



REGISTRATION FORM.

SONOGRAPHERS medical

Please complete all relevant sections
using block capitals, in black ink.

Please enclose a recent Passport
Sized Photograph, with your name
written clearly on its reverse side.

PERSONAL DETAILS.

Profession: Date of Birth: / / Sex: M / F
Title: Surname:
Forenames:
Contact Address:
..... Post Code:
Telephone N^o – Home: Work: Ext / Bleep:

Email Address:

Do you monitor your email frequently? YES NO
Would you like us to use email as our normal means of contact for general news? YES NO
Would you like to be added to our email newsletter? YES NO

National Insurance Number: __ / __ / __ / __ / __ P45 Enclosed? YES NO

NEXT OF KIN DETAILS.

Title: First Names: Surname:
Address:
.....
Relationship: Contact Number:

PROOF OF IDENTITY.

To ensure we comply with UK National Legislation, you are required to enclose a colour copy of your Passport, as well as any Visa or Work Permit pertaining to your presence in the UK. We also require a utility bill of less than three months old addressed in your name. You will also be required to present the original documents at interview.

Nationality: Are you a British Citizen / E C National? YES NO

If you are a national of the following countries, you must inform us so that we can ensure you are properly registered with the Home office:

Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia or Sweden

If you are not an EU national, you must enclose copies of your Work Visa, or other relevant document confirming your authority to reside and take work in the United Kingdom.

Please help us monitor the effectiveness of our equal opportunities policy by stating your origins:-

European. American. Australasian. African. Asian

PROFESSIONAL EXPERIENCE. (Most recent first).

Current or Last Employer, Name & Address:
..... Grade / Dept:

Clinical Experience:
.....
.....
From: To: Reason for Leaving:

Name & Address of Employer:
..... Grade / Dept:

Clinical Experience:
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From: To: Reason for Leaving:

Name & Address of Employer:
..... Grade / Dept:

Clinical Experience:
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From: To: Reason for Leaving:

Name & Address of Employer:
..... Grade / Dept:

Clinical Experience:
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From: To: Reason for Leaving:

PROFESSIONAL QUALIFICATIONS. (Please submit copies of all Vocational Certificates).

University / Institution.	Qualification.	Date Obtained.
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STATE REGISTRATIONS.

Health Professions Council

Registered Name: Registration Number: Valid Until:

Alternative State Registration.

Organisation:

Registered Name: Registration Number: Valid Until:

Please ensure you forward us copies of your State Registration on renewal.

PROFESSIONAL COLLEGES, SOCIETIES, UNIONS.

Name of Organisation:	Type of Membership.	Number.	Renewal Date.
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LANGUAGE SKILLS.

Language Spoken. Level of Fluency.

Language Spoken. Level of Fluency.

Language Spoken. Level of Fluency.

ADDITIONAL SKILLS & QUALIFICATIONS.

Please indicate here any sub-specialty skills, qualifications and preferences. Also indicate if there are fields you would prefer not to work in.

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UK BANK DETAILS.

Account Name: Account Number:

Sort Code: (Six digits in format XX – XX – XX)

Name of Bank:

Bank Address: Post Code:

Building Society Roll number (if relevant):

AVAILABILITY.

Dates Available for Locum Work (if known):

In which parts of the Country are you prepared to work:

Sub-specialties in which you are prepared to work:

Type of Work Preferred: Full Time / Part time / Annual Holidays / Weekends / Other :

If available, would you require accommodation ? Yes No

Do you have own Transport available & UK acceptable Driving Licence? Yes No

Any additional information regarding Placements:

REFERENCES: - Please give the name and Address Details of two work Referees and, if possible, ask them to complete one of the enclosed Reference Sheets. We are happy to contact referees for you, but this can take considerably longer than if you approach them. All references will be verbally confirmed with the Referee.

Name: Name:

Title: Title:

Address: Address:

.....

.....

Post Code: Post Code:

Telephone: Telephone:

Email: Email:

DECLARATION. (Please sign before returning).

I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I am not aware of any condition, medical or otherwise, which could limit or affect my employment or performance. I agree that if I have given false or misleading information, or have omitted to provide relevant information, this may result in termination of assignment with out notice, as well as a claim for recovery of all payments I have received, and a claim for loss of profits to **SONOGRAPHERS Medical**.

I acknowledge that I have received a copy of the current Terms and Conditions of Employment issued by **SONOGRAPHERS Medical**, which is mine to keep, and that I have read those Terms and agree to abide by them. I am happy for my personal and medical details to be seen by the regulatory authorities.

Signed: **Date:**

Please Print Full Name:

Send this form together with the required documentation to:

SONOGRAPHERS Medical. 10a Highview Parade. Woodford Avenue. Ilford. Essex IG4 5EP.

PLEASE ENSURE YOU APPLY THE CORRECT POSTAGE TO AVOID ANY DELAY IN REACHING OUR OFFICES.

If posted with in the UK, you may post to FREEPOST SONOGRAPHERS MEDICAL.

(In this case no stamp or other address details are required.)

You may email copies of your certificates and CV to: staffing@sonographersmedical.co.uk

What are the health requirements for you to be NHS PaSA Compliant?

As you may be aware, when working for an agency you may be asked to provide additional details to those required to work direct in the NHS. These are NHS rules and we can not bypass them. Below are details of what you require in order to provide evidence of immunity.

Tuberculosis: As an agency worker you are required to provide evidence that your BCG Scar has been vetted by a suitably trained and experienced occupational health nurse/department. If you do not have a scar you have to provide evidence of Tb skin test.

Summary: Do you have a BCG scar on you arm?

Your Doctor or an OH Nurse can write and sign further on this form saying that the BCG scar is visible. If you do not have a scar then you need to get an appointment with GP or Occ Health dept to arrange a TB skin test and then a BCG if no immunity is apparent.

Rubella, Mumps & Measles: This immunisation now comes in the form of a two part MMR (Measles, Mumps and Rubella). You must have two doses. You will probably have had an initial dose at school, but it is now advised that you are also immunised in your adult life. You can get this done with your GP or Occ Health. You **must** provide proof in the form of a doctors vaccination record, lab report or a letter confirming blood results or 2 MMR vaccinations. Documents need to be signed and stamped by Doctors Surgery/Occupational Health Department to be valid

Varicella: You are required to either, provide written evidence of immunity to chicken pox or shingles (Varicella) in the form of a blood test showing such immunity or evidence of vaccination; or you can sign a declaration of having had Chicken Pox.

Hepatitis B: The Hep B immunity is a course of 3 injections. When you have had your third, you need to get 'titre' levels taken, to prove that you have above 100 units of Hep B protection in your system. PaSA insists that this is completed before you work.

This is much stricter for agency workers than for NHS staff, who simply need to commence the course.

We need a copy of the report from the lab that tests your blood to say what your levels are. The report may be sent straight to your doctor, so ask for a print out. VERY IMPORTANT: To prove that it was your blood that was examined, IVS protocol needs to be followed by the doctor and laboratory. You can show the doctor your photo-identification and make sure it is written on the report "IVS protocol carried out" with a signature by your doctor!

We also need a Hep B Antigen test, to show that you do not currently have Hepatitis. This can be performed at the same time as the antibody test, but you need to ensure it is requested.

Summary: You must provide proof of Hep B immunity by getting a pathology report.

Refusal of HIV and AIDS screening: There is no requirement for you to be screened for these conditions, but you must sign a declaration opting out of such screening.

REMEMBER: TO BE VALID, ALL DOCUMENTS MUST BE IN ENGLISH AND NEED TO BE SIGNED & STAMPED BY THE DOCTORS SURGERY / OCCUPATIONAL HEALTH DEPARTMENT.

OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE
CONFIDENTIAL

Information contained within this document is governed by the Data Protection Act 1998. Disclosure of information is only with your informed written consent. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice.

You <u>must</u> send to us the following:	
Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result
Mumps, Measles & Rubella	Certificate of vaccination or blood test result is required showing the immunity levels
Varicella	Certificate of vaccination or blood test result, or self declaration.
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above if possible or antigen status if titre level is below 100lu/l. The report must be an identified validated sample.
Hepatitis C	Proof of Hepatitis C non-infectivity is required for staff performing exposure prone procedures. As appropriate, please either provide an identified validated sample of your most recent UK pathology report or sign the opt out
Hepatitis B Surface Antigen	Proof of a negative result

Personal Information & Declaration.			
Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	
The information supplied is true to the best of my belief. I agree to inform my employer of any health problems so that my health and safety can be protected whilst at work			
Name	Signature	Date	

Occupational Health Screening History	
Name of trust or hospital that gave you most recent screening	
Date of most recent screening	
Were the results in anyway abnormal	
If the results were abnormal please provide details	

Chicken Pox or Shingles	Date	Yes	No
Have you ever had chicken pox or shingles			

I confirm I have previously had Chicken Pox.

Signature.....

Date.....

Basic Health History		
If your answer to any of these questions is YES or if you are currently taking any medication please provide details in the space below	Yes	No
Is there any aspect of your health which may restrict your ability to work?		
Are you currently or regularly taking any medicines, tablets, special diets, or injections?		
Are you pregnant?		
Is there any aspect of your medical history which an employer should or might wish to know		
Would you need any adjustments to your working environment to pursue your chosen occupation		
Do you have any conditions of vision, hearing or speech which might effect your ability to work		
Have you ever suffered from any mental illness/depression or alcoholism or drug dependency		
Are you attending any hospital for treatment or are you currently on a waiting list for treatment		
Do you now, or have you ever, suffered from or received treatment for:	Yes	No
Respiratory (including asthmatic or allergic) symptoms, disorders or diseases		
Cardiovascular symptoms, disorders or diseases		
Gastrointestinal symptoms, disorders or diseases		
Neurological (including epileptic) symptoms, disorders or diseases		
Psychiatric symptoms, disorders or diseases		
Genitourinary symptoms, disorders or diseases		
Skin symptoms, disorders, diseases including reactions to gloves and glove powder		
Endocrine (including diabetic) symptoms, disorders or diseases		
Haematological symptoms, disorders or diseases		
Recurrent sore throat (including treatment for MRSA infections)		
Bone or Joint symptoms, disorders or diseases (including back pain)		
Imunno-deficiency symptoms e.g. HIV positive diseases or disorders		
Stress related disorders or diseases		
Alcohol/Drug related symptoms, disorders or diseases		
Overseas travel symptoms, disorders or diseases		

Immunisation History			
Have you have any of the following immunisations	Date	Yes	No
Diphtheria			
Poliomyelitis			
Tetanus			

TB History		Yes	No
Have you ever had a positive TB skin test?			
Have you ever had an abnormal chest x-ray?			
Have you recently had the mucous you cough up tested for TB?			
If yes, were you told it was positive?			
Have you ever been told you have Infectious Tuberculosis?			
If yes, how long ago?			
Have you ever been treated with medication for Infectious TB			
Are you still taking TB medicine?			
Did you take all the TB medicine until the health care professional told you that you were finished?			
Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (e.g. roommate, close friend, relative).			

Current TB Symptoms		
Do you have a cough that has lasted longer than three weeks?		
Do you cough up blood or mucous?		
Have you lost your appetite? Aren't hungry?		
Have you lost weight (more than 10 pounds) in the last two months? With out trying to?		
Do you have night sweats (need to change the sheets or your clothes because they are wet)?		
Details:		

Tuberculosis: As an agency worker you are required to provide evidence that your BCG Scar has been vetted by a suitably trained and experienced occupational health nurse/department. If you do not have a scar you have to provide evidence of Tb skin test.

Summary: Do you have a BCG scar on you arm?
 Your Doctor or a Nurse can sign below, or write and a note saying "BCG scar is visible on arm". If you do not have a scar then you need to get an appointment with GP or Occ Health dept to arrange a TB skin test and then a BCG if no immunity is apparent. **It is vital that the a surgery stamp and the Pin numbers are given.**

BCG Sighted			
Yes	No	Date	Tel:
			Surgery Stamp
Sighted by: (Print Full Name)			
GMC OR NMC PIN Number:			
Signature			

IMPORTANT A health care worker who has any reason to believe they may have been exposed to infection with HIV or Hepatitis C, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so, may breach the duty of care to patients.

HIV / AIDS				
Have you had a HIV blood Test	Yes	No	Date	Result:

Do you have reason to believe that you may have been exposed to HIV infection in any of the circumstances listed below?

1. If you are male, engaging in unprotected sexual intercourse with another man;
2. Having unprotected intercourse in, or with a person who has been exposed in a country where transmission of HIV through sexual intercourse between men and women is common;
2. Shared injecting equipment while mis-using drugs.
3. Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HIV infection;
4. Had significant Occupational exposure to HIV infected material in any circumstances.
6. Had unprotected sexual intercourse with someone of any of the above categories.

YES	NO	Discuss further	Notes:
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A validated sample of blood is required for HIV testing for the following category of employee. Please send documentation with this form if you have been tested. If you have not been tested:

- All EPP (Exposure Prone procedures) workers who are new to the NHS and who will perform EPPs.
- Existing workers who are new to EPP

All health care workers who are new to the NHS will be offered an HIV antibody test.

HEPATITIS C				
Have you had a Hepatitis C antibody check	Yes	No	Date	Result:

Do you have reason to believe that you may have been exposed to Hepatitis C infection in any of the circumstances listed below?

1. Receipt of unscreened blood or untreated plasma products (in the UK before Sept 1991 and 1986 respectively);
2. The sharing of injecting equipment while using drugs;
3. Having been occupationally exposed to the blood of patients known to be infected with hepatitis C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious);
4. Receiving medical or dental treatment in countries where hepatitis C is common and infection control precautions may be inadequate.

YES	NO	Discuss further	Notes:
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A validated sample of blood is required for Hepatitis C antibody testing for the following category of employee. Please send documentations with this form if you have been tested:

- All EPP (Exposure Prone procedures) workers who are new to the NHS and who will perform EPPs.
- Existing workers who are new to EPP

All health care workers who are new to the NHS will be offered a Hepatitis C antibody test.

Additional Information		
Have you been on holiday in the last two years? If so, please complete fill in the details below		
Country Visited	Date	Duration of stay
Have you worked in a TB Prevalent area, or where HIV is prevalent in the last 3 years?		
Country Visited	Date	Duration of stay

Please note: This section must be completed if screening is refused or proof not available

Forename	Surname
Address:	Date of Birth

Refusal of HIV Screening Form (For Non Exposure Prone Procedure Workers)

I hereby confirm that I refuse to undergo a HIV Screening

I also accept that Sonographers Medical have informed me of the risk of working without HIV Screening.

Signature..... Date.....

Risk of contracting HIV:

Listed below are ways that you might have been exposed to HIV in the past or in the future:

- If they are male, engaging in unprotected sexual intercourse with another man;
- having unprotected intercourse in, or with a person who had been exposed in a country where transmission of HIV through sexual intercourse between men and women is common;
- sharing injecting equipment while misusing drugs;
- having a significant occupational exposure to HIV-infected material in any circumstances;
- engaging in invasive medical, surgical, dental or midwifery procedures, either as a practitioner or patient, in parts of the world where infection-control precautions may have been inadequate, or with populations with a high prevalence of HIV infection;
- engaging in unprotected sexual intercourse with someone in any of the above categories.

Refusal of Hep C Screening Form (For Non Exposure Prone Procedure Workers)

I hereby confirm that I refuse to undergo a Hep C Screening .

I also accept that Sonographers Medical have informed me of the risk of working Hep C Screening.

Signature..... Date.....

Risk of contracting Hep C:

Listed below are ways that you might have been exposed to hepatitis C:

- receipt of unscreened blood or untreated plasma products (in the UK before September 1991 and 1986 respectively);
- sharing of injecting equipment while using drugs;
- having been occupationally exposed to the blood of patients known to be infected with Hep C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious); receiving medical or dental treatment in countries where hepatitis C is common and infection-control precautions may be inadequate

TERMS OF ENGAGEMENT FOR TEMPORARY WORKERS

1. DEFINITIONS

1.1. In these Terms of Engagement the following definitions apply:–

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

“Client” 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];

“Employment Business” **SONOGRAPHERS Medical Ltd** of: 224 Roding Lane South. IG4 5PP.

“Temporary Worker” the individual whose services are supplied by the Employment Business to the Client.

1.2. References to the singular include the plural & references to the masculine include the feminine and vice versa.

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

2. 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 his remuneration in accordance with clause 4.1.

2.3. No variation or alteration of these Terms shall be valid unless approved by the Employment Business in writing.

3. ASSIGNMENTS

3.1. The Employment Business will endeavor to obtain suitable Assignments for the Temporary Worker to work as in their professional capacity.

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 suitability shall be determined solely by the Employment Business; and 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.

3.3. 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.

3.4. If during the course of an Assignment or within 12 weeks after the end of an Assignment the Client wishes to employ the Temporary Worker direct, the Temporary Worker acknowledges that the Employment Business will be entitled either to charge the Client an introduction fee or to agree an extension of the hiring period with the Client at the end of which the Temporary Worker may be employed direct by the Client without further charge to the Client.

4. REMUNERATION

4.1. The Employment Business shall pay to the Temporary Worker remuneration calculated at a minimum hourly rate detailed prior to commencing the placement. The actual rate will be notified on a ‘per Assignment’ basis, for each hour worked during an Assignment (to the nearest quarter hour) to be paid weekly in arrears, subject to deductions in respect of PAYE pursuant to Section 134 of the Income and Corporation Taxes Act 1988 and Class 1 National Insurance Contributions and any other deductions which the Employment Business may be required by law to make. Payment shall be made weekly.

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 the date that the Temporary Worker starts an Assignment or a series of Assignments.

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. 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 they have worked on Assignment.

5.4. 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 5.3 above

5.5. 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 he meets the relevant statutory criteria.

6.2. For the purposes of the Statutory Sick Pay scheme there is one qualifying day per week during the course of an assignment and that qualifying day shall be the Wednesday in every week.

7. TIME SHEETS

7.1. 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 his time sheet duly completed to indicate the number of hours worked by him during the preceding week (or such lesser period) and signed by an authorised representative of the Client. Failure to submit a time sheet for hours worked may delay payment for those hours.

7.2. 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 he is carrying out his activities or duties for the Client as part of the Assignment. Time spent traveling 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. CONDUCT OF ASSIGNMENTS

8.1. The Temporary Worker is not obliged to accept any Assignment offered by the Employment Business but if he does so, during every Assignment and afterwards where appropriate, 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 own health and safety and that of any other person who may be present or be affected by his 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 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 he should inform the Client or the Employment Business within one hour of the commencement of the Assignment or shift.

9. TERMINATION

9.1. The Employment Business or the Client may, without prior notice or liability, terminate the Temporary Worker's Assignment at any time.

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 9.2] 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 from complying with clause 9.2.

9.4. If the Temporary Worker is absent during the course of an assignment and the contract has not been otherwise terminated 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 availability for work for a period of three weeks, the Employment Business will forward his P45 to his last known address.

10. LAW

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

48 HOUR OPT OUT AGREEMENT

1. DEFINITIONS

1.1. In this Agreement the following definitions apply:-

"Assignment"	the period during which the Worker is engaged to render services to the Client;
"Client"	the person, firm or corporate body engaging the services of the Worker;
"Employment Business"	SONOGRAPHERS Medical Ltd of: 224 Roding Lane South. IG4 5PP.
"Temporary Worker"	the individual whose services are supplied by the Employment Business to the Client.
"Working Week"	an average of 48 hours each week calculated over a 17-week reference period.

1.2. References to the singular include the plural and references to the masculine include the feminine and vice versa.

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

2. RESTRICTION

2.1. The Working Time Regulations 1998 provide that the Temporary Worker shall not work on an Assignment with the Client in excess of the Working Week unless he agrees in writing that this limit should not apply.

3. CONSENT

3.1. The Temporary Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

4. WITHDRAWAL OF CONSENT

4.1. The Temporary Worker may end this Agreement by giving the Employment Business 1 week notice in writing.

4.2. For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Temporary Worker of an Assignment with a Client.

4.3. Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.

5. THE LAW

5.1. These Terms are governed by the law of England and are subject to the exclusive jurisdiction of the Court of England.

Retain these TERMS OF ENGAGEMENT FOR TEMPORARY WORKERS for your records.

TIME SHEETS.

A Company or Hospital issued Timesheet must be completed for each week you work. Both the Locum and The Head of Department, or somebody that they authorise for the task, must sign each Timesheet.

Ideally, you will fax the Time Sheet through to our offices on the last day of the week, over the weekend or on the Monday morning following, so that your pay may be calculated with out delay. In either case, the original copy must be posted to us at your earliest convenience as we can not invoice the Trusts with out the original forms..

Time sheets should be faxed to the dedicated Time Sheet Fax Number **020 8551 1700**

Time sheets should be faxed to; **FREEPOST SONOGRAPHERS MEDICAL** No other address details are required.

Replacement Time are sent with each Pay Slip for PAYE staff, or monthly for Practitioners working through a Ltd Company, but if you ever run out of supplies, telephone our offices and we can fax one through to you.

We also operated a Payroll Helpline, should you ever have any query with regard to your pay.

The **Payroll Helpline Number is 020 8550 7711**

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LIMITED COMPANIES.

SONOGRAPHERS Medical supports staff working through Subcontracted Companies.

Essentially, when working through a Subcontracted company, you are an employee of that company rather than Sonographers Medical. The advantage is that the tax arrangements are different and you could find yourself with substantially more in your pocket at the end of the week. To compensate you for the lack of Holiday entitlement (you actually pay yourself holiday pay), we increase your hourly rate. The rate is also higher as your company will meet the employers NIC's.

If this sounds of interest to you, contact us and we will pass on your details to on to a company providing this type of service who set things up for you. Whilst we cannot provide advice on individual cases, we believe that this method of working will provide financial benefits to most Locums and therefore recommend everyone considers it fully.

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ABSENCE.

If you are unable to attend a placement due to illness or some other reason, it is vital you inform the Department concerned, "as if you were employed directly by them". You should also then let as know at **SONOGRAPHERS Medical**. Since you have the first line contact with the Dept, you are the best person to notify them of your absence.

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PENSIONS.

Stakeholder pensions set minimum standards that every pension company has to meet. We have selected Virgin Direct's Group Stakeholder Pension Scheme to represent us in this respect.

Payments start from £1 and you will have the flexibility to stop, start or change your payments at any time without penalty. They can be made direct from your own bank account, so that you retain direct control over all payments made.

If you wish, when we process your application, we shall also provide Virgin Direct with the necessary details, including contact numbers, for them to prepare an information pack containing everything you need to know. There will also be an example illustration showing what you could receive from a Virgin Group Stakeholder Pension and a partially filled application. Virgin may also call you to help answer any questions.

If you want us to give your details to Virgin Direct, please let us know when you return your Application Pack.

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REGISTERED ADDRESS.

SONOGRAPHERS Medical Ltd. is registered at: Sir Charles House. 35, Woodford Avenue. Gants Hill. Ilford. IG2 6UF.

PROFESSIONAL REFERENCE FOR

Position Held.
 Period of Employment.
 Reason for Leaving. (If known).

Please comment on this Practitioners:

Professional abilities.
 Professional knowledge.
 Ability to work unsupervised.
 Willingness to learn.
 Willingness to teach.
 Relationship with colleagues.
 Relationship with patients.
 Reliability.
 Honesty-
 Punctuality.
 General Appearance.
 Would you re-employ this Practitioner ?

Would you like to make any further comments

Name of Referee Signed
 Position Date / /
 Hospital / Company

PLEASE FAX REPLY TO: Hospital / Company Stamp:

UK Fax: 0845 226 1 225 or
International Fax: +44 (0)20 8551 5911

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PROFESSIONAL REFERENCE FOR

Position Held.
 Period of Employment.
 Reason for Leaving. (If known).

Please comment on this Practitioners:

Professional abilities.
 Professional knowledge.
 Ability to work unsupervised.
 Willingness to learn.
 Willingness to teach.
 Relationship with colleagues.
 Relationship with patients.
 Reliability.
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Pre-employment Interview.

Candidate's Name.		Profession:	
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How much experience have you got with in your profession, and how much of that is with in the NHS?

Why are you looking to join an Agency? What do you hope to gain from such work?

How long do you anticipate working as a locum?

What did you learn from your latest placement / job?

What are your particular professional strengths and weaknesses?

What CPD have you taken part in during the past 12 months? Can we do anything to help you increase it?

Applicant's Signature

Interviewers Name. Signature.

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PAPERWORK CHECKLIST.

- Completed Application Form – plus CV if not emailed.
- Completed CRB Application – (ensure no gaps in residential history).
- Alternative Police check. Eg. Non UK, if you have not resided in UK for past 6 months.
- Copy of your Passport and any Work Visa (Right to Work in UK).
- Copy of proof of residential address
- Pre-employment Health Questionnaire.
- GP signed HEALTH SCREENING – IMMUNISATION record
(With Proof of Immunity to: Rubella, Mumps, Measles, Hepatitis B, Varicella & TB)
- Copy of current UK State Registration Certificate
- Copy of professional Qualification(s)
- Copy of any CPD Certificates over past year
- 2 completed Professional References. (Or full contact details of suitable referees).
- Pre-Employment Questionnaire
- Passport sized colour photograph

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