****

**E-mail:** [**admin@saroia.co.uk**](mailto:admin@saroia.co.uk) **Website:** [**www.saroia.co.uk**](http://www.saroia.co.uk)

**Registration Form (PLEASE FILL IN BLOCK CAPITALS)**

**POSITION APPLIED FOR:**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| Dr/Mr/Miss/Mrs/Ms (delete as appropriate) | Telephone Number (Home) |
| Forenames: | Telephone Number (Mobile) |
| Surname: | Email: |
| Date of Birth: | National Insurance Number: |
| Address: | Marital Status: |
| Postcode: |  |
| Nationality: | Professional Membership: |

1. **NEXT OF KIN:**

|  |  |
| --- | --- |
| Name of Kin 1:  Relationship:  Address: | Telephone:  Email:  Postcode: |
| Name of Kin 2:  Relationship:  Address: | Telephone:  Email:  Postcode: |

1. **DRIVING LICENSE**

|  |
| --- |
| Yes  No  Yes  Do you have a clean, current driving license?  No  Do you have any driving convictions/points?  Yes  No  Do you have a car/ access to a car for commuting  Or business use? |

1. **TRAININGS**

|  |
| --- |
| Details of training courses attended, and awards achieved, including dates, if appropriate |
|  |

1. **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | School / College | Subjects / Qualification Gained |
|  |  |  |  |

1. **FURTHER / HIGHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name & Address of Institution | Subjects / Qualification Gained |
|  |  |  |  |

1. **EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer) (Please provide us with 10 year work history/education)**

|  |  |
| --- | --- |
| Current/most recent employer/ Organisation | Employment dates |
|  | From: |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Employer/Organisation | Employment dates |
|  | From: |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| Employer/Organisation | Employment dates |
|  | From: |
|  | To: |
| Address: | Job Title: |
| Brief description of duties: |  |
| Reason for leaving: |  |

1. **CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| Do you have any criminal convictions? | Yes □ No □ |
| If Yes please give details on a separate sheet, this should exclude any spent convictions under  Section 4(2) of the Rehabilitation of Offenders Act 1974. | |

1. **VALID WORK PERMIT**

Do you have a valid work permit?

Yes □ No □ UK Citizen □ EEA □

1. **EQUAL OPPURTUNITIES AND DIVERSITY MONITORING FORM**

RAINBOW STAFFING SERVICES Ltd. is firmly committed to promoting equality of opportunity, and is determined that everyone is treated fairly, recognising and respecting race, religion, ethnic origin, age, sexual orientation and gender. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness of our and procedures.

The following request for information is for monitoring and statistical purposes only. The information supplied will be   
and stored in the strictest confidence via your computer record. Disclosure of this information is strictly voluntary   
information will help us ensure equality of opportunity. If you do not wish to disclose any of the voluntary information,   
please tick the box 'Do not wish to disclose'.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | |
| **Date of Birth:** (DD/MM/YYYY) | | | | **Gender:** | **Male □** | | | **Female □** | |
| **Ethnic Origin Religious Belief/Faith** | | | | | | | | | |
| **(tick as appropriate) (tick as appropriate)** | | | | | | | | | |
| **White** | | British | | | |  | Muslim | |  |
|  | | Irish | | | |  | Buddhist | |  |
|  | | Any other White Background | | | |  | Hindu | |  |
| **Mixed** | | White and Black Caribbean | | | |  | Sikh | |  |
|  | | White and Black African | | | |  | Jewish | |  |
|  | | White and Asian | | | |  | Christian | |  |
|  | | Any other mixed Back ground | | | |  | Other | |  |
| **Asian or Asian British** | | Indian | | | |  | Do not wish to disclose | |  |
|  | | Pakistani | | | |  | None (Atheist) | |  |
|  | | Bangladeshi | | | |  |  | |  |
| **Black or Black British** | | Caribbean | | | |  |
|  | | African | | | |  |  | |
|  | | Any other Black Back ground | | | |  |  | |
| **Chinese or other ethnic group** | | Chinese | | | |  |  | |
|  | | Any other | | | |  |  | |
| **Not Stated** | | Do not wish to disclose | | | |  |  | |
| **Disability Monitoring** | | | | | | | | | |
| The Authority's Equal Opportunities and Diversity Monitoring requirement has been extended in line with current guidance to include recording voluntary declarations of disability.  What do we mean by a 'disability'?  The Disability Discrimination Act defines disability as: a physical or mental impairment with long term, substantial effects on ability to  perform day-to-day activities. The list given to the right is of conditions or impairments that may cause someone to describe themselves as 'having a disability'. This list is not exhaustive and should be used for guidance only. | | | Hearing, speech or visual impairments: (If you wear glasses,  contact lenses this is not considered a disability)  Co-ordination, dexterity or mobility: (E.g.: polio, spinal cord,  repetitive strain injury)  Mental Health: (E.g.: schizophrenia, depression)  Speech impairment: (E.g.: stammering)  Learning disabilities: (E.g.: Down's Syndrome)  Other physical or medical conditions: (E.g.: diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, car facial disfigurement, sickle cell, dyslexia etc.) | | | | | | |
| **Disability** | | | | | | | | | |
| Do you consider yourself to have disability? **Yes □ No □** | | | | | | | | | |
| **If ‘Yes‘ Please specify:** | | | | | | | | | |

1. **IDENTIFICATION DOCUMENTS FOR A NEW DBS APPLICATION ONLINE**

**\*Please follow these instructions to apply online.**

**1) Go to** [**www.dbsassist.co.uk/ucheck/applicant/**](http://www.dbsassist.co.uk/ucheck/applicant/)

**2) Username: SARO2 Password: sarotwo (This is case – sensitive)**

**Fee is £50-54**

Please bring with you the documents listed below when attending the interview.

1. One (1) identification document showing your date of birth (Appendix I, Group 1) and
2. Two (2) identification documents showing your current address (Appendix I, Group 2)Two passport size photographs
3. Proof of N.I. number
4. A sworn affidavit from a solicitor (if necessary) for any employment we are unable to

reference you for within your 1O year work history up to and including 1996.

All documents must be originals. They will be photocopied and returned to you. Failure to supply these documents could result in a job offer being refused or dismissal if already employed.

**Group 1**

Valid passport (any nationality)

UK Driving License (either photo card or paper)

Original UK Birth Certificate (issued within 12 months of date of birth) (full or short form acceptable)   
Valid Photo identity card (EU countries only)

Documents showing leave to remain in the UK

**Group 2**

Non-original UK birth certificate (issued 12 months of date of birth) (full or short form acceptable)   
P45/P60 statement

Bank or Building Society Statement\*

Utility Bill (electricity, gas, water, telephone (NOT mobile phone contract bill) \*   
Valid lD License

Credit card statement\*

Store card statement\*

Mortgage statement\*\*

Valid insurance certificate\*\*Correspondence or a document from: The Benefits Agency; the Employment Services; The Inland Revenue; or a   
Local Authority\*

Financial statement (Pension, endowment, ISA) \*\*   
Valid Vehicle registration document

Mail order, catalogue statement\*

Court Summons

Valid NHS Card

National Insurance Number card   
Exam Certificates (e.g. GCSE, NVQ)   
Child Benefit Book\*\*

Connections Card

Certificate of British nationality   
Work permit/visa\*\*

\*Documentation should be less than three months old   
\*\*issued within 12 months

1. **REFEREES**

Please give the details of two work related referees, including your current or most recent post.

Referees will not be contacted without your prior approval.

**PREVIOUS EMPLOYER REFERENCE IS MANDATORY**

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company:  Address: | Company:  Address: |
| Telephone No.:  Email: | Telephone No.:  Email: |
| Nature of Relationship: | Nature of Relationship: |

**M.VERIFICATION OF INFORMATION:**

|  |
| --- |
| I certify that all information which I have provided is correct. I understand that any false  information given may result in a job offer being withdrawn.  **Name:**  **Signature: Date:** |

# logo (2)

# REFERENCE FORM

Reference Request

Name of Applicant: ……………………………………… D.O.B ………………….

1. What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long was the applicant in your employment? From: \_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_
4. Has the applicant been subject to disciplinary action or dismissal? YES / NO (delete as appropriate)

If yes, please put in additional comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick the appropriate column regarding the general performance** | **Very** |  |  |  | **Unable** |
| **of the applicant:** | **Good** | **Good** | **Satisfactory** | **Poor** | **to** |
|  |  |  |  | **Comment** |
| Clinical skills in relation to qualification/grade |  |  |  |  |  |
| Relationships with patients, other healthcare workers and the public |  |  |  |  |  |
| Timekeeping and management of workload |  |  |  |  |  |
| Ability to maintain confidentiality |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Supervisory skills |  |  |  |  |  |
| Organisational ability |  |  |  |  |  |
| Sickness /absence record |  |  |  |  |  |

Additional comments (if any): ………………………………………………………….....................................

…………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….

Reference Request completed by:

Name of Referee: Position: ………………………………….

Signature: Date: …………………………………….

Business Telephone: Email: …………………………………….

Name of Organisation: ………………………………………………………………………………………….

THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS REFERENCE Please authenticate this reference with an institutional stamp, compliment slip or company letter

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# REFERENCE FORM

Reference Request

Name of Applicant: ……………………………………… D.O.B ………………….

1. What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long was the applicant in your employment? From: \_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_
4. Has the applicant been subject to disciplinary action or dismissal? YES / NO (delete as appropriate)

If yes, please put in additional comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick the appropriate column regarding the general performance** | **Very** |  |  |  | **Unable** |
| **of the applicant:** | **Good** | **Good** | **Satisfactory** | **Poor** | **to** |
|  |  |  |  | **Comment** |
| Clinical skills in relation to qualification/grade |  |  |  |  |  |
| Relationships with patients, other healthcare workers and the public |  |  |  |  |  |
| Timekeeping and management of workload |  |  |  |  |  |
| Ability to maintain confidentiality |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Supervisory skills |  |  |  |  |  |
| Organisational ability |  |  |  |  |  |
| Sickness /absence record |  |  |  |  |  |

Additional comments (if any): ………………………………………………………….....................................

…………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….

Reference Request completed by:

Name of Referee: Position: ………………………………….

Signature: Date: …………………………………….

Business Telephone: Email: …………………………………….

Name of Organisation: ………………………………………………………………………………………….

THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS REFERENCE Please authenticate this reference with an institutional stamp, compliment slip or company letter

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|  |  |
| --- | --- |
| TITLE |  |
| FULL NAME |  |
| JOB TITLE |  |
| DATE OF BIRTH |  |
| MOBILE NO. |  |
| EMAIL |  |
| NATIONALITY / CITIZENSHIP |  |
| FULL TIME / PART TIME |  |
| PROFESSIONAL MEMBERSHIPS |  |
| QUALIFICATIONS |  |
| **DUTIES AND RESPONSIBILITIES (Tick as appropriate):**  Personal Care  Feeding  Moving and Handling  Incontinence Care  Administering Medication | |
| **ESSENTIAL COURSES (Tick as appropriate):**  Complaints Handling Conflict Resolution COSHH  Countering Fraud Bribery and Corruption in the NHS Epilepsy Awareness  Equality, Diversity and Human Rights Fire Safety First Aid In The Workplace  Food Hygiene Handling Medication & Avoiding Drug Errors - Level 2  Health, Safety and Welfare Infection Prevention and Control (Level 2)  Information Governance, Record Keeping and Caldicott Protocols Learning Disabilities Awareness  Lone Worker Mental Capacity Act 2005 Moving and Handling Level 1  Moving and Handling Level 2 Numeracy and Drug Calculations Preventing Radicalisation  Rapid Tranquillisation Resuscitation: Adult Basic Life Support - incl safe use of AEDs  RIDDOR Sepsis Awareness SOVA and SOCA Level 2  Mental Health Act 2007 SOVA and SOCA Level 3  Blood Component Transfusion Communication  Consent Dementia Awareness Duty of Care in Health and Social Care  Fluids And Nutrition Awareness Privacy And Dignity In Health And Social Care  Promoting Person Centred Care In Health And Social Care Your Health Career  Basic Life Support | |

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**STAFF PROFILE (Please complete in Block Capitals)**

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**PRE-EMPLOYMENT HEALTH QUESTIONAIRE (PLEASE FILL IN BLOCK CAPITALS)**

**Candidate Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**Position Applied For:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Sr. No. | Please answer **all** of the following questions. If you answer **‘Yes’** to any of the questions, **please give details as completely as possible on back page in the Important Notes section.** | Delete as appropriate |
| 1 | Do you consider yourself to have a disability or medical condition that requires any adjustments or allowances? | YES / NO |
| 2 | Have you ever had an operation or serious illness? | YES / NO |
| 3 | Have you been seen or treated by a doctor or any other health professional in the past two years (other than for minor ailments or vaccinations)? | YES / NO |
| 4 | Do you have diabetes? | YES / NO |
| 5 | Have you ever had epilepsy, fits or blackouts? | YES / NO |
| 6 | Have you ever had back / neck problems? | YES / NO |
| 7 | Do you have arthritis, joint or limb problems? | YES / NO |
| 8 | Have you ever suffered from depression, anxiety or other psychological problems? | YES / NO |
| 9 | Have you ever seen a doctor or health professional because of eating problems or have you ever been diagnosed with an eating disorder? | YES / NO |
| 10 | Do you have any hearing loss or other ear problems? | YES / NO |
| 11 | Do you have any eyesight problem (which is not corrected by glasses or contact lenses)? | YES / NO |
| 12 | Are you colour blind? (colour blind candidates may require adjustments for work activities) | YES / NO |
| 13 | Do you have any allergies? | YES / NO |
| 14 | Do you have dyslexia or another specific learning difficulty? | YES / NO |
| 15 | Do you have any hay fever, asthma or other chest condition? | YES / NO |
| 16 | Do you have:  A cough which has lasted for more than 3 weeks?  Unexperienced weight loss and/or night sweats?  Unexplained fever?  Coughing up blood?  Feeling generally unwell? | YES / NO |
| 17 | Have you had TB or been in recent contact with open TB? | YES / NO |
| 18 | Have you ever had a skin problem? If so, which part of the body was / is affected? Have you ever reacted to rubber products (e.g. gloves or balloons)? | YES / NO |
| 19 | Have you ever had hepatitis or jaundice? | YES / NO |
| 20 | Do you have frequent diarrhoea or any other bowel disorder? | YES / NO |
| 21 | Are you taking any pills (other than the contraceptive pill), tablets or medicines at present? | YES / NO |
| 22 | Have you ever had a health problem caused by your work or study? | YES / NO |
| 23 | What is your weight? (Please state whether in kgs or stones/pounds) |  |
| 24 | What is your height? (Please state whether in cms or feet/inches) |  |
| 25 | What is your BMI? (www.nhs.uk/Tools/Pages/healthyweightcalculator) |  |
| 26 | Do you smoke? If yes, how many per day\_\_\_\_\_\_\_? | YES / NO |
| 27 | Do you drink alcohol? If yes, how many units in an average week\_\_\_\_\_\_\_? | YES / NO |
| 28 | Do you have any condition or receive any treatment that effects how your immune system works? E.g. Cancer treatment, steroids or HIV? | YES / NO |
| 29 | Do you have a blood born virus e.g. Cancer treatment, steroids? | YES / NO |

|  |
| --- |
| **Important Notes:** |

**Signed by (Candidate):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dated:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**E-mail:** [**admin@saroia.co.uk**](mailto:admin@saroia.co.uk) **Website:** [**www.saroia.co.uk**](http://www.saroia.co.uk)

**PAYROLL FORM (PLEASE FILL IN BLOCK CAPITALS)**

**PERSONAL DETAILS**

Full Name (block capitals please): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first source of income? Yes/No (delete as appropriate) Student Loan? Yes/No (delete as appropriate) Are you registered with an umbrella body? Yes/No (If Yes complete section below)

New Staff □ or I am a current member of staff changing my bank details □

P.A.Y.E. □ or Private Limited Company\*/Self Employed □ or Umbrella Company □

N.I. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Number (office use only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Umbrella Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address/Umbrella: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANK / BUILDING SOCIETY ACCOUNT**

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Personal Account Number includes symbols or spaces, please show clearly)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**E-mail:** [**admin@saroia.co.uk**](mailto:admin@saroia.co.uk) **Website:** [**www.saroia.co.uk**](http://www.saroia.co.uk)

**Handbook Acknowledgement**

I hereby acknowledge that I have read and understood the requirements provided by SAROIA STAFFING SERVICES LTD. in this staff hand book. **To be sent via Email.**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**ID Badge Acknowledgement**

My signature below confirms that I have received my ID Badge from Saroia Staffing Services Ltd.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Consultant Providing Badge (Office use only)**

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Document Checklist**

**Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:** Nurse **D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documents Required** | **Received(Tick)** | **Expiry Date** | **Comments/Date** | **Approved By** |
| Registration Form Pages 1-6 |  |  |  |  |
| Staff Profile Page 7 |  |  |  |  |
| Health Questionnaire Pages 8/9 |  |  |  |  |
| Payroll Form(Bank details) Page 10 |  |  |  |  |
| Handbook Sign off Form Page 11 |  |  |  |  |
| ID Badge Sign off Form Page 12 |  |  |  |  |
| Terms & Conditions Pages 13/14 |  |  |  |  |
| DBS Page 15 |  |  |  |  |
| DBS Update Consent Sign Off form |  |  |  |  |
| 1st Reference Form Page 16 |  |  |  |  |
| 2nd Reference Form Page 17 |  |  |  |  |
| 2x Photos(passport size) |  |  |  |  |
| Degree/Diploma/H.N.D. Cert |  |  |  |  |
| Certificate of Fitness(NHS Only) |  |  |  |  |
| Proof of Varicella(NHS Only) |  |  |  |  |
| Proof of MMR (Measles/Mumps/Rubella) |  |  |  |  |
| Proof of Tetanus/Diphtheria/Polio |  |  |  |  |
| Proof of TB(NHS Only) |  |  |  |  |
| Proof of Hep B Ab/Ag(NHS Only) |  |  |  |  |
| Proof of Hep C/Core(NHS Only) |  |  |  |  |
| Proof of HIV(NHS Only) |  |  |  |  |
| Mandatory training **(Inc. BLS & Manual Handling Practical)** |  |  |  |  |
| Interview Record |  |  | **We take interview** |  |
| Copy of Passport/Visa (Front & Photo) |  |  |  |  |
| Copy of HMRC and N.I. Card/Letter |  |  |  |  |
| Unison(HCA) Card/Letter (optional) |  |  |  |  |
| 2x Proof of Address(Inc. Utility Bill) |  |  |  |  |
| Limited Company Cert(If Applicable) |  |  |  |  |
| Staff Handbook(Send By Email Only) |  |  |  |  |
| 48 Hr Opt Out Agreement |  |  | **Optional** |  |
| Uniform Sign Off Form |  |  |  |  |
| Appraisal Form (After 6 months employed) |  |  |  |  |
| 3rd Party Consent form |  |  |  |  |
| Additional Comments    **Checked By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

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# E-mail: [admin@saroia.co.uk](mailto:admin@saroia.co.uk) Website: [www.saroia.co.uk](http://www.saroia.co.uk)

# TERMS AND CONDITIONS FOR AGENCY WORKERS

"Health Care Professionals" are introduced by SAROIA STAFFING SERVICES Ltd. to Hospitals/Clients for each assignment on the following Terms and Conditions, which may vary from time to time.

1. Health Care Professionals must have an up-to-date registration with the Relevant Regulatory Authority.
2. Health Care Professionals must provide an original Registered Body certificate at the commencement of registration with Saroia Staffing Services Ltd.
3. Health Care Professionals must provide a copy of a valid work permit (where applicable) and Passport at the commencement of registration with Saroia Staffing Services Ltd.
4. Health Care Professionals must always clearly display their Identification Badge whilst on Duty
5. Health Care Professionals where applicable, must provide a copy of their letter confirming entry to the Specialist Register.
6. Health Care Professionals are obliged to inform Saroia Staffing Services of any former or pending disciplinary action against them with the Registration Body.
7. Health Care Professionals are required to maintain their membership of the

NMC/GMC/or Indemnity Insurance as applicable.

1. Saroia Staffing Services Ltd. will obtain references for Health Care Professionals on behalf of its Clients and reserves the right to submit information contained within this to its Clients, in the strictest of confidence.
2. Saroia Staffing Services Ltd. will not be held responsible for any telephone calls, meals, car parking charges, and Travel expense or accommodation arrangements made by the Health Care Professional.
3. If Saroia Staffing Services is your main place of work, you are required to supply our accounts department with a P45.
4. Health Care Professionals will be Self-Employed individuals offered temporary work placements from Saroia Staffing Services Ltd or Health Care Professionals are employed on a variable hour’s contract..
5. While Staff are Self-employed, National Insurance and PAYE will be deducted according to IR35 and any prevailing legislation or any other relevant information supplied by HMRC.
6. Saroia Staffing Services Ltd. introduces Health Care Professionals to its Clients and is not responsible for any payments made to the Staff in respect to absence due to illness (except those grades covered by the Work Time Directive).
7. Health Care Professionals Annual Leave/Holiday Pay is paid as a percentage of your hourly rate, which is inclusive within that rate and is paid on a weekly basis.
8. The Health Care Professional is not an employee of SAROIA STAFFING SERVICES LTD. They will work under the direct control, direction and supervision of the Client throughout their assignment. SAROIA STAFFING SERVICES Ltd. acts as an Agent to the Client.
9. The Health Care Professional agrees whilst on an assignment to any Client to the following:
10. To avoid any conduct that may be considered detrimental to the Client or Saroia Staffing Services Ltd.
11. To be present at the place of work according to the duties given by the client.
12. To take all required steps to safeguard their own actions and ensure that safety of any other persons who may be affected by their actions.
13. Once the Health Care Professional has accepted and has been confirmed for a booking, they are committed to Saroia Staffing Services Ltd. and its Clients. Therefore, no other bookings should be taken by the Health Care Professional that would prevent them honouring this commitment. Should any other situation arise which prevents the undertaking of the Health Care Profession, a "Reasonable Notice Period" must be given to enable Saroia Staffing Services Ltd. to find a replacement.
14. If for any reason the Health Care Professional is delayed and will be late for an assignment, they must call Saroia Staffing Services and Client to inform of the delay. They must phone Saroia Staffing Services ltd. directly on 0121 454 4554. And the client to inform them of the delay.
15. Should the hours be altered in any way from those notified when the booking was first made, Saroia Staffing Services Ltd. must be informed immediately. Whilst every effort is made on behalf of the Health Care Professional to ensure no reduction of the working hours is made, Saroia Staffing Services Ltd. can accept no responsibility should this occur.
16. In the event of a last minute or on the day cancellation of bookings or double bookings, Saroia Staffing Services Ltd. cannot be held responsible for any loss incurred. However, if this is very short notice, representation will be made on the Health Care Professional's behalf for compensation.
17. Should a client request the removal of a Health Care Professional due to unsatisfactory conduct, clinical or otherwise, Saroia Staffing Services Ltd. will not be liable for payment. A full investigation of said complaint will be carried out. The Health Care Professional will receive in writing details of the complaint / allegation within 96 hours.
18. In a case of a cancellation upon arrival we will compensate you with 4 hours wage.
19. The Health Care Professional must inform Saroia Staffing Services Ltd. forthwith should they accept an assignment at any establishment to which the Health Care Professional was first introduced by Saroia Staffing Services Ltd.
20. All such arrangements as stated in clause 18 should be informed to Saroia Staffing Services by the Health Care Professional regardless of whether the client states that they will inform/have informed Saroia Staffing Services Ltd.
21. Payment to the Health Care Professionals will only be made on the hours worked.
22. Saroia will issue Healthcare professionals with company issue timesheets. It is the Candidates responsibility to have their timesheets signed off from the clients to ensure evidence of work done.
23. Timesheets are to be signed for work between Monday to Sunday and are required to be handed in to the office by the following Monday to be in time for Payroll. Failure to do this will result in the timesheet being processed the following week.
24. The Health Care Professional will be paid in arrears directly into their bank account at the agreed rate of pay made prior to the commencement of the Assignment.
25. All payslips will be sent to the most recent email address supplied by the Health Care Professional (an admin fee will be applied to those requesting payslip by post).
26. Any extra hours undertaken will only be paid on agreement with the Client.
27. The Health Care Professional can opt to be a contractor (limited company), Saroia Staffing Services Ltd. will not be responsible for the payment of PAYE or National Insurance.
28. Information will be shared with commissioners and other Government Bodies in line with NHS Framework Terms & Conditions.
29. The Health Care Professional is prohibited to working privately with a client introduced to them by Saroia Staffing Services Ltd. until either a period of 20 weeks has passed since the last assignment from Saroia Staffing Services with the client, or the client opts to pay a transfer fee according to regulation

I, declare that I have read and understood the above Terms & Conditions.

**Name In Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**New DBS Online Update Service (PLEASE FILL IN BLOCK CAPITALS)**

The DBS now offer an Update Service which you can subscribe to as part of your application. This means that you may need not apply for another DBS. For more information, please visit [www.gov.uk/dbs-update-service](file:///C:\Users\User\Desktop\www.gov.uk\dbs-update-service) where you will find the Applicant Guide. If you do subscribe, please advise us as we may be able to undertake future checks using this service. Below is a consent form for you to sign giving your permission for us to check your DBS annually via the Update service in the future.

Please return this consent form to us.

Once the DBS has processed your application form, only you will be sent a Disclosure Certificate. When you receive this please send the original to us to log against your records. We will return it by registered delivery. **It is essential that we receive your Disclosure before the existing Disclosure expires.** We are unable to offer shifts after the expiry date and any pre-booked shifts will be cancelled until such time as a new Disclosure is received.

If you have chosen to join the update service, please include this completed consent form.

Please provide us with the following information.

Certificate No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kind Regards,

**DBS Update Service Consent Form**

I… … … … … … … … … … … … … … (Name), D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ give my consent for Rainbow Staffing Services. to use the DBS Update Service to carry out Status Checks for the duration of my registration with the agency.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# CANDIDATE INTERVIEW FORM - NURSES

**NURSE INTERVIEW**

Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. General Interview Questions**

1. Tell me a little about yourself and why you are applying to work with us?

2. What do you understand by the term clinical governance / high quality care?

3. What do you understand by the term NICE?

4. Are you currently registered with any other agencies? If so, who and for how long?

5. What clinical areas are you willing to work in? (e.g. Hospital, Nursing Home, Domiciliary care)

**B. Clinical Questions**

1. What is best practice before starting a shift? Name 3 things that you would do.

1. B. Three things you would ensure before finishing a shift?

2. What would you do if you noticed a controlled drug was missing?

3. If you were asked to sign for a controlled drug that had been given by a nurse on the previous shift who forgot to sign for it, what would you do?

4. When was your last medication administration training?

5. Name 5 things that you should ensure in the administering of a medicine. What does PRN mean?

6. What would you do if you and a senior nurse administered some medication and then realised you had made a drug error?

7. What must you do between each drug administered via a PEG? Is it good practice to mix drugs for IV administration?

8. What should you do before and after each IV drug administration?

9. Are you competent in tracheostomy care? Briefly tell me how you would change or clean a tracheostomy?

10. What are you doing to maintain your PREP/Continued Professional Development (CPO)?

**C. Scenarios**

1. The relative of a patient call and asks if the patient has had their midday analgesia, antipsychotics and antibiotics. What would your response be? Is this a breach of confidentiality?

2. If you were working on a ward or in a home and found a patient who had fallen on the floor, what actions would you undertake? (To include assessments & documentation)

3. You notice a patient involuntarily jerking. They have no previous or documented neurological history. What actions would you undertake? (To include assessments & documentation)

4. If a patient complained of acute onset chest pain on the ward with no previous cardiac history, what procedures would you follow?

5. If an elderly patient presented with any combination of the following symptoms: confusion, drowsiness with fluctuating conscious levels without complete loss of consciousness, a severe facial droop, and distinct one-sided limb weakness, what would you suspect?

**Conclusions and Comments:**

**Outcome of the Interview:**

**Name of Panel Members:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Interviewer / Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Interviewer / Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**48 HOUR OPT OUT AGREEMENT**

I, …………………………………………………… [Worker’s name] agree that I may work for more than an average of 48 hours a week.

If I change my mind, I will give my employer one months’ notice in writing to end this agreement.

For further advice on the \*WTR please see our online legal guide at [www.rec.uk.com/legal](http://www.rec.uk.com/legal) or contact the Health and Safety Executive.

\*WORKING TIME REGULATIONS

Signed…………………………………………………………………….

Dated……………………………………………………………………….

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**SAROIA STAFFING SERVICES OFFICIAL UNIFORM SIGN OFF**

My signature below confirms that I have received my Official uniform from Saroia Staffing Services Ltd.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Consultant Providing Uniform (Office use only)**

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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# GDPR Data Protection Regulations

# Privacy Notice and Consent form for Employees

In May 2018, the law changed about how employers record, store and use individual’s personal data.

# Your consent is requested:

Saroia Staffing Services would like your consent to hold personal and epical data about you in order to complete your employment contract. You are entirely in control of your decision to give consent to Saroia Staffing Services to use your data as requested in this form. There will be no repercussions if you choose to withhold consent however, without some data Saroia Staffing Services may not be able to make a decision on your suitability for employment or comply with the law and therefore Saroia Staffing Services may not be able to make an offer of employment.

**The specific data Saroia Staffing Services wish to obtain, and hold is as follows:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Type of data: | Why Saroia Staffing Services wish to hold it | How Long it will be kept for | Yes / No | Date when consent was withdrawn |
| 1 | **Recruitment data:**  **Previous experience, skills and qualifications** | **This will allow Saroia to decide on your suitability for employment** | **Data will be kept for the duration of your employment with Saroia. When your employment is completed, it will be destroyed after 6 months.** |  |  |
| 2 | **Recruitment Data:**  **Convictions. This is classed as ‘special’ data under GDPR and is more strictly controlled.** | **This will allow Saroia to decide on your suitability for employment.** | **Data will be kept for the duration of your employment with Saroia. When your employment is completed, it will be destroyed after 6 months.** |  |  |
| 3 | **Your personal details:**  **Name, address, etc.** | **This enable Saroia to comply with the law and maintain correct employment records.** | **Data will be kept for the duration of your employment with Saroia. When your employment is completed, it will be destroyed after 6 months.** |  |  |
|  | Type of data: | Why Saroia Staffing Services wish to hold it | How Long it will be kept for | Yes / No | Date when consent was withdrawn |
| 4 | **Next of kin and their contact details** | **If there is an accident, then Saroia can contact your emergency contacts.** | **Data will be kept for the duration of your employment with Saroia. When your employment is completed, it will be destroyed after 6 months.** |  |  |
| 5 | **Health/ Disability information and details of your GP. This is classed as ‘special’ data under GDPR and is more strictly controlled** | **So that Saroia is aware of any medical issues you may have, can make provision for these in your work and know who to contact if you have a medical episode.** | **Data will be kept for the duration of your employment with Saroia. When your employment is completed, it will be destroyed after 6 months.** |  |  |
| 6 | **Financial Information:**  **Bank details, Tax Codes, NI number etc.** | **This will allow Saroia to comply with the law and register you as an employee with HMRC and share with HMRC how much Saroia pay you.** | **Data will be kept for the duration of your employment with Saroia. When your employment is completed, it will be destroyed after 7 years+. (HMRC may keep the data for up to 7 years).** |  |  |
| 7 | **Financial Information:**  **Tax Codes, NI number etc.** | **Saroia will need to share this information with Saroia’s payroll service in order to calculate what Saroia needs to pay you.** | **Data will be kept by the payroll service for 7 years.** |  |  |
| 8 | **Financial information:**  **Bank Details and Salary payments** | **Saroia will need to share this information with the Holding account provider so that they can pay your salary to you on Saroia’s behalf. (n/a if you don’t use a holding account.)** | **Data will be kept by the Holding account provider for 7 years.** |  |  |

**Sharing your data:**

Saroia Staffing Services need to share your data with third party outside agencies such as various health services which can support you.

|  |  |  |
| --- | --- | --- |
| Agency/ Authority/ Individual | Authority given (tick) | Authority not given (tick) |
| HMRC – see above |  |  |
| Payroll Service – BrightPay |  |  |
| Holding Account Provider – Saroia Staffing Services |  |  |
| Social Worker / Healthcare Manager |  |  |

**Agreement to use my data**

I hereby freely give my employer ‘Saroia Staffing Services’ consent to use and process my personal data relating to my employment.

**In giving my consent:**

I understand that I can ask to see this data to check its accuracy at any time via a request.

I understand that I can ask for a copy of the personal data held about me at any time, and that this request is free of charge.

I understand that I can request that data is no longer required to be held can be removed from my file and destroyed.

I understand that if I leave my employment, my data will be destroyed after 6 months, or if longer this is stated above.

I understand that you are the Data Controller for my employment, and I can contact you directly if I have any questions or concerns about my data.

I understand that if I am dissatisfied with how you use my data, I can make a complaint to the government body in charge (Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or online at [www.ICO.org.uk](http://www.ICO.org.uk))

**Permissions (Tick Yes or No)**

I give permission for my data to be used: ‘To contact me about events and news **Yes/ No**

‘Send me information, messages, emails **Yes/ No**

‘To share with other members of the group **Yes/ No**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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