



# NORTH WEST RECRUITMENT APPLICATION FORM



**Head office**  
67/69 Main Street  
Ballykelly  
Limavady  
BT49 9HS

**Belfast office**  
Jennymount Court  
North Derby Street  
Belfast  
BT15 3HN

**Omagh office**  
Lissan House  
41A Dublin Road  
Omagh  
BT78 1HE

**Enniskillen office**  
Unit 3  
48/50 Cornagrade Road  
Enniskillen  
BT74 6DX

**Recruitment office**  
19 Carlisle Road  
Derry/L'derry  
BT48 6JN

**Thank you for selecting North West Recruitment. To register with us you are required to produce the following documentation.**

1. Photographic identification – passport or driving licence valid for use in the UK
2. Non-European Union Citizen – your passport must contain the following status
  - Indefinite leave
  - Exceptional leave or remain in the UK are valid
  - Government stamps or endorsements confirming status are valid
  - Permission to work Visa/Students' Visa - must bring their passport, enrolment slips, college letter and valid ID
  - Proof of eligibility to work in the UK
  - Verification of language and communication skills necessary. We require IELTS score of 7 for all applicants who trained outside the EU or EEA
3. Contact names and business addresses of two referees, one at management level for whom you have worked during the past two years. In compliance with GDPR, please ensure consent for reference use is obtained
4. AccessNI disclosure form fee - £33. Documentation in accordance with AccessNI validation or you may apply online via a PIN notification and ID validation form
5. A pre-employment health assessment must be completed prior to appointment. Immunisation details and test results in accordance with DHSSPS guidelines must be completed and identify validated samples from a UK based laboratory. 5 yearly checks required or as per individual circumstances – Healthcare and nursing staff
6. Professional registration, revalidation and qualification checks. Evidence is required to ensure that you have the right qualifications to do the job. Copies of qualifications, NMC registration, certificates of training, mandatory training, professional development (originals required).
7. Care support staff registration with NISCC
8. Registered nurses evidence of NMC professional registration and validation of full details, qualification, professional/regulatory body (including dates of achievement)  
Midwives evidence of intention of practice and SAL  
Health visitors – professional registration in accordance with professional body
9. Proof of professional indemnity insurance is required
10. Details of valid bank account, in your name
11. Revalidation – all nurses must demonstrate revalidation to continue to practice. Evidence of revalidation and supervision will be part of North West Recruitment quality monitoring process

If your training requires updating, you must complete this training prior to North West Recruitment placing you applies to agency nurses and health care workers

North West Recruitment has a free monthly training plan. You can book training – ask our recruitment consultants for details

Name badges and uniforms will only be issued once the recruitment and training process has been completed

Please ensure that you bring all requested documentation with you when come for registration  
Our consultants will not be able to complete registration without them

## DECLARATION SUBJECT TO THE REHABILITATION OF OFFENDERS ORDER 1997

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, North West Recruitment is included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post. It is therefore necessary to ask the following questions: -

Have you at any time been convicted of a criminal offence YES  NO

Are you currently the subject of police investigations or do you have any prosecutions pending? YES  NO

List below details of **ALL** charges, prosecutions, convictions, cautions, bind-over orders – even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending:

**IMPORTANT: ALL CONVICTIONS MUST BE DECLARED, INCLUDING MOTORING OFFENCE**

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You cannot regard any conviction as being 'spent' as employment with North West Recruitment is exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. However, you are only required to disclose convictions that are not considered as 'protected' under the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979 as amended 2014. Convictions, including those that are conflict related, do not necessarily debar an applicant from obtaining employment. All appointments will be made based on the merit principle. A copy of North West Care's Recruitment and Selection Policy and the Criminal Record Procedure and Policy on the Recruitment of Ex-offenders is available on request from human resources.

I have read the information and I am aware that I am required to register online for an Enhanced Disclosure Certificate and when applicable provide identity documentation. I am also aware that if deemed suitable for appointment I will be required to pay an appropriate fee for a criminal record check and that this does not guarantee appointment. I declare that the information I have given is accurate and complete and I understand that any false statements or withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment. If I receive an offer of employment.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**HAVING A CRIMINAL RECORD WILL NOT NECESSARILY DEBAR YOU FROM WORKING WITH NORTH WEST RECRUITMENT. THIS WILL DEPEND ON THE NATURE OF THE POSITION, TOGETHER WITH THE CIRCUMSTANCES AND BACKGROUND OF YOUR OFFENCES OR OTHER INFORMATION CONTAINED ON A DISCLOSURE CERTIFICATE OR PROVIDED DIRECTLY TO US BY THE POLICE.**

### **POLICIES AVAILABLE ON REQUEST**

North West Recruitment has a policy on the Rehabilitation of Offenders and this can be made available. North West Recruitment has Policies on General Data Protection Regulations (GDPR), Recruitment and Selection, Secure Handling, Use, Storage and Retention of Disclosure Information and Applicant Private Notice and all are available.

North West Recruitment is fully committed to carrying out the criminal records check in accordance with the AccessNI Code of Practice which is available online at [www.nidirect.gov.uk/sites/default/files/publications/accessni-code-of-practice.pdf](http://www.nidirect.gov.uk/sites/default/files/publications/accessni-code-of-practice.pdf)

**NORTH WEST RECRUITMENT  
APPLICATION FORM  
AN EQUAL OPPORTUNITY EMPLOYER**

POST APPLIED FOR: AGENCY WORKER \_\_\_\_\_ Ref no: \_\_\_\_\_

**1. PERSONAL DETAILS**

Mr/Mrs/Miss/Ms  
\_\_\_\_\_

Citizen of EC Country YES / NO

Surname: \_\_\_\_\_

Non EC (please state): \_\_\_\_\_

Any former Surname: \_\_\_\_\_

Do you have access to a vehicle YES / NO

Forename(s): \_\_\_\_\_

Do you hold a full driving license YES / NO

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a disability as defined in the Disability  
Discrimination Act 1995? YES / NO

Postcode: \_\_\_\_\_

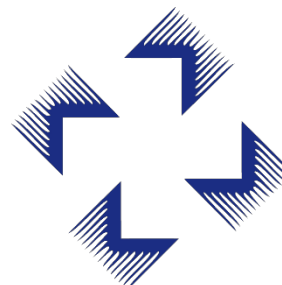
If yes, do you require special arrangements to be made  
when attending interview? YES / NO

Tel No Home: \_\_\_\_\_

Other contact no: \_\_\_\_\_

Email: \_\_\_\_\_

Do we have your permission to contact you via email  
I consent by providing my email address



**NORTH WEST  
RECRUITMENT**

## EDUCATION

Your result – General Certificate of Education/Leaving Certificate/Senior Certificate/General Certificate of Secondary Education, etc. – please specify

Awarding Body	Subject	Level	Grade	Year	Awarding Body	Subject	Level	Grade	Year

University Degree(s), Diploma(s), Technical Qualifications (or equivalent)

Qualification	University/College	Date(s)

## PROFESSIONAL QUALIFICATIONS

Name of Professional Body or Bodies	Intermediate with date and result	Final with date and result	Examinations yet to be taken

## TRAINING/COURSES ATTENDED

Please give details of any courses you have attended (with dates) and details of training and development received:

## PRESENT EMPLOYMENT DETAILS

Present or most recent employer:

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of post held:

Date appointed to this post from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ (date employment ended, if applicable)

Present salary:

Period of Notice required by present employer:

Brief description of current duties:

## EMPLOYMENT RECORD

Please list all positions held, beginning with the most recent and list all gaps in employment with an explanation

Name and Address of Employer	Title of post held and brief description of duties	Start date	Leaving date	Reason for leaving

Please continue on a blank sheet, if necessary

**OTHER INFORMATION**

Please state why you consider you are suitable for this position and give any additional information you wish to have taken into account in support of your application, including areas of care you are interested in

**EMPLOYMENT RECORD DECLARATIONS:**

- |  |          |
|--|----------|
| 1. Have you ever been dismissed for a healthcare related role  | YES / NO |
| 2. Are you currently the subject of a referral to a professional registration body (e.g. NISCC, NMC, HCPC, etc.)   | YES / NO |
| 3. Are you currently the subject of investigatory/disciplinary proceedings   | YES / NO |
| 4. Have you ever been or 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 | YES / NO |

**REFEREES:**

You will be required to submit the names of two referees who should have knowledge of your present or most recent work and be in supervisory/managerial capacity (relatives should not be named as referees). Please confirm that you will make your referees aware that you have provided their details and we will be contacting them

**PLANNED HOLIDAYS:**

For administrative purposes, please indicate planned holiday arrangements

FROM: \_\_\_/\_\_\_/\_\_\_

TO: \_\_\_/\_\_\_/\_\_\_

**AVAILABILITY TO WORK:**

DAY SHIFT     AFTERNOON SHIFT     EVENING SHIFT     NIGHT SHIFT

CASUAL     LONG DAY     FULL TIME     PART-TIME

**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 North West Care.

- 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 17 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 NWR notice in writing.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DECLARATION:**

I declare that the foregoing information is true and correct to the best of my knowledge and belief. I am aware that I will be held responsible for the accuracy of this declaration and I understand that the appointment, if offered, will be subject to the information given on this form being correct, and my acceptance of the terms and conditions of contract for services for the position available.

I agree that North West Recruitment can request an enhanced disclosure from AccessNI. I agree that I will ensure information management in accordance with General Data Protection Regulations (GDPR) 2018. I also understand and consent to a medical examination, if required to undertake such, the results of which must be satisfactory to ratify my appointment.



**TO BE COMPLETED BY: SUPPORT WORKERS, NURSING AUXILIARIES AND CARE STAFF**

Levels of Competence – Please tick box in accordance with your level of competency as indicated below:

1. No theory or experience or knowledge
2. Limited experience, no theory, needs supervision and/or support
3. Experience and understands theory behind procedure/task. Needs support and supervision to perform
4. Proficient and competent to work and perform independently in this area
5. Not applicable

**Personal hygiene:**

	1	2	3	4	5
Bath, shower, assisted wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of bath aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral care (including dentures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of feet (excluding toe nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/undressing of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of fingernails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Toileting:**

	1	2	3	4	5
Use of bedpans/commodos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recording of fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emptying of catheter bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of incontinent patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of stoma (established stoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Mobility:**

	1	2	3	4	5
Moving and handling of patients (Transfers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of hoists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving and handling course (Written evidence required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of glide sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of slings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Observations:**

	1	2	3	4	5
Temperature (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiration (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure/use of dynamo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse rate adults/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood sugar testing (evidence Reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Nutrition:**

	1	2	3	4	5
Meal preparation and food hygiene (written evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal time assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance of a dependent patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional charts completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**General:**

	1	2	3	4	5
Pressure care centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decontamination of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing of occupied bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of dying patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic duties (COSHH training evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting and recording incident/accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal reporting to team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation changes in client's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting abuse (written evidence) POVA/whistleblowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection control procedures (written evidence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR Adult (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR Children (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection control management (evidence required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Areas of Practice:**

	1	2	3	4	5
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day care settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other experience/skills/comments:

NISCC PIN NO: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

NVQ or equivalent evidence required

CERTIFICATE NO: \_\_\_\_\_

DATE AWARDED: \_\_\_\_\_

Please read and review the statement below: -

I agree that the information that I have given is true and accurate to the best of my knowledge

Signature:

Print name:

Date:

## TO BE COMPLETED BY REGISTERED NURSES ONLY – SKILLS PROFILE

Levels of Competence – Please tick box in accordance with your level of competency as indicated below:

1. No theory or experience or knowledge
2. Limited experience, no theory, needs supervision and/or support
3. Experience and understands theory behind procedure/task. Needs support and supervision to perform
4. Proficient and competent to work and perform independently in this area
5. Not applicable

### Administration of medicines: 1 2 3 4 5

Anaphylaxis Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of rectal and Vaginal preparations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topical application of prescribed Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of preparations/ Drugs via ear, eye, nose, inhalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytotoxic drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV rate calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringe drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous pressure Readings (CVP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemovigilance training (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Medication management: 1 2 3 4 5 (evidence required)

#### Administration of drugs by Oral

Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous infusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent infusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct injection bolus or push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparinization of IV cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of K+, NA or antibiotics to IV infusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency assessment desist (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Other: 1 2 3 4 5

Arterial lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting up for insertion of arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking blood samples from arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of arterial line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyponatremia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Total parental nutrition: 1 2 3 4 5

#### Care and maintenance of Enteral Feeding:

Training competency completed (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Orthopaedics:

Orthopaedics/fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halo traction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stryker frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Log roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care of patient with # NOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care of patient with # wrist/forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care of patient with # pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing care following joint replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient in Plaster of Paris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of pressure sores and preventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Gastrointestinal:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Respiratory contd:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Nasogastric tube insertion (evidence reqd)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suctioning tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Nasogastric tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changing tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managing drainage and tubing bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with abdominal wounds/drains e.g. gastronomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of ventilated patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre and post care abdominal surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtaining arterial blood gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre and post liver biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assisting with intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of enemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation care and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration of suppositories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Neurological:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Venepuncture training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological observations and assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannulation training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of patient with head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Renal:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Seizure care and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spinal cord injury care and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of unconscious patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suprapubic catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post lumbar Puncture management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrostomy tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder lavage and irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and management in the event of cardiac arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of patient with renal transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early warning score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cardiovascular:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Wound care and management:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Telemetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound care and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpretation of arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of sutures, staples and clips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defibrillation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assisting in insertion of pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of vacuum bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aortic balloon pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction in drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swanz Ganz catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and management of client with myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respiratory:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	Care and management of client CCF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and management of client post cardiac surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning Oropharyngeal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Suctioning endotracheal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Care and management of Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Changing dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

<b>Cardiovascular cont:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Care and management of client post cardiac catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Other skills/knowledge:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braden scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water low scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relieving equipment Mattress therapy system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and management of pressure sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional management and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bolton dementia scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Mental health/learning disabilities:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Care and management of patient with learning disabilities in mental hospital setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of patients in acute in-patient units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of patient in day care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and understanding of mental health order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special 1 – 1 supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control and restraint non-violent crisis intervention training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of patient with challenging behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of clients with eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of clients within forensic setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care and management of patient with addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Training completed:</b>	<b>Date</b>
Manual handling training	<input type="text"/>
CPR Adults – Basic life support	<input type="text"/>
CPR Children – Basic life support	<input type="text"/>
Protection of vulnerable adults	<input type="text"/>
Safeguarding and protection of children	<input type="text"/>
Infection prevention and control	<input type="text"/>

<b>Training completed:</b>	<b>Date</b>
Fire safety	<input type="text"/>
Safe transfusion practice Hemovigilance training	<input type="text"/>
Right patient right blood competency assessment desists	<input type="text"/>
Administration of intravenous medication	<input type="text"/>
Medication management training	<input type="text"/>
Venepuncture and cannulation	<input type="text"/>
Hyponatremia	<input type="text"/>
Anaphylaxis	<input type="text"/>
First aid	<input type="text"/>
Challenging behaviour	<input type="text"/>

Other training skills and experience

**Statement of Eligibility for Health Care Worker  
TO BE COMPLETED BY THE HEALTH CARE WORKER**

I confirm that I understand my obligations as a health care worker, and I undertake to comply with any guidance issued by any regulatory or professional body relevant to my post. I am aware that I must not allow my own health condition to endanger patients. I also confirm that I am not aware of having any medical disorder which would in any way restrict my clinical practice (including exposure prone procedures) or place patients at risk.

If I have travelled to a high risk country for a period of 4 weeks or more in the last 5 years I can confirm that I have had appropriate TB follow up screening.

I confirm I have not been the subject of any issues of concern or investigations of any form regarding my clinical performance.

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTERED NURSE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REGISTERED NURSES STATEMENT OF ENTRY CONFIRMATION**

All nurses who are registering with North West Recruitment must have at least 6 months post registration experience or evidence that mentorship is being obtained as per guidelines. You are required to renew your registration annually.

Please tick  the statement of entry that you are registered

**Registered Qualification**

Adult Nurse	RN1	Level 1	<input checked="" type="checkbox"/>
Adult Nurse	RNA	Level 1	<input type="checkbox"/>
Mental Health Nurse	RNMH	Level 1	<input type="checkbox"/>
Learning Disabilities Nurse	RN5	Level 1	<input type="checkbox"/>
Learning Disabilities Nurse	RNLD	Level 1	<input type="checkbox"/>
Children's Nurse	RN8	Level 1	<input type="checkbox"/>
Children's Nurse	RNC	Level 1	<input type="checkbox"/>

**Recordable Qualification**

Community Practitioner Nurse Prescriber	V100	<input checked="" type="checkbox"/>
Community Practitioner Nurse Prescriber (without SPQ or SCPHN)	V150	<input type="checkbox"/>
Nurse Independent Prescriber (extended formulary)	V200	<input type="checkbox"/>
Nurse Independent/Supplementary Prescriber	V300	<input type="checkbox"/>
Lecturer/Practice Educator	LPE	<input type="checkbox"/>
Teacher	TCH	<input type="checkbox"/>

**Nurses Part Register Sub Part 2**

**Sub Register**

Adult Nurse	RN2	Level 2	<input checked="" type="checkbox"/>
Mental Health Nurse	RN4	Level 2	<input type="checkbox"/>
Learning Disabilities Nurse	RN6	Level 2	<input type="checkbox"/>
General Nurse	RN7	Level 2	<input type="checkbox"/>
Fever Nurse	RN9	Level 2	<input type="checkbox"/>

Specialist Practitioner Adult Nursing	SPA	<input type="checkbox"/>
Specialist Practitioner Mental Health	SPMH	<input type="checkbox"/>
Specialist Practitioner Children's Nursing	SPC	<input type="checkbox"/>
Specialist Practitioner Learning Disability Nursing	SPLD	<input type="checkbox"/>
Specialist Practitioner General Practice Nursing	SPGP	<input type="checkbox"/>

**Specialist Community Health Nursing**

Health Visitor	RHV	<input type="checkbox"/>
Health Visitor	HV	<input type="checkbox"/>
School Nurse	RSN	<input type="checkbox"/>
School Nurse	SN	<input type="checkbox"/>
Occupational Health Nurse	ROH	<input type="checkbox"/>
Family Health Nurse	FHN	<input type="checkbox"/>
Family Health Nurse	RFHN	<input type="checkbox"/>
Specialist Community Public Health Nurse	RPHN	<input type="checkbox"/>

Specialist Practitioner Community Learning Disabilities Nursing	SCLD	<input type="checkbox"/>
Specialist Practitioner Community Children's Nursing	SPCC	<input type="checkbox"/>
Specialist Practitioner District Nursing		<input type="checkbox"/>

<b>Midwives</b> Midwife	RM	<input checked="" type="checkbox"/>
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**NMC PIN**

NMC PIN number

Expiry Date

I agree that the information I have given is true and accurate to the best of my knowledge. I am registered on the above parts of the NMC register. I accept that I must maintain registration with the NMC and maintain revalidation requirements to remain registered with North West Recruitment.

I agree that North West Recruitment can check my registration with the NMC as and when required. I have provided North West Recruitment with my original documentation for verification purposes.

## REGISTERED NURSE – EXPERIENCE AND PLACEMENT COMPETENCY

Levels of Competence – Please tick box in accordance with your level of competency as indicated below:

1. No theory or experience or knowledge
2. Limited experience, no theory, needs supervision and/or support
3. Experience and understands theory behind procedure/task. Needs support and supervision to perform
4. Proficient and competent to work and perform independently in this area
5. Not applicable

<b>Area</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Area contd:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Aesthetics/Cosmetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident and emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organ transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rapid Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Cather lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craniofacial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Theatres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telemetry units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tissue viability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genito-urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GMU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urology Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mental Health:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
General Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adolescent units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute Admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Challenging behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of older persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
euro/trauma/ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continuing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory medicine specialised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forensic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology/palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Learning Disabilities:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Older Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Midwifery:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Ante Natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Paediatrics:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
New born Neonatal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident and emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craniofacial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Paediatrics contd:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
General surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine/Metabolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neo Natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Other:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Health visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational health nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Preferred area of competence to be placed in:**

Please specify

**Area of placement:**

Are you prepared to take charge in a nursing home or residential setting? **YES**  **NO**

Previous experience banding **BAND** **5**  **6**  **7**  **8**

Other:

**Please read and review the statement below:**

I agree that the information I have given is true and accurate to the best of my knowledge.

I hereby agree that I can be placed in the areas whereby I score 3/4 and that I am proficient and competent to practice in this area.

REGISTERED NURSE SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



## NORTH WEST RECRUITMENT AGENCY WORKER HEALTH QUESTIONNAIRE

**Surname:** \_\_\_\_\_

**Forename(s):** \_\_\_\_\_

**Present address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Name and address of GP:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Medical History:** Please complete the following questions by ticking the appropriate box. If the answer is 'YES', give details including date, amount of time lost from work and treatment, as appropriate.

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES?	YES	NO	DETAILS
Visual defects/eye conditions including colour blindness			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorders			
Paralysis or other neurological disorders			
Fainting spells, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, dizziness or tinnitus			
Heart disease			
High/low blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Back injury, back pain, sciatica or lumbago			
Eczema, dermatitis, other skin conditions			
Allergies, e.g. hay fever, drugs			
Diabetes, thyroid or other gland problems			
Arthritis, rheumatism			
Varicose veins			
Any alcohol or drug related problems or illnesses			
Measles/German measles			
Tuberculosis			
Hepatitis			
HAVE YOU?	YES	NO	DETAILS
Ever undergone a surgical operation or been admitted to hospital for any reason			
Had more than 20 days sickness in the past two years			
Ever been or are a registered disabled person			
Had a chest x-ray in the past 12 months – if so, state place/date/result			
Ever undergone tests for HIV			
HAVE YOU EVER HAD ANY OF THE FOLLOWING IMMUNISATIONS			
EVIDENCE IS REQUIRED. PLEASE ENSURE GP REFERENCE IS COMPLETED	YES	NO	DATES
Tuberculosis – BCG			
Polio			
Diphtheria			
Tetanus			
Typhoid			
Rubella (German measles)			
MMR (Measles, Mumps and Rubella)			
Hepatitis A			
Hepatitis B			

PRESENT HEALTH STATUS	YES	NO	DETAILS
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker? If so, please indicate how many cigarettes you smoke daily			
Do you drink alcohol? If so, how many units per week?			
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any other relevant health problems?			
	<b>HEIGHT</b>		<b>WEIGHT</b>
What is your height and weight			

**DECLARATION:** I declare that, to the best of my knowledge, the information I have given is correct. I understand that I may be required to attend a medical examination. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

APPLICANT REF: \_\_\_\_\_

**EQUAL OPPORTUNITIES MONITORING**

North West 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. 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 of 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

1. **SEX** MALE  FEMALE
2. **MARITAL STATUS** SINGLE  MARRIED  OTHER

**3. COMMUNITY BACKGROUND**

- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant nor the Roman Catholic Community

**4. DISABILITY**

Do you consider yourself as having a disability YES  NO

**5. ETHNIC ORIGIN** (i.e. origin by birth, NOT NATIONALITY)

What do you consider your ethnic origin to be?

- White  Black African  Bangladesh  Mixed Ethnic Group
- Chinese  Irish Traveller  Pakistani  Black Caribbean
- Indian  Any other ethnic group  Please specify

**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 North West Recruitment Code of Practice.



## NORTH WEST RECRUITMENT AGENCY WORKER PRIVACY NOTICE

This Privacy Notice sets out what personal data we, North West Recruitment, hold about you and how we collect and use it during and after the recruitment process. It applies to anyone who is applying to work for us, as an agency worker. (Referred to as 'you').

Please note that we will not necessarily hold, use or share all of the types of personal data described in this Privacy Notice in relation to you. The specific types of data about you that we will hold, use and share will depend on the role for which you are applying for the purpose of recruitment services you have requested, the nature of the recruitment services, how far you progress in the recruitment process and your individual circumstances.

We are required by data protection law to give you the information in this Privacy Notice. It is important that you read the Privacy Notice carefully, together with any other similar or additional information that we might give you from time to time about how we collect and use your personal data.

This Privacy Notice applies from 25 May 2018, when the General Data Protection Regulation comes into force. It does not give you any contractual rights. We may update this Privacy Notice at any time.

### Who is the controller?

North West Recruitment is the "controller" for the purposes of data protection law. This means that we are responsible for deciding how we hold and use personal data about you, which you have provided.

Our Data Protection Manager is the Branch Registered Manager. As Data Protection Manager, they are responsible for informing and advising you about our data protection law obligations and monitoring our compliance with these obligations. They also act as your first point of contact if you have any questions or concerns about data protection.

### What is personal data?

**Personal data** means any information relating to a living individual who can be identified (directly or indirectly) in particular by reference to an identifier (e.g. name, NI number, agency worker number, email address, physical features). It can be factual (e.g. contact details or date of birth), an opinion about an individual's actions or behaviour, or information that may otherwise impact that individual in a personal or business capacity.

Data protection law divides personal data into two categories: ordinary personal data and special category data. Any personal data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, physical or mental health conditions, sexual life or sexual orientation, or biometric or genetic data that is used to identify an individual is known as special category data. (The rest is ordinary personal data).

### What type of ordinary personal data do we hold about you and why?

North West Recruitment collects and uses your personal information to perform the recruitment function/services that we operate. The personal data that we collect, and process will vary depending on whether you are a candidate, employee, agency worker, third party supplier\_candidate or client contact.

**North West Recruitment Candidate** - we collect, hold and use the following types of ordinary personal data about you. The personal data will/may be requested, stored, processed, used and disclosed by North West Recruitment to: -

- Evaluate data about you against vacancies that we have determine maybe be suitable for you. In line with the nature of recruitment services, we will keep your data on our database with your consent.
- Send you information to our clients to put forward as a candidate for vacancies or to assess your eligibility for vacancies that they may have with your permission. When your information is sent as a candidate to a client we will automatically ask for your permission in the first instance and notify you by email when this has been completed .We will notify you of which clients it has been shared and what for specific purpose so that you know where your data has been submitted.
- Permit your CV to be forwarded for on line vacancies
- Communicate with you about relevant job opportunities and agency worker vacancies.
- Where we have a bone fide requirement by law to disclose it to third parties in relation to the detection of crime, the collection of taxes or duties ,in order to comply with any applicable law and court orders
- Information contained in your application form, CV, or covering letter, including your name, title, contact details, employment history, experience, skills, qualifications/training (including educational, vocational, driving licences where appropriate), Publicly available information about you, such as your business social media presence
- Selection information, including correspondence, registration notes, the results of any written or online selection tests
- 

**We may collect, hold and use the following additional types of ordinary personal data about you: -**

- Pre-employment check information, including references and verification of qualifications
- Right to work checks and related documents
- Verification of professional registration

**We hold and use this personal data so that we can: -**

- Process your CV, application and correspond with you about it;
- Evaluate data about you against vacancies which we may have that we determine may be suitable for you.
- assess whether you have the required skills, experience, qualifications and training for a vacancy that may arise within

- the recruitment service;
- send your information to our clients to put forward as a candidate for vacancies to assess your eligibility for vacancies that we may with your permission;
- make informed recruitment decisions;
- verify information provided by you;
- check and demonstrate that you have the legal right to work in the UK;
- keep appropriate records of our recruitment process and decisions;
- when required with third-party where we or our client have engaged them to deliver services that have been requested these may include references, qualifications, criminal reference checking services and or medical questionnaires. You will be informed if these are part of the process and you have the option to decline.

### **What are our legal grounds for using your ordinary personal data?**

Data protection law specifies the legal grounds on which we can hold and use personal data. We rely on one or more of the following legal grounds when we process your ordinary personal data: -

- We need it to take steps at your request in order to enter into a contract with you (entry into a contract for services), because by applying for a service for a job with us you are effectively asking us to enter into a contract with you - a contract for services.
- We need it to comply with a legal obligation (legal obligation), e.g. the obligation not to recruit someone who does not have the legal right to work in the UK.
- It is necessary for our legitimate interests (or those of a third party) and your interests and fundamental rights do not override those interests (legitimate interest). For example, it is in our legitimate interests to review and consider your personal data (as listed above) so that we can select the most appropriate candidate for the position.

### **What type of special category personal data do we hold about you, why, and on what legal grounds?**

We will only collect, hold and use limited types of special category data about you during the recruitment, registration process, as described below.

Since special category data is usually more sensitive than ordinary personal data, we need to have an additional legal ground (as well as the legal grounds set out in the section on ordinary personal data, above) to collect, hold and use it. The additional legal grounds that we rely on to collect, hold and use your special category data are explained below for each type of special category data.

**At the initial stages of recruitment, we collect, hold and use the following special category data about you: -**

#### **Equal opportunities monitoring**

Equal opportunities monitoring data which could include information about your race or ethnicity, religious beliefs, sexual orientation or health. We use this information to report and monitor equality of opportunity and diversity in our recruitment process. Our additional legal ground for using this information is that it is necessary in the public interest for the purposes of equal opportunities monitoring and is in line with our Data Protection Policy.

#### **Adjustments for disability/medical conditions**

Information relevant to any request by you for adjustments to the recruitment process as a result of an underlying medical condition or disability. We use this information to enable us to carry out a fair, non-discriminatory recruitment process by considering/making reasonable adjustments to our process as appropriate. Our additional legal ground for using this information is that we need it to comply with a legal obligation/exercise a legal right in relation to registration – namely, the obligations not to discriminate, and to make reasonable adjustments to accommodate a disability – and such use is in line with our Data Protection Policy.

#### **Pre-employment health questionnaires**

In some instances depending on the vacancy we collect information about your health in a medical questionnaire, as well as any information about underlying medical conditions and adjustments that you have brought to our attention. We use this information to assess whether you are fit to do the vacancy with adjustments, to consider/arrange suitable adjustments and to comply with health and safety requirements. Our additional legal grounds for using this information are that: we need it to comply with a legal obligation/exercise a legal right in relation to services – namely, the obligation to make reasonable adjustments to accommodate a disability – and such use is in line with our Data Protection Policy; and it is needed to assess your working capacity on health grounds, subject to appropriate confidentiality safeguards.

#### **Criminal records information - Access NI checks**

We may request Enhanced criminal records checks from AccessNI. We use this information to assess your suitability for the role and verify information provided by you. Our additional legal ground for using this information is that you have given us your explicit consent to do so.

#### **Validation of professional registration**

In some instances depending on the vacancy we may require to verify your professional registration with relevant professional body.

#### **How do we collect your personal data?**

You provide us with most of the personal data about you that we hold and use, for example in your written application, CV by completing a registration assessments and during any interviews.

Some of the personal data we hold and use about you is generated from internal sources during the recruitment process.

Some of the personal data about you that we hold, and use may come from external sources. If we offer you a vacancy, we

will carry out pre-employment checks, such as taking up references from past employers we are advising you in advance that your referees must be informed in advance that their details are being given and permission sought or education providers and we may check your qualifications by contacting the awarding body. Depending upon the role, we may seek an Enhanced criminal record check from AccessNI. In some circumstances, we may ask the Home Office for information about your immigration status to verify your right to work in the UK.

### **Who do we share your personal data with?**

#### **Medical/occupational health professionals**

We may share information relevant to any request by you for adjustments to the recruitment process as a result of an underlying medical condition or disability with medical/occupational health professionals to enable us to identify what, if any, adjustments are needed in the recruitment process and, if you are successful, once you start work. We may also share details of disclosed medical conditions and/or answers to pre-employment health questionnaires with medical/occupational health professionals to seek a medical report about you to enable us to assess your fitness for the vacancy and whether any adjustments are needed once you register. This information may also be used by the medical/occupational health professionals to carry out assessments required by health and safety legislation. Our legal grounds for sharing this personal data are that: it is necessary for entry into a contract; it is in our legitimate interests to consider adjustments to enable candidates to participate fully in the recruitment process and to assess the fitness for work of candidates for whom we have offered assignments; and it is necessary to comply with our legal obligations/exercise legal rights in the field of AWR guidelines (obligations not to discriminate, to make reasonable adjustments to comply with health and safety requirements).

#### **Legal/professional advisers**

We share any of your personal data that is relevant, where appropriate, with our legal and other professional advisers, in order to obtain legal or other professional advice about matters related to you or in the course of dealing with legal disputes with you or other recruitment agencies or clients. Our legal grounds for sharing this personal data are that: it is in our legitimate interest to seek advice to clarify our rights/obligations and appropriately defend ourselves from potential claims; it is necessary to comply with our legal obligations/exercise legal rights in the field of assignments and it is necessary to establish, exercise or defend legal claims.

#### **Home Office**

We may share your right to work documentation with the Home Office, where necessary, to enable us to verify your right to work in the UK. Our legal ground for sharing this personal data is to comply with our legal obligation not to employ someone who does not have the right to work in the UK.

#### **Consequences of not providing personal data**

We only ask you to provide personal data that we need to enable us to make a decision about whether or not to offer you a role. If you do not provide particular information to us, then we will have to make a decision on whether or not to offer you a role without that information, which in some cases could result in us deciding not to recruit you. For example, if we ask you to provide a certificate verifying a qualification and you do not, we will have to decide whether to recruit you without that information. If you do not provide us with names of referees when asked, we will not usually be able to offer you the role. In addition, some of the personal data you provide to us is required by law. For example, if you do not provide us with the documentation we need to check your right to work in the UK, then we cannot by law complete the registration process.

If you choose not to provide us with personal data requested, we will tell you about the implications of any such decision at the relevant time.

#### **How long will we keep your personal data**

We will keep your personal data throughout the recruitment/registration process.

If your registration is successful, this Privacy Notice which will include information about what personal data we keep from the recruitment process and how long we keep your personal data whilst you are registered and after you have left.

In the fulfilment of some of our client's contracts we are required to process candidate CV'S and worker details in this case the data is processed is specifically for this client placement. If they are unsuccessful with their application, then the candidate details are removed from the system.

#### **Client contact**

To enable North West Recruitment to provide recruitment services to your Client we will process and store client contact details, which would include name, work contact details, assignment title and assignment activity history is also required for compliance with AWR. Once added to our contact database you can choose to opt out of automatic notifications or delete communications.

For North West Recruitment Agency Workers, additional personal data to candidate data may be required to facilitate assignments.

Please note your personal information will be stored at present within the European Economic area. However post Brexit if you do not agree with your personal data being stored outside the EU do not submit any data to North West Recruitment.

We will keep equality monitoring information for 3 years as required by legislation. There may, however, be circumstances in which it is appropriate for us to keep particular items of your personal data for longer. We will base these decisions on relevant circumstances, taking into account the following criteria: -

- the amount, nature, and sensitivity of the personal data
- the risk of harm from unauthorised use or disclosure

- the purposes for which we process your personal data and how long we need the particular data to achieve these purposes
- how long the personal data is likely to remain accurate and up to date
- for how long the personal data might be relevant to possible future legal claims
- any applicable legal, accounting, reporting or regulatory requirements that specify how long certain records must be kept

In all cases, we will not keep your personal data for longer than we need it for our legitimate purposes.

In the case of a merger, sale, liquidation, receivership or transfer of all the assets of our company in circumstances where the third party agrees the terms of this privacy policy. We will notify you of such circumstances and you have the opportunity to opt-out.

### **Will we keep your data on file**

We will use our best endeavours to guarantee that all personal data that you have submitted to us is maintained and up to date. However it is your responsibility to inform us of any changes to your personal data to ensure it is up to date.

Where we currently hold personal information about you, you may at any time request that we modify, update, erase or provide a copy of this information to you.

During the period that we have your personal data on file, you wish to apply for any particular vacancy that we have open, please do contact us to make us aware of this – particularly if it is not a close match with your previous experience or is in a different area of our business from a vacancy you applied for previously, as we may not otherwise realise that the vacancy would be of interest to you. We will only hold CV as long as necessary and for the period required by law.

We will also provide a reminder that you may at any time update and or erase the personal information we have about you. We may only refuse this request where we are legally obliged to do so and provide explanation of same.

If you change your mind about us keeping your personal data on file, you have the right to withdraw your consent at any time – see ‘Your Rights’, below.

### **Your rights**

You have a number of legal rights relating to your personal data, which are outlined here: -

- **The right to make a subject access request.** This enables you to receive certain information about how we use your data, as well as to receive a copy of the personal data we hold about you and to check that we are lawfully processing it.
- **The right to request that we correct incomplete or inaccurate** personal data that we hold about you.
- **The right to request that we delete or remove** personal data that we hold about you where there is no good reason for us continuing to process it. You also have the right to ask us to delete or remove your personal data where you have exercised your right to object to processing (see below).
- **The right to object to our processing** your personal data where we are relying on our legitimate interest (or those of a third party), where we cannot show a compelling reason to continue the processing
- **The right to request that we restrict our processing** of your personal data. This enables you to ask us to suspend the processing of personal data about you, for example if you want us to establish its accuracy or the reason for processing it.
- **The right to withdraw your consent to us using your personal data.** As described above, we do not normally rely on your consent as the legal ground for using your personal data. However, if we are relying on your consent as the legal ground for using any of your personal data and you withdraw your consent, you also have the right to request that we delete or remove that data, if we do not have another good reason to continue using it.
- **The right to request that we transfer** your personal data to another party, in respect of data that you have provided where our legal ground for using the data is that it is necessary for the performance of a contract or that you have consented to us using it (this is known as the right to “data portability”).

If you would like to exercise any of the above rights, please contact Registered Manager for the Branch, in writing. Note that these rights are not absolute, and in some circumstances, we may be entitled to refuse some or all of your request.

## **North West Recruitment Social Media Platforms Privacy Notice**

### **Cookies Policy**

#### **What is a cookie**

A cookie is a small piece of data that a website asks your browser to store on your computer or mobile device. Cookies make it easy for websites to collect precise user-specific information about their visitors. This generally makes it simpler for you to navigate the web and enjoy a personalised experience.

Many cookies do essential jobs. For example, authentication cookies identify who you are when you try to log into an account. Other types of cookies enable you to shop online, storing items as you add them to your virtual shopping basket.

#### **Types of cookie**

Cookies can be either temporary (session cookie) or permanent (persistent cookie).

Session cookies are stored in your device’s temporary memory – not on your hard drive – while you’re browsing a website. Usually these cookies are deleted when you close the browser. If you were to reopen the browser and revisit the website, the site would not ‘remember’ that you had visited previously. Session cookies remain active only until you leave a site.



Persistent cookies remain stored on your hard drive, persisting from session to session until you delete them, or they reach a set expiration date. Persistent cookies can store information such as log-in details, bookmarks, credit card details and preferred settings and themes - resulting in a faster and smoother web journey.

#### **How to control cookies**

You can control and/or delete cookies as you wish. You can delete all cookies that are already on your computer and you can set most browsers to prevent them from being placed. If you do this, however, you may have to manually adjust some preferences every time you visit a site and some services and functionalities may not work.

The cookies we use on our website can be grouped into four different categories.

**Strictly necessary cookies:** are essential in order to enable you to navigate around our website and use its features. Without these cookies, we would be unable to provide you with the services you have asked for.

**Functionality cookies:** allows our website to remember choices you make and help to provide an enhanced, more personal experience on our website.

**Performance cookies:** helps us improve our website and our online services. These cookies gather information about how our site is used, including which pages are visited most often. This helps us to provide a better user experience. These cookies are anonymous – which means that they won't collect information to identify you.

**Targeting & Advertising cookies:** are used to help us better understand our advertising campaigns and how we can make these more relevant to you. These cookies are also anonymous, they won't collect information to identify you.

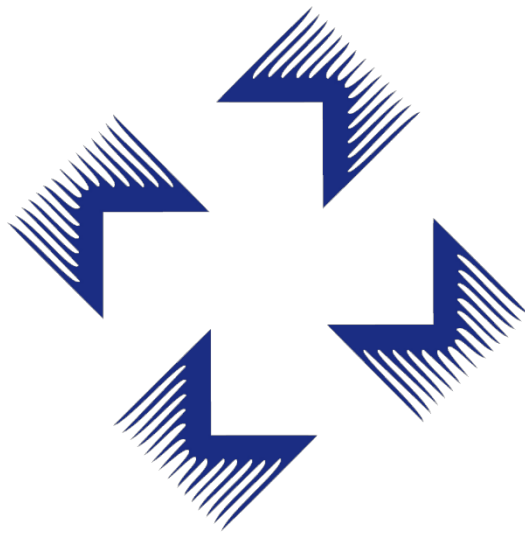
Our website can send cookies to your web browser if your browser's preferences allow it. Many websites do this whenever a user visits their website in order to track online traffic flows. Ireland's website, including the customer account portal, requires cookies to be enabled in order for the service to function properly. If you disable cookies, you may not be able to avail of some of our online services. If you use the website without changing your settings, we'll assume that you are happy to receive all cookies on the North West Care and Support Ltd website.

#### **Changes to our privacy notice**

We will occasionally update this privacy notice. We will post a notice of any material changes on our website prior to implementing the changes, and, where appropriate, notify you using any of the contact details we hold for you for this purpose. We encourage you to periodically review this notice to be informed of how we use your information.

If you have any questions or concerns about how your personal data is being used by us, you can contact Registered Manager, North West Recruitment - [info@northwestcareandsupport.com](mailto:info@northwestcareandsupport.com)

Note too that you have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues. Details of how to contact the ICO can be found on their website: <https://ico.org.uk>



# NORTH WEST RECRUITMENT