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RSBC Care Ltd

35 Sanford Ave

Church Stretton

SY6 6BH

24/7 Phone: 08000016824

Email: rsbccareers@gmail.com

Website: www.rsbccareltd.co.uk

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**Application Form**

**Private and Confidential**

Dear Sir/Madam,

Thank you for requesting our application form.

Please fill the form and return your application form to the address above.

If you could complete the application form in full, as we do not accept CV’s ensuring you provide a full employment history, including any gaps in employment and reasons for leaving any roles.

 Also include 3 references, one of which must be your current or most recent employer.

Please send your completed application back to the office address above.

I look forward to receiving your application form.

Kind regards

Recruitment Manager

**Checklist for candidates**

Please complete the application form and return it to our office. To help us with your application please answer all the questions within this form in black ink. Once you have finished please return your completed application forms to our office. If you have any problems with any of the questions, please contact our office. Our consultants will be more than happy to assist you with your application form. You will be expected to bring the following for us to help you with your application form.

|  |  |
| --- | --- |
| Passport size photograph (attach to page 2)   | Vaccination report from your GP or Occupational Health Department i.e. Hepatitis B, Varicella (Chicken Pox, Rubella (German Measles |
| Driving Licence   | Completed CRB/DBS Form. Online DBS INFORMATION.Due to the new legislation on POVA (Protection of Vulnerable Adult) listing, a new CRB/DBS has to be done when joining the Agency. |
| NI National Insurance Number Card, p60, P45 or other Inland Revenue documents must be produced   | Proof of Identity Driving Licence or PassportHome Office Letter or Card. |
| Council Tax Bill | Proof of Professional Indemnity |
| Birth Certificate   | Proof of Current address, Utility Bill, Bank Statement |
| Letter from University or College   | Certificates i.e., care work or Nursing |
| Pin Card, Name and Number   | Qualified Staff-NMC Statement of entry. |

Please ensure you bring ALL REQUESTED DOCUMENTS with you when you come to register with us. Bring the above documents to your interview.

**Application Form**

|  |
| --- |
| OFFICE USE |
| Employee No: | Start Date: | Nursing: |
| Support Work: | Nursing: | Care:  |

|  |
| --- |
| Work applied for: RGN / RMN, Midwifery confirm PIN:Qualification Level: |

1. Personal Details

|  |  |  |
| --- | --- | --- |
| Title (Mr,Mrs,Miss,Ms)   | First Name(s) :  | Last Name:  |
| Address detailsFull Postcode :  | Telephone No: |
| Mobile No : |
| E-mail Address : |
| Date of Birth:   | Marital Status: | Previous Surname(s):  |
| National Insurance No: | Nationality:  |
| Country of Birth | Right to Work: Yes/No |

2. Next of Kin (or person to be contacted in case of emergency)

|  |  |  |
| --- | --- | --- |
|  Name:  | Relationshipto you: | Telephone Number(s)  |
| Address:  |

3. How did you hear about our service? 4. Transport

|  |  |  |
| --- | --- | --- |
|  |  | Do you have a full driving licence?   |
|  | What is your usual means of transport?  |

5. Your right to work in the UK I confirm that I am entitled to work in the UK on the following basis *(tick one)*

|  |  |  |  |
| --- | --- | --- | --- |
| UK Citizen: Yes/No |  | Work Permit:  | Expiry Date:  |
| EU Citizen: Yes/No |  | Student Visa: Yes/No |
| Workers Registration scheme:  |  | Working Holiday: Yes/No |
| Permanent Residency: |  | Other (Please state) |

6. Disability if yes explain below

|  |  |
| --- | --- |
|  | Do you consider yourself to have a disability? Disability nature:  |

7. Bank Details

|  |  |  |
| --- | --- | --- |
| Bank Address: | Sort code |  |
|  | Account No. |  |  |  |  |  |  |  |  |
| Your Name as it appears on the account: | Account Name Here |

8. Working Time Regulations

|  |
| --- |
| You are not required to work more than an average of 48 hours per week (calculated over a 17 week period). If you would like to work more than 48 hours per week, we require a signed statement to that effect. Please circle the statement that applies to you: Yes, I would like to work more than an average of 48 hours a week. Signed…………………………. Full Name…… Date…… |

9. Employment History (Most recent job first going back 5 years).

 Include email address for reference purposes.

|  |  |  |
| --- | --- | --- |
| COMPANY NAME:  | Telephone Number:  | Email/ Fax  |
| Company Address:  |
| Line Manager: | Main duties  |
| Job Title:  |
| Salary/Pay Rate  | Dates From: To: date  | Reason For Leaving:  | Can we reference? |

|  |  |  |
| --- | --- | --- |
| COMPANY NAME:  | Telephone Number:  | Email/ Fax:  |
| Company Address:  |
| Line Manager: | Main duties (If agency, please state companies you were placed at):   |
| Job Title:  |
| Salary/Pay Rate  | Dates (Month & Year)From: To:  | Reason For Leaving:  |

|  |  |  |
| --- | --- | --- |
| COMPANY NAME:  | Telephone Number:  | Email/ Fax  |
| Company Address:  |
| Line Manager: | Main duties (If agency, please state companies you were placed at) |
| Job Title:  |
| Salary/Pay Rate  | Dates (Month & Year)From: To:  | Reason For Leaving:  |   |

10. Gaps in Employment

|  |
| --- |
| Please explain gaps in the employment history above, including dates, if appropriate: (e.g. study, childcare, unemployment) Have you ever been dismissed from any employment at all?  *YES / NO* |

11. Training and Qualifications

Please bring all your certificates to interview

|  |
| --- |
| Relevant Qualification(s) and Training  |

12. About You

|  |
| --- |
| Please tell us why you want to do this type of work?  |
| The work you have applied for may require you to wear a uniform. Please circle your uniform size: | MaleChest size 28,30,32,34,36,38,40,42,44,46 | Female8 10 12 14 16 18 20 22 24 26 28 30 |

13. Health Questionnaire

|  |
| --- |
| Do you have, or have you ever had any of the following? |
|  | *YES* | *NO* |  | *YES* | *NO* |  | *YES* | *NO* |
| Back problems |  |  | Diabetes |  |  | Hearing problems |  |  |
| Hypertension |  |  | Sight Problems |  |  | Liver/KidneyProblems |  |  |
| Heart Disease |  |  | Nervous Disorder |  |  | Depression |  |  |
| Epilepsy |  |  | Hay Fever or other allergies |  |  | High Blood Pressure |  |  |
| Have you ever had an operation that could affect your ability to carry out your normal duties at work?  | YES/NO  | Have you ever had more than five consecutive days off work due to illness/injury within the last 2 years? | YES/NO  |
| If you have answered YES to any of the above questions, please give details below: (Continue on a separate sheet if necessary) |
| Do you consider yourself physically and mentally fit to carry out the normal duties required for the type of work for which you are applying?  | YES/NO |

14. Immunisations – Please provide proof of the following if necessary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Yes/No | Date | Name | Yes/No | Date |
| Tetanus |  |  | Rubella |  |  |
| Diphtheria |  |  | M.M.R  |  |  |
| Whooping Cough  |  |  | Hepatitis B  |  |  |
| Polio |  |  | B.C.G  |  |  |

15.Disclosure Please read and sign

|  |
| --- |
| I confirm that I do/ have a Criminal Record. / I confirm that I do not / I do not have a Criminal Record. Signed………………………………….. Full Name… Date…………………….. |

16. Right to work in the UK Please read and sign

|  |
| --- |
| Signed.................................................  Full Name......................……..............  Date………………………………………. |

17. Declaration Please read and sign

|  |
| --- |
| I understand that it is my responsibility to check that I am up to date with any immunisations which are relevant to the type of work for which I am registering. I understand that my engagement with the Agency is subject to the receipt of a satisfactory DBS, Enhanced Criminal Records Bureau Disclosure. I confirm that the information given on this application is to the best of my knowledge, true and accurate. Failure to disclose or falsifying any information may result in disciplinary action. I understand that I must inform the Agency if any of the details on this application form change. I agree to the Terms and Conditions of Engagement of the AgencySigned................................................. Full Name............ Date……………………. |

**TEMPORARY WORKERS CONTRACT**

**(TERMS OF ENGAGEMENT/CONTRACT FOR SERVICES)**

1. **DEFINITIONS**
	1. In these Terms of Engagement the following definitions apply:

“Assignment” means the period during which the Temporary Worker is supplied to render services to the Client.

“Client” means the person, firm or corporate body requiring the services of the Temporary Worker together with any subsidiary or associated company as defined by the Companies Act 1985.

As a Temporary-Worker it means working temporarily.

 “Relevant Period” means the longer period of either 14 weeks from the first day on which the Temporary worker worked for the Client, or 8 weeks from the day after the Temporary Worker was last

supplied by the Employment Business to the Client.

1.2 Unless the context otherwise requires, references to the singular include the plural.

1.3. The headings contained in these Terms are for convenience only and do not affect their interpretation.

1. **THE CONTRACT**

2.1. These Terms constitute a contract for services between the Employment Business and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker. However, no contract shall exist between the Employment Business and the Temporary Worker between Assignments.

2.2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Employment Business and the Temporary Worker. The Temporary Worker is engaged as a self-employed worker, although the Employment Business is required to make statutory deductions from the Temporary Worker’s remuneration in accordance with clause

2.3 No variation or alteration to these Terms shall be valid unless the details of such variation are agreed between the Employment Business and the Temporary Worker and set out in writing and a copy of the varied terms is given to the Temporary Worker stating the date on or after which such varied terms shall apply.

**3.ASSIGNMENTS**

3.1 The Employment Business will endeavour to obtain suitable Assignments for the Temporary Worker to work as a The Temporary Worker shall not be obliged to accept an Assignment offered by the Employment Business.

3.2 The Temporary Worker acknowledges that the nature of temporary work means that there may be periods when no suitable work is available and agrees: that the suitability of the work to be offered shall be determined solely by the Employment Business; that the Employment Business shall incur no liability to the Temporary Worker should it fail to offer opportunities to work in the above category or in any other category; and that no contract shall exist between the Temporary Worker and the Employment Business during periods when the Temporary Worker is not working on an Assignment.

3.3 At the same time as an Assignment is offered to the Temporary Worker the Employment Business shall inform the Temporary Worker of the identity of the Client, and if applicable the nature of their business; the date the work is to commence and the duration or likely duration of the work; the type of work, location and hours during which the temporary Worker would be required to work; the rate of remuneration that will be paid and any expenses payable by or to the Temporary Worker; and any risks to health and safety known to the Client in relation to the Assignment and the steps the Client has taken to prevent or control such risks. In addition the Employment Business shall inform the Temporary Worker what experience, training, qualifications and any authorisation required by law or a professional body the Client considers necessary or which are required by law to work in the Assignment.

3.4 Where such information is not given in paper form or by electronic means it shall be confirmed by such means by the end of the third business day (excluding Saturday, Sunday and any public or Bank holiday) following save where the Temporary Worker is being offered an Assignment in the same position as one in which the Temporary Worker had previously been supplied within the previous five business days and such information has already been given to the Temporary Worker.

3.5 For the purpose of calculating the average number of weekly hours worked by the Temporary Worker on an Assignment, the start date for the relevant averaging period under the Working Time Regulations shall be the date on which the Temporary Worker commences the first Assignment.

3.6 If, before the first Assignment, during the course of an Assignment or within the Relevant Period the Client wishes to employ the Temporary Worker direct or through another employment business, the Temporary Worker acknowledges that the Employment Business will be entitled either to charge the Client a fee or to agree an extension of the hiring period with the Client at the end of which the Temporary Worker may be engaged directly by the Client or through another employment business without further charge to the Client.

In addition the Employment Business will be entitled to charge a fee to the Client if the Client introduces the Temporary Worker to a third party who subsequently engages the Temporary Worker within the Relevant Period.

**4 RENUMERATION**

4.1 Rates of assignment differs from one client to another AND are to be paid monthly, subject to deductions in respect of PAYE pursuant to Sections 44-47 of the Income Tax (Earnings and Pensions) Act 2003 and Class 1 National Insurance Contributions and any other deductions which the Employment Business may be required by law to make.

4.2 Subject to any statutory entitlement under the relevant legislation, the Temporary Worker is not entitled to receive payment from the Employment Business or Clients for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

**5 STATUTORY LEAVE**

5.1 For the purposes of calculating entitlement to paid annual leave pursuant to Working Time Regulations 1998 under this

clause, the leave year commences on 1st day of April.

5.2 Under the Working Time Regulations 1998, the Temporary Worker is entitled to 4 weeks’ paid leave per leave year. All entitlement to leave must be taken during the course of the leave year in which it accrues, and none may be carried forward to the next year.

5.3 Where a Temporary Worker wishes to take paid leave during the course of an assignment s/he should notify the Employment Business of the dates of his/her intended absence giving notice of at least twice the length of the period of leave that s/he wishes to take. In certain circumstances the Employment Business may give counter-notice to the Temporary Worker to postpone or reduce the amount of leave that the Temporary Worker wishes to take and in such circumstances the Employment Business will inform the Temporary Worker in writing giving at least the same length of notice as the period of leave that has been requested.

5.4 Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Temporary

Worker on Assignment during the leave year. The amount of payment which the Temporary Worker will receive in respect of periods of annual leave taken during the course of an Assignment will be calculated in accordance with and paid in proportion to the number of hours which the Temporary Worker has worked on Assignment. [\*Payments for annual leave will be calculated on the basis of rates paid during the Client’s normal working hours i.e. those which do not attract overtime rates of pay.

5.5 In the course of any Assignment during the first leave year the Temporary Worker is entitled to request leave at the rate of one-twelfth of the Temporary Worker’s total holiday entitlement in each month of the leave year.

5.6 Where this contract is terminated by either party and a P45 is requested, the Temporary Worker shall be entitled to a payment in lieu of any untaken leave where the amount of leave taken is less than the amount accrued in accordance with clause 5.4 above.

5.7 None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Worker’s status as a self-employed worker.

**6 SICKNESS ABSENCE**

6.1 The Temporary Worker may be eligible for Statutory Sick Pay provided that s/he meets the relevant statutory criteria.

**7 TIME SHEETS**

7.1 Time sheets should be in the office every Monday morning. At the end of each week of an Assignment (or at the end of the Assignment where it is for a period of one week or less or is completed before the end of a week) the Temporary Worker shall deliver to the Employment Business a time sheet duly completed to indicate the number of hours worked during the preceding week (or such lesser period) and signed by an authorised representative of the Client.

7.2 Subject to clause 7.3 The Employment Business shall pay the Temporary Worker for all hours worked regardless of whether the Employment Business has received payment from the Client for those hours.

7.3 Where the Temporary Worker fails to submit a properly authenticated time sheet the Employment Business shall, in a timely fashion, conduct further investigations into the hours claimed by the Temporary Worker and the reasons that the Client has refused to sign a timesheet in respect of those hours. This may delay any payment due to the Temporary Worker.

The Employment Business shall make no payment to the Temporary Worker for hours not worked.

7.4 For the avoidance of doubt and for the purposes of the Working Time Regulations, the Temporary Worker’s working time shall only consist of those periods during which s/he is carrying out activities or duties for the Client as part of the Assignment. Time spent travelling to the Client’s premises; lunch breaks and other rest breaks shall not count as part of the Temporary Worker’s working time for these purposes.

**8 CONDUCTS OF ASSIGNMENTS**

8.1 The Temporary Worker is not obliged to accept any Assignment offered by the Employment Business but if s/he does so, during every Assignment and afterwards where appropriate, s/he will:

a) Co-operate with the Client’s reasonable instructions and accept the direction, supervision and control of any responsible

person in the Client’s organisation.

b) Observe any relevant rules and regulations of the Client’s establishment (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain.

c) Take all reasonable steps to safeguard his or her own health and safety and that of any other person who may be present or be affected by his or her actions on the Assignment and comply with the Health and Safety policies and procedures of the Client.

d) Not engage in any conduct detrimental to the interests of the Client.

e) Not at any time divulge to any person, nor use for his or her own or any other person’s benefit, any confidential information relating to the Client’s or the Employment Business’ employees, business affairs, transactions or finances.

8.2 If the Temporary Worker is unable for any reason to attend work during the course of an Assignment s/he should inform the Client and/or the Employment Business within 24 hours of the commencement of the Assignment or shift.

8.3 If, either before or during the course of an Assignment, the Temporary Worker becomes aware of any reason why he may not be suitable for an Assignment, he shall notify the Employment Business without delay.

**9 TERMINATION**

9.1 The Employment Business or the Client may terminate the Temporary Worker’s Assignment at any time without prior

notice or liability.

9.2 The Temporary Worker may terminate an Assignment at any time without prior notice or liability.

9.3 If the Temporary Worker does not inform the Client or the Employment Business [in accordance with clause 8.2] should they be unable to attend work during the course of an assignment this will be treated as termination of the assignment by the Temporary Worker in accordance with clause 9.2 unless the Temporary Worker can show that exceptional circumstances prevented him or her from complying with clause 8.2.

9.4 If the Temporary Worker is absent during the course of an assignment and the contract has not been otherwise terminated under clauses 9.1, 9.2 or 9.3 above the employment business will be entitled to terminate the contract in accordance with clause 9.1 if the work to which the absent worker was assigned is no longer available for the Temporary Worker.

9.5 If the Temporary Worker does not report to the Employment Business to notify his/her availability for work for a period of three weeks, the Employment Business will forward his/her P45 to his/her last known address.

**10 LAW**

10.1 These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of

England & Wales

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by the Temporary Worker

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Workers Non- specific Terms and conditions**

Please read the terms and conditions, sign the agreement and send it back together with your application form.

Name: ………………………………………………

Appointment………………………………………

You may be required to work at any of the organizations in the UK on a temporary or permanent basis.

DBS

Cost £60.00 and it is none refundable. We cannot give work to anyone who has not applied for DBS with us.

Place of Work

 You will be required to work in the Service User’s homes, Hospitals, Nursing Homes, Residential Homes or in the community.

Cancellation of shifts

Work once accepted, must be completed by you; if you fail to do so, without good reason, the agency is unlikely to give you further hours and may remove you from its staff register. However, 48 hours’ notice is to be given by either party when cancelling shifts booked.

Disciplinary procedures

 A copy of the organization’s disciplinary procedure is attached and employees are asked to read it carefully.

You are expected to observe our standards of conduct when working for us. It is important that staff arrive to work on time because the service users depend on you.

IF YOU GET LATE OR FAILURE TO COMPLY WITH OUR GUIDELINES WE WILL TAKE VERY SERIOUSE STEPS AND MAY REMOVE YOU FROM OUR REGISTER.

We will not tolerate such behaviour including:

* Abusive and bullying behaviour
* Lies or accepting shifts from clients behind our back
* Refusal to abide by our guidelines and philosophy
* Neglecting clients and duty
* Serious breaches of safety rules, potential enduring yourself and others
* Theft, fraud, falsifying time sheets, expenses or any claims
* Substance misuse
* Smelling of alcohol at work or arriving at work having consumed alcohol
* Failure to respect confidentiality
* Deliberate damage to client property
* Violent and or indecent conduct
* Discrimination on ground of sex, race, religion, colour, ethnic origin, sexuality or other unfair reason, and harassment in any form.

Equal opportunity

OUR AGENCY is committed to working to ensure it has an organizational culture which values, respect and that every service user is treated with love and dignity. All staff must adhere to our practices and policies wherever possible.

Grievance procedure

* If you have any grievance relating to your employment you should raise it orally with the office manager Our agency. All complaints should be reported to the complaint’s manager.
* If the matter is not resolved within [7] working days, you may raise it in writing with the Managing Director who will make a decision about the matter within the next 7 working days.

Personal data

For the purposes of administration, it is necessary for the organization to hold and process personal data on its employees.

The data will be held for the duration of your employment or for any longer period to enable the organization to answer any question relating to you as an employee.

 Every care is taken to ensure that this personal data is held in confidence and secrecy. You have the right to inspect, review and, if necessary, update your personal details on an annual basis. Normally you will be able to inspect your file within [one] working day[s] of this request.

If your personal circumstances do change at any time you should inform [who to contact] accordingly. This will ensure that the information remains accurate.

Pension

 Let us know if you want to pay contribution towards a pension. Contact the Human Resources Department so that we can arrange to be collected from your pay.

Other Entitlements

 Because this a work on a casual basis, there are no entitlements to:

Overtime payments, Notice Period, Occupational sick pay

Changes to the terms and conditions

Any changes in the Terms and Condition set out in this contract will be notified to you within one month of charges.

Salaries

Salaries are paid weekly or monthly until further notice.

Time Sheet

 Time sheets MUST be submitted to the office every Monday/Tuesday by 4pm and salaries will be paid directly into your account.

Uniform

Please appear clean and well dressed; always wear white or blue Uniform. If you do not have a uniform ask the office we always have uniforms but we charge £ 20.00 per Tunic or dress. If you cannot afford to buy a uniform we can always deduct the amount on your second shift.

Signed on behalf of the Organization:

Manager …………………………… Date: …………

Signed by the employee:………………………

 I agree to the terms and conditions of this contract.

(Employee's signature)...................................Date.......................

# CODE OF CONDUCT FOR STAFF

Our Agency believes that all clients have a right to the following:

* Privacy and confidentiality
* Dignity
* Freedom of choice
* Control over what happens in their own home environment
* Independence
* Fulfilment
* Integrity

## PRIVACY AND CONFIDENTIALITY

Privacy of the client must be respected at all times.

Client’s personal details must only be discussed within their own home. Any financial information should not be looked at or discussed with the client. Any concerns that the client may bring up should be reported to the person in charge.

## VUNERABLE ADULTS POLICY

If, in the course of your professional practise, you suspect or believe that the client is or has been abused, you must report this as soon as you possibly can to your line manager. It is essential that confidentiality be maintained.

## DIGNITY

## FREEDOM OF CHOICE

It is essential that the client be treated with respect at all times.

Freedom of choice is the client’s prerogative; this applies to all aspects of their life from choosing what they wear to what they eat.

## CONTROL OF WHAT HAPPENS IN THEIR OWN HOME

Allowing choice and encouraging people to have control gives them their dignity.

## INDEPENDENCE

By enabling the client to have choice and control over their life and by helping to fill the gaps you are making it possible for them to maintain their freedom.

## INTEGRITY

Integrity makes all the above possible. I understand and agree to abide by all the conditions laid.

Signed…………………………………….

FULL NAME………………………………DATE…………………………………….

**ACCOUNTANT AND HMRC**

**Payroll purpose only**

This Form its for payroll purpose only. Fill This form if you do not have a P45.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | About this form |  |  |  |  |  |  | TAX CODE ……………… |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | If you want to print a blank black and white copy of this form, select 'Print' from the 'File' menu at the top of the page. |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Instructions for employers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years. Do not send this form to HM Revenue & Customs (HMRC). |  |
|  |  |
|  |  |
|  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Instructions for employees |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then you can send it to your employer by email or you can print a copy and give it to them. Do not send this form to HMRC. |  |
|  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Employee's personal details |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | \* indicates required information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Last name or family name \* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | First name(s) \* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Are you male or female? \* |  | Male |  |  | Female |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth e.g. dd mm yyyy \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Home address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address line 1 \* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address line 2 \* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address line 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Address line 4 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postcode \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (if your address is in the UK) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | National Insurance number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Employment start date \* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | e.g. dd mm yyyy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee statement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | A - This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension. |  |
|  |  |  |  |
|  | \* You need to  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | select only one |  | B - This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. |  |
|  | of the following |  |  |
|  | statements |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | A, B or C. |  | C - As well as my new job, I have another job or receive a State or Occupational Pension. |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | \* I have a Student Loan which is not fully repaid and I left a course of UK higher education before last 6 April and I received my first Student Loan instalment on or after 1 September 1998.  |  |  | No |  |  |
|  |  |  | Yes |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Select 'No' if you are repaying your Student Loan direct to the Student Loans Company by agreed monthly payments. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Please print your name or sign here after you have printed the form. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Full name \* |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date egg dd mm yyyy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



RSBC Care Ltd, 35 Sandford Ave, Church Stretton, SY6 6BH

24/7 Mobile 07577710864​

Email: rsbccareers@gmail.com Website: [www.rsbccareltd.co.uk](http://www.rsbccareltd.co.uk)​

# Timesheet

**PLEASE ENSURE THAT ALL SECTIONS ARE CORRECTLY FILLED BEFORE SIGNING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **FROM** | **TO** | **HOURS****DAY** | **HOURS****NIGHT** | **Gen.** | **GTR** | **Psyc.** | **Ward/Dept** | **Grade** | **Clients****Signature** | **Nurses Signature** |
| **SUN** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **MON** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **TUE** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **WED** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **THUR** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **FRI** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **SAT** |  | **am****pm** | **am****pm** |  |  |  |  |  |  |  |  |  |
| **TOTAL HOURS EXCLUDE BREAKS** |  |  |  |  |  |

**I confirm that the name, hour’s ad and Grade are correct and agreed for payment**

|  |
| --- |
| **TOTAL HOURS (In Words)** |
| **AUTHORISED SIGNATURE:** | **NAME: (Please print)** |
| **POSITION HELD:** | **DATE:** |

**Staff in charge Full Name Staff in charge Signature: Date**

I am authorised signatory for my ward, department/ Nursing home/ Residential Home. I am signing to confirm that the job profile, title and band of agency worker and the hours that l am authorising are accurate and l approve payment. I understand that if l knowingly provides false information this may result in legal action and l may be liable for prosecution and civil recovery proceedings.

**Name of Worker** (print) **Signature of worker** Date I declare the information is correct and if l knowingly provide false information l may be prosecuted for fraud and civil recovery proceedings.

No Signed Time Sheet no pay.