

Declarations

I declare that the information given in my application form is true and complete to the best of my knowledge and belief.

I have read and understand the Terms of Engagement booklet given to me, and will comply with the Terms and Conditions of MP Locums policies.

I agree to respect the confidentiality of the patients and clients and any other information I may access at all times.

I declare that I feel well, that I have the mental and physical capacity to undertake locum work, that I believe I do not have a medical or physical infirmity which may pose risk to patients or staff; that I am not taking or awaiting medical treatment, and that I believe I am not carrying any infection which could pose a risk to patients. I agree to inform the Occupational department and MP Locums if I have any reason to suspect that I may have acquired infection with HIV, Hepatitis B, Hepatitis C or any other condition which may affect my abilities to undertake my duties safely.

I undertake to inform MP Locums Ltd if my health status changes in any way that may affect the care due to the patients.

I agree that the information written in the Occupational Health Medical Questionnaire may be passed to the Employing Health Authority if necessary.

Agency Worker Handbook Declaration

I have read a copy of the Agency Worker Handbook which outlines the goals, policies, benefits and expectations of MP Locums and its clients, as well as my responsibilities as an Agency Worker.

I have familiarised myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Agency Worker Handbook provided to me by MP Locums. I understand this handbook is not intended to cover every situation which may arise whilst on assignment, but is simply a general guide to the goals, policies, practices, benefits and expectations of MP Locums.

I confirm that I have received the following Mandatory Training as detailed in the Handbook: Health & Safety (including COSSH & RIDDOR), Infection Control, Basic Life Support, Manual Handling, Information Governance, Health & Safety, Handling Violence & Aggression and Compliant Handling & Lone Worker training and that it has been completed in the last 12 months.

Updates to this manual will happen from time to time. Whenever this happens MP Locums will notify me of this by email. I agree to familiarise myself with these changes before undertaking any further shifts through MP Locums.

I understand that the Agency Worker Handbook is not a contract of employment and should not be deemed as such.

I hereby give permission for MP Locums to allow access, as a minimum, to my personnel files as part of any official audit, or client compliance purposes, carried out by, but not limited to, NHS Scotland and/or any person authorised by the NHS Authority. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

Holiday Pay waiver Declaration

I confirm that I am accepting a higher rate of pay per hour for locum work offered by MP Locums.

I understand that by doing so, I have no entitlement to accrued holiday pay

Professional Indemnity Insurance Declaration

I declare that I have been advised about any professional indemnity insurance cover not being available directly from NHS Scotland during any locum placement position I undertake to work.

Name:

Signed:

Date: