



# UNIVERSAL HEALTHCARE SERVICES LTD.

## APPLICATION FORM FOR ENTRY ON THE REGISTER OF PERSONNEL

Tel: 0208-801-6400

(PLEASE PRINT)

Fax: 0208-808-6630



**Nurses:** RNLD  RNSL  RHV  EN  RSCN  RFN  RM  RGN  RMN  RH  ENM  ENG  ENMH  RNMH   
Other:

**Qualified Social Workers:** CSS  DipSW  CRSW  CRCCYP  DTMHA  PCSC  ICSC  NVQ  PQS  AASW  ASW   
Other:

**Support Staff:** Support Worker  Carer  Kitchen Staff  Domestic / Cleaner  Driver  Other:

### PERSONAL INFORMATION

<input type="checkbox"/> Miss <input type="checkbox"/> Mr.	First:	Middle:
<input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Maiden:	Last:
<input type="checkbox"/> Ms.		
Marital status: Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth date: / /
Age:		
Email Address:	Mobile Phone No:	Home Phone No:
Address:		Post code:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	
Passport No.:	Passport Expiry Date: / /	
Home Office Ref:	NI No.:	
Work Permit Held:	Expiry Date: / /	Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:	Evidence of immigration status attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NMC Pin No:		
NMC Pin Expiry Date: / /	Trained in the UK <input type="checkbox"/> or Overseas <input type="checkbox"/>	

### BANK/BUILDING SOCIETY DETAILS

Bank name:	Account Name:
Sort code:	Account No:
Building Society Roll No:	
I authorise Universal Healthcare Services Ltd. (UHS / Universal) to pay my weekly earnings directly into the bank or building society account, details of which I have given above. I confirm that I will notify UHS in writing of any changes to these details.	
Signed:	Date:

### NEXT OF KIN & EMERGENCY CONTACT

Name:	Relationship:
Address:	
Telephone Numbers:	

### PROFESSIONAL INDEMNITY

Do you belong to a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	RCM <input type="checkbox"/> RCN <input type="checkbox"/> Unison <input type="checkbox"/> Name of Union:
Union Membership Number:	Membership Expiry Date / /
<b>FOR OFFICE USE:</b> PI Letter Signed/Sent? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATE:</b> <b>BY:</b>

### MISCELLANEOUS DETAILS

Student? Please give <u>name</u> and <u>contact details</u> of institution:	
What languages do you speak fluently?	Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing and able to do live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where do you wish to work? (London <input type="checkbox"/> /Country <input type="checkbox"/> ) state areas:
Do you hold a valid Driving License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own transport and are willing to use it for work purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLANNING YOUR INTERVIEW**

Please ensure you bring along originals of all required items on page 9 (the Check List) to your interview or induction.

Dates available for interview:	Date available to start work:
<b>References:</b> Two references are required, including your present or most recent employer ( <u>not colleagues, relatives or friends</u> ), whom we may approach for a professional reference. <u>If you have left a job working with children or vulnerable adults, a reason must be given.</u>	
Name:	Name:
Position:	Position:
Company Name:	Company Name:
Address:	Address:
Telephone:                      Fax:	Telephone:                      Fax:
Start date:                      End date:                      To date <input type="checkbox"/>	Start date:                      End date:                      To date <input type="checkbox"/>
How did you hear about us? <input type="checkbox"/> UHS Employee ( <i>name</i> ): Other ( <i>please state</i> ):	

**TRAINING, EDUCATION & RELEVANT EXPERIENCE** (please continue on a blank sheet if necessary)

**YOU SHOULD SUPPLY ANY CERTIFICATES SUCH AS NVQS OR DIPLOMAS, ETC. PLEASE NOTE THAT WE REQUIRE MANUAL HANDLING (M.H)/CPR CERTIFICATES THAT HAVE BEEN UPDATED IN THE LAST 12 MONTHS. IT IS A REQUIREMENT TO UPDATE M.H AND CPR ANNUALLY**

Do you have any experience and or training in the following? (*Please tick*)

- PERSONAL HYGIENE (WASHING/BATHING)  URINE-FAECAL INCONTINENCE (TOILET/COMMODE)  CATHETER   
 BOWEL MOVEMENT MANAGEMENT  CONVENE  SUPPOSITORIES  ALZHEIMER'S  SENILITY  SLIDING  
 BOARDS  MULTIPLE SCLEROSIS  HOISTS/LIFTING  CONTROL & RESTRAINT (BREAKAWAY TECHNIQS)   
 OTHER:

Please give details of any other relevant caring experience you have:

Please list any Medical/Caring/Nursing/First Aid Certificates or Qualifications you have, when and where you gained them

Qualifications	Institution	Date

List other academic qualification: i.e. GCEs, CSEs, GCSEs, Degrees, etc

Qualifications	Institution	Date

**EMPLOYMENT HISTORY** (please continue on a blank sheet if necessary)

Please give details of the jobs you have had over the last FIVE years (most recent first). All gaps in employment must be accounted for. Please do not cross out and write "See CV". PLEASE CONTINUE ON A BLANK SHEET IF NECESSARY.

Start date:	End date:	To date <input type="checkbox"/>	Start date:	End date:	To date <input type="checkbox"/>
Employer 1:			Employer 2:		
Position held:			Position held:		
Company Name:			Company Name:		

Address:	Address:
Telephone: Fax:	Telephone: Fax:
Main responsibilities:	Main responsibilities:
Start date: End date: To date <input type="checkbox"/>	Start date: End date: To date <input type="checkbox"/>
Employer 3:	Employer 4:
Position held:	Position held:
Company Name:	Company Name:
Address:	Address:
Telephone: Fax:	Telephone: Fax:
Main responsibilities:	Main responsibilities:

Have you ever been dismissed from any employment?  Yes  No. *If **yes**, please give details on a separate sheet.*

**MEDICAL HISTORY** (please continue on a blank sheet if necessary)

**Staff are required to complete this Health Declaration. Positive responses may not necessarily affect your application. Do you or have you any problem with any of the under noted. If YES please give details on a separate sheet.**

- A. Illnesses which have led to absence from work in the last three years  Yes  No
- B. Disabilities  Yes  No
- C. Currently taking medication for any mental or physical condition  Yes  No
- D. Refused employment due to mental or physical reasons?  Yes  No
- E. Smoking  or Drinking alcohol ? - Heavy  or Social / Occasionally ? None

	YES	NO	DETAILS (If YES you must include details, if date unknown please estimate)
Have you ever been treated at a hospital for serious illness or surgery? (please provide details)			
How much time have you lost from work due to illness in the last five years? (please provide details)			
Are you a registered disabled person? (please provide details)			
What is the date of your last chest x-ray?			
<b>Have you ever suffered from any of the following?</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS</b> (If YES you must include details)
Heart / Circulatory illness / Hypertension			
Diabetes			
Asthma / Hayfever			
Bronchitis / Pneumonia / Pleurisy			
Tuberculosis			
Epilepsy / Frequent Fainting Attacks			
Headaches / Migraine			
Psychiatric illness / Anxiety / Depression			

Dermatitis, Skin Sensitivity (Allergies) Psoriasis / Eczema			
Back Injury / Back Problems or Back Pains			
Recurrent Infections e.g. Sore Throats / Ear Infections			
Hepatitis / Jaundice			
Are you receiving Medicines, Pills or Tablets from a doctors or on Prescription?			
Do you have any other physical disabilities other than those listed above that could affect your ability to carry out your assignment?			
<b>Have you ever been Vaccinated, Immunized or Tested for / against any of the following?</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS</b> (If YES you must include details, if date unknown please estimate)
Varicella			
Tuberculosis including BCG			
Heaf, Mantoux or Tine			
Rubella (German Measles)			
Hepatitis B			
Poliomyelitis			
Hepatitis B Antibodies Date & Result			
HIV			
Tetanus			
Typhoid			
Any Other			

If you do not have vaccination information, please provide details of where we can request this information e.g. Hospital/GP/Occupational Health. The information on this form will remain confidential to the Personnel Department and will not be divulged to any other person(s), unless where required by law. I certify that the above information is correct and hereby give permission for a further report to be requested from my GP for clarification if required.

Please sign your approval for this request. Signed: \_\_\_\_\_ Date / /

GP/Medical Practice: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Your Height \_\_\_\_\_ Weight \_\_\_\_\_ Identifying marks/scars \_\_\_\_\_

Date of last **medical** examination: \_\_\_\_\_ Date of last **dental** examination: \_\_\_\_\_

Have you attended hospital as either an in-patient or out-patient during the last 5 years? YES  / NO

If **Yes**, please give details:

#### KEYWORDING FOR CARERS & SUPPORT WORKERS

**PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE. PLEASE REMEMBER THAT YOU WILL BE HELD PROFESSIONALLY ACCOUNTABLE**

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS	SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Catheter care					NVQ 1				
Arrange leisure Activities					NVQ 2				
Challenging Behaviour					NVQ 3				
Catering Assistant					NVQ 4				
Collect Prescriptions					Observations				
Care Course Candidate					Observations BP				
Control & Restraint					ODA / ODP				
Dispense Medication					Paediatrics				
Nursing Homes					Nursery Nurse				

Escort Duties				
Fetching Pensions				
Fluid Charts				
Home Care				
Hospitals				
Hotels				
Infection Control				
Kitchen Assistant				
Laundry				
Learning Disabilities				
Making and Changing Beds				
MAYBO Trained				
Mental Health				
NNEB				
Overall Management Responsibility				
Domestic Cleaning Duties				

Palliative Care Terminally Ill				
Preparation of Meals				
Pressure Area's and Sores				
Private Homes				
Promoting Continence				
Residential Homes				
Schools				
Senior Care				
Serving Meals				
Student Nurse				
Undergoing Adaptation				
Undertaking Shopping				
Urinalysis				
Washing Up Dishes				
Young Client Group 15 to 25yrs				

**KEYWORDING FOR TRAINED NURSES ONLY**

**PLEASE TICK THE AREAS THAT DESCRIBE YOUR WORK EXPERIENCE. PLEASE REMEMBER THAT YOU WILL BE HELD PROFESSIONALLY ACCOUNTABLE**

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
A & E				
Anaesthetic Training				
Ante Natal				
Baby Immunisations				
Bereavement Clinic				
Blood Pressure				
Cardiac				
Cardiothoracic				
Care of the Elderly				
Challenging Behaviour				
Chemotherapy				
Chronic Disease Management				
Coil Checks				
Community Nursing				
Control and Restraint				
COPD				
Cosmetic Surgery				
CSSD				
Day Care Centre				
Day Surgery				
Dental				

SPECIALISM	LESS THAN 6 MONTHS	MORE THAN 6 MONTHS	1 TO 2 YEARS	2 PLUS YEARS
Injections				
Intensive Care Unit				
IT Skills				
ITU Psychiatric				
IVs				
Learning Disability				
Leg Ulcers				
MAYBO Trained				
Medical				
Medical Assessment Unit/PAU				
Mental Health				
Midwifery				
Minor Injuries				
Minor Surgery				
Neonatal				
Neurology				
Nurse Led Asthma Clinic				
Nurse Led Cervical - Smears/Cytology				
Nurse Led Diabetes				
Nurse Practitioner RCN-Accreditation				
Nurse Prescribing				

Dermatology					Nursing Homes				
Dialysis					NVQ 3				
District Nursing					NVQ 4				
Dressings					Occupational Health				
Ear Syringing					ODP/ODA				
ECG's					Oncology				
ENB Practice Nurse Certificate					Ophthalmology				
Family Planning					Orthopedics				
Family Planning Practice Nurse					Out Patients				
Flu Vaccinations					Paediatric				
GU Med					Palliative care				
Gynaecology					Phelbotomy/Venupuncture				
Haematology					Phlebotomy				
Health Promotions					PICU				
Health Visitors					Practice Nurse				
Hepatitis B Vaccination					Prisons				
High Dependency Unit					Radiology				
High Vaginal Swabs					Recovery				
Home Care					Renal				
Hospices					Residential Homes				
Hospitals					SCBU				
In Charge Duties					Travel Clinic				
School Nurse					Travel Immunisations				
Scrub					Treatment Room				
Smoking Cessation					Urology				
Spirometry					Vascular Surgery				
Stoma care					Well Man Clinic				
Surgical					Termination Clinic				
Theatre					Other?				

### INTERVIEW QUESTIONS

Please give details of your personal goals:


Give details of any current studies being undertaken:


Your **Personal Statement**. Describe briefly your skills and experiences that are relevant to the role being applied for:


Why have you chosen to work with Universal Healthcare Services Ltd.?

### REHABILITATION OF OFFENDERS ACT

By virtue of the Rehabilitation of Offenders Act 1997 (Exemptions) (Amendments) Order 1986, the provisions of section 4.2 of the Rehabilitation of the Offenders Act 1974 do not apply to any employment which is concerned with the provision of health services and which of such a kind as to enable the holder to have access to persons in receipt of such services in the course of her/his normal duties. Your answer to the following question should include any 'spent' convictions. This may or may not affect your application.

**Have you ever been convicted of a criminal offence?** YES  / NO  If yes, please give details on a separate sheet.

**Have you instigated an A24 enhanced disclosure?** YES  / NO  If yes, please give details on a separate sheet.

With an Enhanced Disclosure, under Section 4.2 of the Rehabilitation of Offenders Act 1974 (Exemption Order), all previous cautions, warnings and convictions will always be detailed regardless of how long ago they occurred.

**DOH Circular (88/9) Protection of Children** requires us to carry out checks on police records for agency staff whose assignments will give them substantial access to children. Some branches also operate certain contracts whereby all Agency staff are required to have police checks.

**Do you agree that such checks may be made, concerning you, if required?** YES  / NO

**Do you have any spent or unspent criminal conviction?** YES  / NO  If yes, please give details on a separate sheet.

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

**Have you supplied additional information with this application for any spent/unspent convictions, cautions or reprimands?** YES  / NO

**Have you ever been involved in Court Proceedings?** YES  / NO

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH YOU THINK MAY BE RELEVANT IN SUPPORT OF YOUR APPLICATION ON A SEPARATE PAGE.

#### Declaration

The information that I have given in this registration form is, to the best of my knowledge, complete and accurate in all respects. I understand that knowingly giving false information will disqualify me from registration with UHS Ltd. and could be a criminal offence.

I consent to the UHS checking the details I have provided in support of this application against the various data sources in order to verify my identity and process this application. These details may be recorded and used to assist other organisations for identity verification purposes such as the CRB, regulatory bodies such as NMC or GSCC.

UHS retains the right to hold this application and any other data required to process this application (whether in the UK, European Union or elsewhere) and keep for as long as necessary in line with the Data Protection Act.

On a need basis, we may share the information on this application from (and as otherwise supplied to us) with other companies or Service Users in order to maximise your work opportunities or provide a Staff Profile.

**SIGNATURE :**

**DATE:**

### EQUAL OPPORTUNITIES

**Universal Healthcare Services Ltd.** believes, and always has believed, in the principle of equal opportunity in employment and pre-selecting applicants only on the basis of their qualifications and experience.

Our policy is not only to adhere whole-heartedly to the laws as outlined in the Race Relations Act 1976 and the Sex Discrimination Act 1975, but also to the spirit behind the laws prescribed. For the sole purpose of monitoring our Policy, please complete the following:

**Note:** Ethnic Minority questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic groups. UK citizens can belong to any of the groups indicated. Please tick:

**Age:** 16-24:  25-34:  35-44:  45-54:  55+:

**Gender:** Male:  Female:

**Gender Identity (optional):** If you identify as a transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? Transsexual  Transgender  Intersex

#### Ethnic Origin:

**White:** British  Irish  Other White

**Asian:** Bangladeshi  Indian  Pakistani  Other Asian

**Black:** African  Caribbean  Other Black

**Mixed:** White and Black Caribbean  White and Black African  White and Asian  Other Mixed

**Other:** Chinese  Other Ethnic Group  **Prefer not to say:**

**Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995?** Yes:  No:  Prefer not to say:

**Religion or Belief:** No Religion  Bahai  Buddhist  Christian  Hindu   
Jain  Jewish  Muslim  Sikh  Other  Prefer not to say

**Sexual Orientation:** Bisexual  Gay Woman/Lesbian  Gay Man  Heterosexual/Straight  Prefer not to say

#### STAFF CODE OF CONDUCT

Universal expects all her staff to abide by the following Codes of Conduct:

- 1 Badges to be worn at all times while at work
- 2 Flat and comfortable shoes preferably black to be worn at work within the client's premises. **(NO FLIP FLOPS, SANDLES, OPEN SHOES OR BOOTS).**
- 3 Uniforms to be worn by all staff while at work unless stated otherwise by Universal Client.
- 4 All staff should be smartly dressed (remember first impressions lasts), hair kept and finger nails kept shot
- 5 Mobile phones to be switched off while at work, unless on break.
- 6 Timesheets to be correctly and clearly filled, and signed after every shift by appropriate member of staff at the client's site.
- 7 UHS staff should not get involved with the client's internal politics, as they are directly answerable to Universal.
- 8 All incidents of harassment at work to be reported to Universal.
- 9 UHS' complaints procedure to be followed should there be a need for them to raise a complaint.
- 10 To regularly remind themselves of UHS' membership terms and conditions as they are signatories to it.
- 11 All staff to conduct themselves in a professional, confidential and appropriate manner at all times. Utmost courtesy and understanding must be shown to all service users, purchasers and other people with whom you will be working. Once staff accepts work, UHS expects it to be carried out. If a service user or purchaser is let down in any way a very serious view will be taken and removal from the UHS Register could result.
- 12 All staff must respect the rights of the service user and their individual needs in relation to culture, race, religion, gender and sexual identity (See UHS' Equal Opportunity Policy). The privacy of the service user must also be respected and at no time should staff take unauthorised persons or pets to the service user's home. If staff is found to be in breach of this rule they may be removed from the UHS' Register.
- 13 UHS' Policy regarding the use of service user's or purchasers telephone; smoking in service user's or purchaser's home; receiving gifts and involvement in will-making can be found in Health and Safety Procedure Manual, and the Care Hand Book. Staff must always adhere to these policies and where staff is found not complying with these policies, he or she may be removed from the UHS' Register.

UHS Ltd monitors the effectiveness of the code of conduct by various means, such as spot checks by a UHS manager, staff supervision and monitoring the outcomes of the standards through questionnaires, interviews, analysis of complaints, comments and compliments received from the clients.

In addition to complying with the Conditions of Membership, UHS Operational Policies and meeting our general expectations of members, you should also comply with policies and procedures of the establishment in which you are working.

#### OTHER REGISTRATION REQUIREMENTS

Applicants to join UHS may be invited from any person over the age of 18 years old, without restriction to take up paid employment. Previous experience is not always essential as UHS provides training. However, the absence of suitable experience may well be an initial barrier to certain types of work being undertaken by the staff.

All applicants must qualify the following criteria for them to be registered.

- Ability to communicate in English orally and in writing
- Ability to read
- Evidence of fitness to perform care work
- Sympathy, understanding and acceptance of the need for providing care of the highest standard
- A caring attitude which is respectful of the needs of others
- Appearance and personal hygiene appropriate to the status of Care Worker or Nurse.

Applicants are required to provide the following documents for them to be registered (which get copied and filled for future reference):

- 2 Passport size photographs
- Proof of Identity (i.e. passport)
- National Insurance card or a payslip stating your National Insurance Number and Bank Details
- If qualified Nurse: UKCC Pin Card and original statement of entry onto the register. (Nurses only)
- Professional Certificates – DIPSW, COSW, NNEB, BTEC, NVQ, etc
- Short Course Certificates – including Moving & Handling etc
- Work Permit / Visa documentation
- Hepatitis B Status
- Two professional references, indicating work address
- Criminal Records Bureau (CRB) checks
- If a student – confirmation from your educational establishment of your studentship.
- Documentation to cover any significant gaps in employment, travel tickets etc

**CHECK LIST OF REGISTRY REQUIREMENTS**

We need the following to deal with your application:

- |                            |            |                   |                              |                             |
|----------------------------|------------|-------------------|------------------------------|-----------------------------|
| • Personal Details         | (pgs 1-3)  | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Health Questionnaire     | (pgs 3-4)  | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Data Protection Act 1998 | (pg 9)     | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • CRB                      | (pg 7 & 9) | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Equal Opportunity Policy | (pg 7-8)   | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Staff Code of conduct    | (pg 8)     | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Registry Requirements    | (pg 9)     | Details provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

We accept photocopies of some documents but, **originals must be provided at your interview / induction or by post.** It is your responsibility to inform us of any changes in your circumstances or information herewith provided.

**PLEASE PROVIDE DETAILS OF YOUR USUAL AVAILABILITY BELOW:**

	Day Shift	Night shift
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**DATA PROTECTION ACT 1998**

In accordance with the Data Protection Act 1998, there is personal data on your application form, which is classified, as "sensitive."

This "sensitive personal data" will be processed for recruitment purposes and will also be ethnic monitored and processed for statistical purposes. Please sign below to consent to your "sensitive personal data" being processed

Your application form will be kept securely within the Personnel Department. All staff within the Personnel Department are mandated to respect the need for security and confidentiality.

Your application form will be retained for a period of six months. However if you have been successful your application will be retained on your personnel file.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION**

I declare that the information given in this application form is true and complete to the best of my knowledge and belief. I have read and understood the Terms of Engagement and Staff Handbook given to me. I agree to comply with the current Health & Safety at Work Act. I understand that my appointment is subject to the receipt of a minimum of two satisfactory references and is subject to Enhanced CRB Disclosure, renewable annually.

I authorise UHS to make any other enquiries they may feel necessary to support my application. I acknowledge I have read and understood UHS' Staff Code of Conduct and will adhere to all of the above.

I agree to respect the confidentiality of patients and clients and any other information I may have access to at all times.

I hereby give permission for UHS to allow access, as a minimum, to my personnel files as part of any official audit, or client compliance purposes. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

**This application form forms the basis of a legally binding Service Contract between UHS and the successful applicant.**

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## UNIVERSAL HEALTHCARE SERVICES – WORKING TIME REGULATION

The Regulations state that you can only work a maximum of 48 hours per week (averaged out over a reference period).

It is the Company's aim to work towards a maximum 48 hour average working week for our Management and Full-time Staff. We know this is not achievable every week and that by virtue of our business, peak business periods will create a need for working time in excess of 48 hours for many.

Whilst we are committed to complying with the legislation, we recognize that a number of our employees will want to work more than 48 hours per week (dependent upon the needs of the business).

If you want to make yourself available to work in excess of 48 hours on a regular basis (dependent on the needs of the business), you **must** complete and sign the Voluntary Opt-Out Notice below and return it to your Line Manager. Should you require clarification on any point, please speak to your Line Manger before signing. Do not forget the decision is entirely yours.

### Voluntary Agreement

#### TO OPT-OUT OF THE WORKING TIME REGULATION OF A MAXIMUM WORKING WEEK OF 48 HOURS

Employee No.: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

I am aware that the Working Time Regulations state that the average working time (over a reference period) for each seven day period must not exceed 48 hours.

I have read and understood the Universal Healthcare Services (UHS) Ltd. OPT-OUT OF 48 HOUR WORKING WEEK AGREEMENT as described in Policies and Procedures herewith attached and I hereby consent that the working week limit shall not apply to my assignments. I understand that I can end this agreement by giving UHS 3 months notice in writing.

I understand that this agreement does not affect any other terms and conditions of my employment and will continue to apply indefinitely unless I exercise my right to opt back into the limit on working time by giving 3 months notice, in writing, to end this agreement.

Signed: \_\_\_\_\_  
(Employee)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Universal Healthcare Services Ltd.)

Date: \_\_\_\_\_

N.B. This form MUST be retained on the employee's personal file.

For further info: [http://www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG\\_10029426](http://www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG_10029426)

[WWW.UHS-LTD.COM](http://WWW.UHS-LTD.COM)

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND ALL REQUIRED ATTACHMENTS  
(SEE CHECK LIST OF REGISTRY REQUIREMENTS, PAGES 8 & 9) TO:**

RECRUITMENT  
UNIVERSAL HEALTHCARE SERVICES LTD.  
UNIT 128, TUDOR LEAF BUSINESS CENTRE  
2-8 FOUNTAYNE ROAD  
LONDON  
N15 4QL

OR

EMAIL: [JOBS@UHS-LTD.COM](mailto:JOBS@UHS-LTD.COM)