

AGENCY WORKER DECLARATION



Please read the below statements before completing this declaration.

I can confirm that I have received, read and understood the Temporary Worker Handbook and its contents. I understand that the Temporary Worker Handbook will be updated from time to time. When this occurs, I will receive notice from One Call 24 via email and agree to familiarise myself with these changes before undertaking future shifts through One Call 24.

I can confirm that I have received details of my AWR Day 1 Rights, and will revert to the trust for further clarification on these where necessary.

I authorise One Call 24 and any third party nominated by the One Call 24 to audit and hold information contained in the application form in accordance with the Data Protection Act 1998.

I give consent for One Call 24 to carry out security/DBS/ Media checks using the data supplied during this application.

I give Consent for One Call 24 to carry on ongoing security checks using the DBS Update Service.

I give consent for One Call 24 to retain on file, a copy of my DBS Certificate and Overseas Police Check.

I give consent for One Call 24 to perform ongoing and regular checks on my Professional Membership held with the NMC.

I wish to opt-in opt-out of the Working Time Directives, detailed within the Temporary Worker Handbook.

I understand that during the course of my work, I may come in to contact with information of a confidential nature concerning patients, staff or Trust business. I undertake not to disclose or discuss information concerning the Trust, its staff and current, former or prospective patients. If I should have any doubts dealing with a particular enquiry, I shall refer the matter to my Manager. I have received and read the terms set out on Confidentiality/Data Protection within the Temporary Workers Handbook and agree to conform to these terms.

I give consent for One Call 24 to approach my previous/current employers and obtaining referencing in line with my registration and recruitment.

I confirm that I have received and agree to the conditions set out within the Terms of Service.

I agree to update One Call 24 with any changes to my personal circumstances which may affect my ongoing recruitment and deployment into the authority.

I confirm that I underwent a face to face interview with One Call 24's in-house clinician which included a series of clinical scenario based questions.

I certify that the information I have provided in this application is correct to the best of my knowledge and belief. I fully understand that it is a criminal offence to make false statements on this application form. I also understand that any false statement may be sufficient cause for rejection of my application or, if employed dismissal.

By signing the below, you are agreeing to the above statements made, and agree to abide by any terms and conditions set out by One Call 24 and/or the Authority during your recruitment and deployment.

Signature

Full name

Date – DD MM YYYY