick the areas that describe your work experience, please remember that you will be held professionally accountable

Specialism	Less than 6 months	More than 6 months	1 to 2 years	2 plus years
Arrange leisure activities				
Care course candidates				
Catering assistant				
Catheter care				
Challenging behaviour				
Collect prescriptions				
Control and restraint				
Dispense medication				
Domestic cleaning duties				
Escort duties				
Fluid charts				
Home care				
Hospitals				
Infection Control				
Laundry				
Learning disabilities				
Making and changing beds				
Mental health				
NNEB				
Nursing homes				

Specialism	Less than 6 months	More than 6 months	1 to 2 years	2 plus years
Nursing homes				
NVQ / QCF 2				
NVQ / QCF 3				
Observations				
Overall management responsibility				
Paediatrics				
Palliative care terminally				
Preparation of meals				
Pressure areas and sores				
Private homes				
Promoting continence				
Residential homes				
Schools				
Senior care				
Serving meals				
Student nurse				
Undertaking shopping				
Urinalysis				
Young client group 15 to 25yrs				

Keywords for Nurses

Please tick the areas that describe your work experience, please remember that you will be held professionally accountable

Specialism	Less than 6 months	More than 6 months	1 to 2 years	2 plus years
A&E				
Anaesthetic training				
Bereavement clinic				
Blood pressure				
Cardiac				
Cardiothoracic				
Care of the elderly				
Challenging behaviour				
Chemotherapy				
Chronic disease management				
Coil checks				
Community nursing				
Control and restraint				
COPD				
Day care centre				
Day surgery				
Dermatology				
Dressings				
Ear syringing				
ECG's				
ENB practice nurse certificate				
Family planning				
Flu vaccinations				
Gynaecology				
Haematology				
Health visitors				
High dependency unit				
Home care				
Hospices				
Hospitals				
In charge duties				

Specialism	Less than 6 months	More than 6 months	1 to 2 years	2 plus years
Injections				
Intensive care unit				
IT skills				
ITU psychiatric				
IV's				
Learning disability				
Leg ulcers				
Medical				
Mental health				
Midwifery				
Minor injuries				
Neurology				
Nurse practitioner RCN accreditation				
Nurse prescribing				
Nursing homes				
Occupational health				
Oncology				
Orthopaedic				
Out patients				
Palliative care				
Practice nurse				
Prisons				
Radiology				
Renal				
Residential homes				
School Nurse				
Smoking cessation				
Stoma care				
Surgical				
Theatre				
Treatment room				

Contract for Services for Temporary Workers

Contract for Services for Temporary Workers Between MPA Recruitment Ltd, acting as an Employment Business and herein after referred to as MPA.

1. These terms constitute a contract for services between MPA and the temporary worker and they govern all Assignments undertaken by the temporary worker. However no contract shall exist between MPA and the temporary worker between Assignments.
2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between MPA and the temporary worker. The temporary worker is engaged on a contract for services basis as a _____ and is required to make "statutory deductions from the temporary worker remuneration in accordance with clause 4.
3. No Changes will be made to these Terms, unless such changes are agreed with the Temporary Worker, set out in writing and a copy given to the temporary worker.
4. MPA agrees to offer to the temporary worker opportunities to work where there is a suitable Assignment with a hirer, (hereinafter called the Client) requiring such a worker.
5. MPA reserves the right to offer any Assignment to such temporary workers as it may elect where that Assignment is open to several temporary workers.
6. The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available, the suitability of the work to be offered will be determined solely by the Employment Business, MPA shall incur no liability to the temporary worker should it fail to offer opportunities to work.
7. MPA shall pay to the temporary worker remuneration calculated at the actual hourly rate notified on a per Assignment basis for each hour worked during an Assignment to be paid weekly in arrears, subject to deductions in respect of PAYE pursuant to sections 44-47 of the Income Tax (Earning & Pensions) Act 2003 and Class 1 National Insurance Contributions and any other deduction which MPA may be required by law to make. The hourly rate will be no less than the National minimum wage.
8. The temporary worker is under no obligation to accept any offer of an Assignment, but if he/she does so, he/she shall at all times when services are due to a Client comply with the following conditions:
 - a) Not to engage in any conduct detrimental to the interests of MPA.
 - b) To be present during the times or for the total number of hours during each day and/or weeks as may be agreed.
 - c) To take all reasonable steps to safeguard his/her own safety and the safety of any other person who may be affected by his/her actions at work.
 - d) To comply with all disciplinary rules or obligations in force at the premises where services are performed to the extent that they are reasonably applicable.
 - e) To comply with all reasonable instructions and requests within the scope of the agreed services made either by MPA or the Client.
9. At the same time as an Assignment is offered to the temporary worker, MPA shall inform the temporary worker of the identity of the Client and, if applicable, the nature of their business; the date the work is to commence and the duration or likely duration of the work; the type of work, location and hours during which the temporary worker would be required to work; the rate of remuneration that will be paid and any expenses payable by or to the temporary worker; and any risks to health and safety known to the Client in relation to the Assignment and the steps the Client has taken to prevent or control such risks. In addition, MPA shall inform the temporary worker what experience, training, qualifications and authorisation are required either by law or a professional body and that the Client deems necessary to work in the assignment. This information will be given to the temporary worker in written or electronic form no more than 3 days after being offered the assignment.
10. If, before the first Assignment or within the relevant period which is either; during the course of an Assignment, 14 weeks from the start of the first Assignment (each Assignment where there has been a break of 6 weeks since the end of the previous Assignment shall be considered a first Assignment) or 8 weeks from the day after the last day that the temporary worker worked on the Assignment, the client wishes to employ the temporary worker direct or through another employment business the temporary worker acknowledges that MPA will be entitled either to charge the client a fee or agree an extended period of hire, at the end of which the temporary worker may be engaged directly by the Client or through another employment business without further charge to the client. This also applies where the client introduces the temporary worker to a 3rd party who subsequently engages the temporary worker within the relevant period.
11. At the end of each week of an Assignment (or at the end of an Assignment where it is for a period of less than one week), the temporary worker shall deliver to MPA a timesheet duly completed to indicate the hours worked during the preceding week signed by an authorised representative.
12. Subject to clause 8.3 MPA shall pay the temporary worker for all hours worked regardless of whether MPA has received payment from the Client for those hours.
13. It is the temporary workers obligation to complete the timesheet and get an appropriate authorised signature – failure to do so may result in delayed payment.
14. The temporary worker will be paid weekly, one week in arrears.
15. There is no obligation by MPA to provide or the temporary worker to serve, any nominal number of hours in any day or week. The hours of work agreed for each Assignment will be stated on the contract for services. Failure to attend or leaving an Assignment for any reason without prior notification for any period will result in the automatic termination of the temporary workers contract for services.
16. There is no notice required for a) the temporary worker to terminate the employment and b) MPA to terminate the temporary workers employment. However, MPA will endeavour to give the temporary worker at least one days notice and would appreciate if the temporary worker would return this gesture.
17. MPA and the temporary worker agree that the nature of temporary work is such that there may be periods between Assignments when no work is available.
18. MPA may instruct the temporary worker to end an Assignment with a Client at any time.
19. If the temporary worker is ill or likely to be late, he/she must inform the branch by 8.30am. If he/she wishes to end an Assignment or needs to take time off, the branch must be contacted at least a week in advance.
20. If the temporary worker wishes to work more than 48 hours in a week, he/she is legally obliged to sign an 'opt-out' form. This document can be obtained from and must be retained at his/her local MPA branch. If you do not sign an Opt Out form, calculating the average weekly hours will be taken over a 17 week period and will start from the start date of the assignment.
21. All temporary workers are entitled to 28 days annual leave. This includes 8 nominated bank holidays. To claim this holiday pay the temporary worker must give 1 week notice to his/her MPA branch. This money is to be paid to cover time away from work for the purpose of annual leave and must not be claimed by the temporary worker or paid out by MPA for any other purposes. When a temporary worker leaves MPA and claims their P45, holiday pay will be paid into the temporary worker's nominated Bank/building society account on the day that the P45 is issued.
22. MPA temporary workers are entitled to all benefits associated with the temporary worker benefits, unless stated on their contract for services, after the relevant qualifying periods.
23. These Conditions of Work are governed by English law and the parties agree to submit to exclusive jurisdiction of the English Court

By signing this contract you also accept the conditions of work as stated above

Name _____
(Please print)

Signed _____

Date ____ / ____ / ____

Working Time Directive

The regulations say that on average you should not be asked to work more than 48 hours in each week, taken over a 17 week period.

By signing this Opt-Out Agreement, you will give yourself the power to decide how many hours per week you want to work. It gives you the right to plan your working week however you wish.

You are under no obligation to sign this form

Opt-out of a 48 Hour Working Week Agreement

The Opt-Out Agreement is made under the provisions of the Working Time Directive (WTD) 1998 and as such forms part of your Contract of Employment with MPA Recruitment.

- The WTD regulations ensures that the worker shall not work in excess of a 48 hour week, averaged over 17 weeks, unless they have agreed in advance to do so.
- With effect from the 17th December 1999, workers who sign an individual 48 Hour Opt-Out Agreement, need not have their working hours recorded for monitoring purposes.
- Any worker that wishes to withdraw their Agreement to an existing 'Opt-Out' may do so after giving appropriate notice to their employer

Declaration

I hereby agree to 'Opt-Out' of the 48 Hour Agreement as specified in the Working Time Directive.

I understand that if I wish to revoke this in the future, then I am required to give MPA Recruitment a minimum of 4 weeks' notice in writing.

Name _____

(Please print)

Signed _____

Date ___ / ___ / ___

Declarations

Because of the nature of the work for which you are applying, this post is exempt from provisions of Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order 1957). Applicants are therefore, not entitled to withhold information about convictions 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 and will be considered only in relation to an application for positions in which the Order applies, and should be entered at the end of any particulars you give in support of your application. A copy of our written policies are available upon request. A criminal record will not necessarily be a bar to obtaining a position.

MPA Recruitment complies fully with the Code of Practice, issued by the Department of Justice, in connection with the use of information provided to registered persons, their nominees and other recipients of information by Access NI under Part V of the Police Act 1997, for the purposes of assessing Applicants suitability for employment purposes, voluntary positions, licensing and other relevant purposes. We undertake to treat all applicants for positions fairly and do not discriminate unfairly or unlawfully against the subject of a Disclosure on the basis of conviction or other information revealed. A full copy of MPA Recruitment's policy on the recruitment of ex-offenders is available on request.

Convictions

Have you ever been convicted of a criminal offence? Yes No

Do you have any spent or unspent criminal convictions? Yes No

Any conviction, caution, reprimand will require a written statement of each and every event and how it does not affect your suitability for the role you are applying for.

Further Information

Have you supplied additional information with this application for any:

Spent / unspent convictions, cautions or reprimands? Yes No

Have you ever been involved in Court Proceedings? Yes No

I confirm that the information I have provided in support of this application is complete and true and understand that knowingly to make a false statement could be a criminal offence.

I consent to MPA Recruitment checking details I have provided in support of this application against the various data sources in order to verify my identity and process the application. These details may be recorded and used to assist other organisations, such as Access NI, NMC, Safeguarding Team, NISCC, etc.

I confirm that to the best of my knowledge the information given on this form is true and correct.

Name _____

(Please print)

Signed _____

Date ___ / ___ / ___

GP Medical Questionnaire

To be completed by the Applicant

Name _____

Date of Birth ___ / ___ / ___

Address: _____

Name of Doctor: _____

Reference Number: _____

To be completed by General Practitioner (Responsibility for any cost incurred in the completion of this form is assumed by the Applicant)

Has your patient ever had leg or back complaints which have resulted in time off work? Yes No

If "Yes", please specify: _____

Does your patient have hearing or sight defects? Yes No

If "Yes", please specify: _____

Has your patient have any history of Dermatitis, Urticaria or other skin disease? Yes No

If "Yes", please specify: _____

Does your patient have any allergies? Yes No

If "Yes", please specify: _____

Does your patient have any history of psychological illness, including eating disorders alcohol or substance abuse? Yes No

If "Yes", please specify: _____

Has your patient sustained any serious physical injuries? Yes No

If "Yes", please specify: _____

Does your patient, in your opinion, have any recurring health problems that would affect their employment as a _____ Yes No

e.g. Diabetes, Epilepsy, Blackouts, Arthritis, Ischaemic Heart Disease, Respiratory Disease, etc

If "Yes", please specify: _____

Has your patient had frequent or prolonged periods of absence from work due to illness? Yes No

If "Yes", please specify: _____

In your opinion, is your patient medically fit for work in the care sector? Yes No

If "No", please specify: _____

I verify that the above information is correct to the best of my knowledge

Please place surgery stamp here

Signed _____

Position _____

Date ___ / ___ / ___

Health Screening, Immunisation & Medical Examination Enquiry Form

To be completed by the Applicant

Name _____ Date of Birth ___/___/___
 Address: _____

Name of Doctor: _____ Reference Number: _____

I hereby give my consent for you to obtain the following information

Signed _____ Date ___/___/___

For completion by Occupational Health Department or GP

BCG Vaccination Date ___/___/___ Scar Present _____

Heaf/Mantoux Test (in past 5 years) Date ___/___/___ Result _____

Chest X-Ray Date ___/___/___ Result _____

Varicella History Date ___/___/___ Positive/Negative _____

Varicella Titre/Immunity Date ___/___/___ Result _____

MMR / MR

1st Vaccination Date ___/___/___

2nd Vaccination Date ___/___/___

Rubella Titre/Immunity Date ___/___/___

Diphtheria / Tet / Polio Vaccinations Date ___/___/___

Hepatitis B

1st Vaccination Date ___/___/___

2nd Vaccination Date ___/___/___

3rd Vaccination Date ___/___/___

Booster Vaccination Date ___/___/___

Anti-HBs Titre Result Date ___/___/___ Result _____

HBs Antigen Result Date ___/___/___ Result _____

Hepatitis C Screening Test Date ___/___/___

HIV 1 & 2 Screening Test Date ___/___/___

We would be most grateful if you would sign, date and stamp this form below

<p>I verify that the above information is correct to the best of my knowledge</p>	<p>Please place surgery stamp here</p>
<p>Signed _____</p> <p>Position _____</p> <p>Date ___/___/___</p>	

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

Personal Information			
Title	Surname	First names	DOB
Home Tel:		Work Tel:	Mobile:
Home Address:		GP Address:	

Medical History		
All staff groups complete this section		
	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

Medical History (continued)			
Have you suffered from any of the following?	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)			
clostridium difficile (C-Diff)			

If you have indicated YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned/rejected**.

Additional Information
(If you have answered yes to any questions above please provide additional information below)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	No	Date

BBV (Blood Borne Virus)		
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived continuously in the UK for the last year (Include Holidays/ Vacations)	<input type="checkbox"/>	<input type="checkbox"/>
If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes please state when	Date	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information (If you have answered yes to any questions above please provide additional information below)

Immunisation History			
Have you had any of the following immunisations	Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)			
Polio			
Tetanus			
Hepatitis B (If Yes is ticked please give dates below)			
Course:	1	2	3
Boosters:	1	2	3

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of “two” MMR vaccinations or proof of a positive antibody for Rubella and Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of Hepatitis B Surface Antigen Test (Inc. ‘e’ antigen and DNA viral loads if applicable Report must be an identified validated sample. (IVS)

Hepatitis C	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable) Reports must be an identified validated sample. (IVS)
HIV	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes	No

Recommendations	
I understand that if any recommendations to my employer are necessary as a result of this Assessment.	
I give consent for the Healthier Business UK Ltd to make recommendations to my employer, without me having seen a written copy of the recommendations first	<input type="checkbox"/>
I would like to see a written copy of any recommendations that Healthier Business UK Ltd may make to my employer before they are sent to my employer.	<input type="checkbox"/>

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	Signature	Date