



THE AGENCY
(MANCHESTER) LTD

Employment Application Form

Date:

Position Applied for:

Personal Details

Title:	MR / MRS / MISS / MS	D.O.B	
Forename:		Surname	
N.I Number			
Mobile:			
Email Address:			
Address:		Full UK Driving License YES / NO	

Next of Kin:		Relationship:	
Address:		Mobile:	

FOR NON-BRITISH AND NON-EC NATIONALS ONLY

Nationality:	Date of Entry into UK:
Do you require a work permit? YES / NO	Expiry Date:

Bank Details	Start Date:	Payroll No.
Employer	The Agency (Manchester) LTD	
PAYE reference	475/NB00398	
Bank Name:		
Account Number:		
Sort Code:		
Account Name:		

Employment (MUST include last 5 years of employment)

Current or most recent post first

Name & Address of Employer	Position	Dates (dd/mm/yy)		Reason for Leaving:
		From	To	

References

Give name, job title, relationship to referee and address to TWO people, who must know you well to whom a reference may be made. Referee 1 **MUST** be your present (or most recent) employer, Referee 2 **MUST** be from a previous employer (unless you have only one job, in which case this may be an education or character reference). If you have never held a job, educational and/or character references will be satisfactory. A character referee: must have known you well personally for at least two years; must not be related to you by birth or marriage: and must hold (currently or retired) some form of professional occupation or public office.

Referee 1	Referee 2
Name:	Name:
Job Title:	Job Title:
Relationship to referee:	Relationship to referee:
Address:	Address:
Post Code:	Post Code:
Tel No:	Tel No:
Email:	Email:

The Agency (Manchester) LTD

	YES	NO
Have you worked in a Care Home environment?		
Please list the Care Home's you have worked in:		
Do you have experience working with residents with dementia?		
Do you have another job or work for another agency, if so please list below:		
Do you have any religious beliefs that would stop your performing any duties?		
Are you happy to deliver personal care to both male and female residents?		
Have you attended a moving and handling physical course within the last 12 months?		
Have you used a hoist within the last 3 months?		
Would you be able to recognize the different hoist slings used and identify their purpose?		
Whilst working in the care home the management and senior members of staff have the ability to move you between any unit/floor they require, are you okay with this?		
You will be asked to fill in Care Plans whilst in the home, even though you are not permanent staff. Are you ok with this?		
Whilst working in the home, the manager can move you between any Unit/Floor they want, are you ok with this?		
If you are not confident or unsure of performing a certain task in the Care Home, what do you do?		
You are working a shift for us and you are running late to the shift. You MUST ring the Care Home direct to let the staff know you are going to be late. Are you ok with this?		
If when working alongside members of staff who work for the agency, if any concerns or observations are made, you are to report this direct to us. Are you okay with this?		
If you were to observe any kind of abuse of a resident, what actions would you take?		
Do you have an understanding of what 'Protection of Vulnerable Adults' is?		

Health Record:

Have you at any time, suffered from any of the following that required treatment?

MENTAL HEALTH PROBLEM:
(e.g. depression, anxiety, self-harm/injury)

NO: [] YES: []
Details: _____

BACK TROUBLES

NO: [] YES: []
Details: _____

ALLERGIES

NO: [] YES: []
Details: _____

SKIN COMPLAINTS/CONDITIONS
(e.g. eczema)

NO: [] YES: []
Details: _____

ILLNESS RELATED TO HEART OR LUNGS

NO: [] YES: []
Details: _____

Do you have any form of EPILEPSY
or DIABETES?

NO: [] YES: []
Details: _____

Please give details of any illness or
treatment/operation during the last year

NO: [] YES: []
Details: _____

At present, are you receiving any treatment
or medication of any kind?

NO: [] YES: []
Details: _____

Have you been overseas during the
past 6 months?

NO: [] YES: []
Details: _____

Do you smoke?

NO: [] YES: []

Have you seen your GP in the last
12 months?

NO: [] YES: []
Details: _____

Please state the last date of
VACCINATION or IMMUNISATION for:

Rubella: _____
Tetanus: _____
Hepatitis B: _____
Tuberculosis: _____
Poliomyelitis: _____
Any others: _____

I declare that to the best of my knowledge, and believe the information given is true.

Signature: _____

Date: _____

OFFICE USE ONLY

Is this person physically and mentally fit for the purpose of work? YES NO

Signed: _____



The Agency (Manchester) Ltd

CONFIDENTIAL

Health Assessment Questionnaire for Night Workers

Data Protection Information

The information that you supply on this questionnaire will be held in confidence by The Agency (Manchester) Ltd as part of your occupational health record. For full details of how your personal information is used by The Agency (Manchester) Ltd, please see the confidentiality statement.

The following medical conditions could possibly affect your health and ability to safely carry out night work or could be made worse by night work.

Do you suffer from any of these conditions?	Yes	No
a) Diabetes?		
b) Heart or circulatory problems?		
c) Stomach or intestinal problems, such as ulcers?		
d) Any medical condition which causes difficulty sleeping?		
e) Chronic chest disorders where night-time symptoms may be particularly troublesome?		
f) Any medical condition requiring medication on a strict timetable?		
g) Any medical condition where the timing of meals is particularly important?		
h) Any mental health problems which may be affected by night work?		
l) Any other medical condition which may affect your ability to work safely at night?		
j) Are you a new or expectant mother? (optional question)		
k) If you have worked at night before, did this cause any ill health?		

If 'yes' to any of the above, please give details i.e. when condition developed, is this new, how severe, its effect on you, how well controlled and treatment so far:

.....

.....

.....

Declaration

I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside The Agency (Manchester) Ltd, but an opinion about my fitness for night work will be issued to management.

Signed: Date:

OFFICE ONLY

Suitable to continue night working? Yes No

Signed: Date:

Home Office Circular HCC 102/88

All applicants must answer all questions on this form; failure to do so will render your application invalid. In accordance with the above circular, you are required to provide the following information which will be passed onto the Criminal Records Bureau to check the existence and content of any criminal record.

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 offender's act 1974 (exemptions) (amendment) order 1986. Applicants are therefore, not entitled to with-hold information about convictions, which for any other purpose are 'spent' under the provisions of care and in the event of employment, any failure to disclose such convictions would result in removal from our register.

Please note that this information will only be provided to and checked with CRM after a successful interview has taken place.

Have you ever been convicted of a criminal offence in the past?	YES / NO
Are you presently under police investigation?	YES / NO
Have you a Maiden Name?	YES / NO
Have you previously used or do you currently use a different surname?	YES / NO
Present Address:	
Previous Address: (must cover previous 5 years)	
Place of Birth:	
Date of Birth:	
What is your height (in CM):	
Colour of Eyes:	
Have you any identifying features:	

I consent to the above information being checked with the CRB and I am aware that any spent convictions will also be disclosed.

Signed: _____ Date: ____/____/____

Equal Opportunities

The Agency (Manchester) LTD Services aims to provide equal opportunities and fair treatment for all employees. All details are held in accordance with the Data Protection Act 1998.

This confidential information is provided voluntarily. The information will be used to provide an overall profile analysis of our employee base and will not be used to match candidate's needs with those of the Employers.

If you would like help in completing the form, please ask a member of staff. **(Please circle as appropriate)**

Asian	Bangladeshi / Indian / Pakistani / Any other Asian background
Black	African / Caribbean / Any other Black background
Mixed	White and Asian / White and Black African / White and Black Caribbean / Any other Mixed background
White	English / Irish / Scottish / Welsh / Any other White background
Other	Chinese / Any other Ethnic group
	Rather Not Say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effects on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

YES	NO	RATHER NOT SAY
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GENDER

TRANSGENDER

MALE / FEMALE	Rather Not Say	F to M / M to F
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Faith (please circle as appropriate)					
Christian	Catholic	Jewish	Muslim	Sikh	Buddhist
Hindu	Jain	Baha'i	Other	No Religion	Rather Not Say

What is 'Working Time'?
<p>The Working Time Regulations require the Agency management to ensure that its workers are not required to work more than an average of 48 hours per week, unless they have signed an 'opt-out' agreement beforehand.</p> <p>What is 'Working Time'</p> <p>The Regulations state that 'working time' is when someone is working at their employers' and/or agents' disposal and carrying their duties and activities.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Working lunches • Travelling to and from work assignments • Undertaking job-related training <p>This does not include:</p> <ul style="list-style-type: none"> • Routine travel between work and home • Rest breaks when no work is done • Time spent travelling outside normal working time • Training that is not related to your job • 'On-Call' time <p>You may wish to accept work assignments that amount to more than an average 48 hrs PW. If so, please sign and return the attached opt-out agreement which may be cancelled by you by giving one weeks' notice.</p> <p>Please note: the law prohibits you from being forced to sign an opt-out document. Any opt-out must be agreed to and workers cannot be fairly dismissed or subjected to detriment by refusing to sign an opt-out.</p> <p>Name: _____</p> <p>I agree that I may work for more than an average of 48 hours per week. If I want to end this agreement, then I must give one week's notice to my employer and/or my Agency.</p> <p>Signature: _____ Date: _____</p>

Agency Worker Acceptance
<p>I agree to The Agency (Manchester) Ltd Services sharing information about me with its Customers. I understand that only information which is relevant to my suitability to undertake assignments offered to me, will be disclosed. All other information retained by the Agency will be kept in accordance with the Data Protection Act 1988</p> <p>Signed _____ Position _____ Date _____</p>

Declaration				
<p>I declare that the information provided is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details.</p>				
<table border="1"> <tr> <td>Signature:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>	Signature:		Date:	
Signature:		Date:		



THE AGENCY
(MANCHESTER) LTD

Amendment to Contract

The Agency Manchester would like to exchange certain information that may be considered confidential whilst following GDPR guidelines. To ensure the protection of such information and in consideration of the agreement to exchange said information, the parties agree as follows:

The confidential information to be disclosed under this agreement can be described as and includes:

Information relating to the recruitment process as listed below:

- DBS Certificates
- Training Certificates
- Previous Work History
- References
- Right to Work Documents
- Health Information

3. This information will be shared with third parties such as HC-ONE and EQUILIBRIUM to comply with new booking systems and to enable yourself to cover shifts.

Such third parties have agreed in writing and in advance of this amendment that all personal information disclosed is bound by confidentiality terms.

Do you agree to the above agreement? Yes No

Printed Name: _____
Title: _____
Dated: _____
Signed: _____

Parkway House, Palatine Road, Northenden, Wythenshawe, M22 4DB

Email: admin@theagencymanchester.co.uk

Tel: 0161 359 4455

The Agency (Manchester) LTD – Code of Conduct Policy

The Purpose of the code of conduct policy is:

- To inform all staff under The Agency (Manchester) LTD of the company's expectations about their general conduct and approach to tasks.
- To emphasise the importance of a professional approach to clients and situations that staff may have to deal with.
- To inform staff that they must abide the content of this policy as a condition of their employment by The Agency (Manchester) Ltd.

Policy Content

You Must:

- Be aided by the content of this policy as a condition of employment with The Agency (Manchester) LTD. Repeated discretions will result in disciplinary procedures and ultimately being removed from The Agency (Manchester) LTD service file.
- At all-times remain professional during work. Regardless of the personal relationship that might have engendered from regular contact with service users, The Agency (Manchester) LTD staff must take specific care to keep the professional nature of the relationship intact in the working environment.
- Make effort to keep up to date with many changes in The Agency (Manchester) LTD's policy and procedures.
- Keep to the requirements of all policies and procedures and any other regulations that The Agency (Manchester) LTD may publish from time to time. This is a condition of employment with The Agency (Manchester) LTD.
- Respect the working practices and the demand of our service users.
- Always act with the best interests of the service user and The Agency (Manchester) LTD in mind.
- Always, when applicable, keep to the requirements of a care service plan at any circumstances.
- Always inform their immediate supervisor of any doubts or queries they have relating to their job function of their service user.
- Always allow choices and control for the service user on what is best for them. This includes both treatment and personal affairs.
- Ensure, in the unlikely event that a complaint may be reasonably called for, that the service user is made aware of The Agency (Manchester) LTD's complaint procedure and refer them to The Agency (Manchester) LTD's policy about complaints.
- Always inform The Agency (Manchester) LTD of any events that may lead to a complaint, or that may affect any other duties and obligations required by The Agency (Manchester) LTD's policies.

You Must Not:

- Arrive late for pre-assigned duties without providing The Agency (Manchester) LTD with a satisfactory explanation in advance.
- Inform client of any changes to their rota without having first confirmed the changes with The Agency (Manchester) LTD beforehand.
- Attempt to perform any duties of care or otherwise that falls outside their expertise and/or qualifications. Specifically, care assistance must not attempt to perform duties of nursing staff.
- Discriminate between people on the grounds of creed, colour, race, political preference, sexual preference, ethnic background, age, marital status, gender, or disability of whatever nature.
- Discuss the confidential affairs of The Agency (Manchester) LTD or the service user without written permission to do so. Staff may only be exempt from this requirement in cases where the law dictates otherwise or if silence may negatively affect the well-being of the service user.
- Do or say anything that may put the dignity or health of their service user at risk.
- Do, say or cause anything that may harm the good reputation of The Agency (Manchester) LTD.
- Do or say anything that may cause the staff or The Agency (Manchester) LTD's integrity to be questioned.

DECLARATION

I _____ hereby acknowledge that I have read, understood and are committed to comply with all the contents within The Agency (Manchester) LTD Services code of conduct policy.

Signed: _____ Date: _____

Job Description for Care Assistants and Senior Support Workers

Job Title: Care Assistant/Support Worker/Senior

Reporting to: *The Agency (Manchester) LTD*

Main Purpose

To assist in the provision of care and work as part of a team to achieve required standards. To ensure Clients retain their dignity and individuality. To be involved in the general activities of the Care Centre/Unit.

CARE

- Assist Clients in all aspects of their care needs (e.g. physical, emotional and spiritual). Provide attention when needed, whilst ensuring Clients retain their comfort and dignity.
- Pay particular attention to assisting Clients who have limited mobility, or physical/learning difficulties, making the best use of aids provided.
- Closely monitor Clients who may be confused and/or who have behavioral problems.
- Assist in the delivery of care for Clients who are dying or who have a progressive illness.
- Answer Nurse Call system, giving assistance as required. Answer the door and telephone appropriately. Respond accordingly, and pass on messages promptly.
- Make and change beds, ensuring that rooms are clean and tidy, and commodes are empty, in line with the Care Centre's disposal of waste policy. Ensure the Care Centre's resources are used appropriately.
- Ensure full privacy and dignity is maintained for the dying and the bereaved, in line with the Company's policies and procedures.

HEALTH & SAFETY:

- Report immediately to the Home Manager, or Person in Charge (also The Agency (Manchester) LTD, any illness of an infectious nature or accident incurred by a Client, colleague, self or another.
- Understand, and ensure the implementation of, the Care Centre's Health and Safety policy, and Emergency and Fire procedures.

I have read, acknowledged and understood the above:

PRINT _____

SIGN _____

DATE _____