

Nurse Applicant Details

(please fill out in block capital letters)

Name:		Current Salary:	
DOB:	NMBI No:	EU <input type="checkbox"/>	Non-EU <input type="checkbox"/>
Address:			
Email address:		Transport:	Gender:
Phone:	Mobile:	PPS:	
Next of Kin Relationship & Contact details:			
Qualifications(Circle appropriate): RGN RCN RM RNID RPN			
Education			
Nurse Training:		Dates:	
Post Grads:		Dates:	
<i>Please continue on additional sheet if required</i>			
Employment History & References <small>We require names & contact details of your referees from your current or most recent employer, must be CNM1 level or higher.</small>			
1. Name of referee & Title:		Employment Dates:	Position:
Address:			
Reason for leaving position		Email:	
2. Name of referee & Title:		Employment Dates:	Position:
Address:			
Reason for leaving position		Email:	
3. Name of referee & Title:		Employment Dates:	Position:
Address:			
Reason for leaving position		Email:	
4. Name of referee & Title:		Employment Dates:	Position:
Address:			
Reason for leaving position		Email:	
<i>Please continue additional referee details on another sheet if required</i>			

Nurse Competency		Please indicate (1) Performs well with min 1 yrs exp. (2) Limited experience. (3) No experience
Cardiology	Cardiac Failure	Unstable Angina
	Pre & Post Coronary Angiography	Pre & Post Coronary Angioplasty
Cardiac Surgery	Pre & Post Cardiac Surgery	Pre & post Valve Surg
Medicine	Respiratory	Dermatology
	Neurology	Insulin dependent diabetes
	Diabetes	Gastroenterology
Surgical	General	Urology
	Plastics	Ophthalmic
	Vascular	Orthopaedic
	Gynaecology	
Oncology	Radiotherapy	Chemotherapy
	Neutropenic Isolation	
Others	Tracheostomy Care	Ventilated Patients

I give Xtra Nursing Agency permission to contact me by phone, email or text with regards to:

- * Accounts e.g. Payslips, Timesheets, Tax etc.,
- * Human Resources e.g. Training Programmes, updates, registration & application process etc
- * Bookings/Operations e.g. Shift details, Client policies (parking/infection control/uniform) etc.
- * Recruitment: Temporary and Permanent Roles Available
- * Other important communications as deemed necessary by our Management Team
- * A soft copy of your file is kept on Xtra Nursing Agency scanning system.
- * To request Nurse on Call agency to share my documentation with Xtra Nursing Agency.

I give Xtra Nursing Agency permission to seek references on my behalf.

If you have left the company and wish to opt out of receiving emails/texts, please email info@xtranursingagency.ie

Signature: _____

Date: _____

Print: _____

Criminal Declaration

I, _____ of _____, _____
(Name) (Address) (DOB)

- No - I have no previous convictions or pending cases against me.
- Yes – If yes please contact our HR Department info@xtranursingagency.ie

HEREBY DECLARE that:

I have never been arrested for, or convicted of, any offence or crime (other than an offence under road traffic legislation), either in Ireland or in any other state;

I have never been the subject of a pardon or amnesty or other similar legal action in respect of any offence or crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I have never unlawfully distributed or sold a controlled substance (drug);

I am not currently nor have I ever been to my knowledge under investigation by the Garda Siochana / Police force of any state in relation to the commission of a crime (other than an offence under the road traffic legislation for which a penalty of imprisonment is not enforceable);

I am not currently nor have I ever been the subject of disciplinary action by any professional or statutory body with responsibility for regulation of nursing or medical professions.

I hereby authorise the Hospital and / or its relevant authority to make enquiries, for the purpose of verifying any part of this declaration, with An Garda Siochana and / or the regulatory body of nursing or medical professions of any state. This data will be processed by the Hospital and the Agency in accordance with the Data Protection Acts, 1988 and 2003. I confirm that I will inform Xtra Nursing Agency of any convictions, pending or otherwise that occur after the date of signing this document and I accept that I am obliged to do so.

Signed _____ Date _____

I give my permission to Xtra Nursing Agency to give copies of relevant documents to the relevant appraisal bodies including the Hospital or any other Worksite for Auditing purposes or recruitment.

I give permission to Xtra Nursing Agency to give my timesheets to Clients for auditing purposes and for the purpose of verification of signatures and to authorise payment

Are there any fitness to practise issues with your nursing registration? NO YES

Signed _____ Date _____

Working time Regulations

The European Union has laid down guidelines for all workers governing the length of the maximum working week, which it is deemed safe to work. The current limit is a maximum average net weekly working time of 48 hours per week over a period of 4 months. Copy of Working time Regulations Act is available to you upon request.

I confirm that I have read and understand the information regarding the working time regulations and it is my responsibility to adhere to same

Signed _____ Print Name _____

Date: _____



REF NO: _____

Confidential Disclosure Agreement

**Confidential Disclosure agreement between Xtra Nursing Agency, 17 Montague Street
Dublin 2, D02 TR72**

And

All Nurses who carry out assignment/shifts or work in Placement Locations, All Hospitals, Nursing Homes, Private Home or any other Location.

I the undersigned shall regard as confidential and shall not disclose to any person, other than a person authorised, any information acquired by me concerning the placement locations, its staff or procedures; concerning the identity of any patient at placement locations or concerning the medical condition of or treatment received by any such patient. I undertake never to discuss patients, their families or otherwise with anybody other than an authorised person.

I accept that any breach of confidentiality may be pursued through the legal system or in the case of a nurse may be referred to "fitness to practise" within NMBI.

I undertake and accept that it is my responsibility to ensure Manual Handling, CPR, MAPA, Children First, Elder Abuse, Infection Prevention and Control courses are kept up to date at all times. I am also aware that I am personally responsible for ensuring that I am immunized against Hepatitis B and Varicella (chicken-pox) and Tuberculosis. I will keep a regular check on my antibodies level and undertake that I will not put anyone at risk by not doing so.

I undertake and accept that Garda Vetting is carried out by Xtra Nursing Agency. I also undertake to inform Xtra Nursing Agency immediately if any new court case proceedings are commenced or convictions recorded against me. I declare that I will never make myself available for work if I am sick or if I am on sick leave from any other establishment.

I undertake and agree to inform Xtra Nursing Agency immediately if I come in contact with any clinical risk or if I pose a risk to patient or staff safety. I am aware of my obligations under the Working Time Act and I am also aware that if I am employed by another authority that they will be informed that I am seeking extra hours with Xtra Nursing Agency.

I understand and accept when I am placed in a hospital/or any location that I am not considered an employee of that hospital/Xtra Nursing Agency or of any other location at any time irrespective of how ever long I may be placed there. I accept that I will at no point become an employee of the Xtra Nursing Agency or any Hospital/Worksite where I am assigned by Xtra Nursing Agency irrespective of however long I am placed there, but the Hospital/Worksite will provide supervision and I will be under their direction and control for the duration of the shift. I am also aware that my main employer has the right to ask Xtra Nursing Agency for a list of my hours worked with Xtra Nursing Agency. I am aware that Xtra Nursing Agency cannot guarantee shifts and that the rates may vary from Client to Client and Xtra Nursing Agency do not set the rates but will endeavour to get the best possible rates available. I understand that if I secure a job with any location I am placed in Xtra Nursing Agency will charge the client a recruitment fee.

I accept that if there are any disputes of any nature that they will be dealt with by Xtra Nursing Agency and not by the Hospital/Worksite where I am placed. I understand and accept that Xtra Nursing Agency has the right to relocate me at any time.

I, the undersigned shall regard as confidential and shall not disclose to any person any information regarding Xtra Nursing Agency, its staff, its clients or procedures to any unauthorised person.

Signed: _____

Print name: _____

Date: _____



Ref No: _____

Xtra Nursing Agency

PERSONAL DETAILS

Nurse Name: _____

Name registered with Revenue
(if different from above) _____

Nurse Address

Nurse Tel. No: _____

PPS No: _____

BANK DETAILS

Bank Account Name: _____

Bank Account Address: _____

Bank Account No: _____

Sorting Code: _____

Required documents for new Agency Applicants

The following documents & information are required to be submitted. Don't worry if you do not have all of the below, we can always book you into any courses if required. Most nurses are working within a couple of days if they have the majority of the undernoted with them when they come in. If you have any other queries, please do not hesitate to contact Xtra Nursing Agency

- Completed application form
- Copy of Current registration with NMBI
- Passport
- GNIB Card & Visa (if applicable)
- Copy of CV
- 3 names & contact details of referees.
- Manual Handling, CPR, NVCIT, Infection Control & Elder Abuse Certificates
- Occupational Health Report, Hep B titre level, Hep C (blood screening) proof of immunity for MMR & Varicella + BCG scar (if not visible mantoux or quantiferon test)
- Copy of any additional Nursing Certificates i.e. ICU, A & E, IV Policy
- Proof of Incremental experience (Recent payslip form HSE or HSE funded Hospital acceptable as proof, alternatively statements of service from previous employers)

Call our office:

Dublin, 17 Montague Street, Dublin 2 D02 TR72

Phone: (01) 5685178 Fax: (01) 5325940

Interviews Mon – Fri 8.30am-5pm (excluding bank holidays) No appointment necessary.

Please check our website www.info@xtranursingagency.ie