

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

WORKING IN THE UK - REGISTRATION FORM

PERSONAL DETAILS

Title: Surname:
Forenames:
Profession: Date of Birth: / / Sex: Male / Female
Contact Address:
..... Post Code:
Telephone No. Home: Mobile:

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

Do you have a UK National Insurance Number: __ / __ / __ / __ / _

NEXT OF KIN DETAILS

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

PROOF OF IDENTITY

Nationality: Passport Number:

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

Are you travelling on an Ancestry Visa? YES / NO or a Youth Mobility Visa? YES / NO

If none of the above, what entry stamp was put on your passport by immigration?

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

European American Australasian African Asian

To ensure we comply with UK National Legislation, you will need to enclose certified copies of...

(These must be certified by a Justice of the Peace, a Police Officer, a Bank Official or a Commissioner of Oaths.)

- Colour copy of your passport photo page.
- Visa or work permit pertaining to your presence in the UK.
- Australian name only Police Certificate.
- A utility bill of less than three months old and addressed in your name.

If you do not understand any of the above, please explain why you have a Right To Work in the UK and supply copies of any relevant paperwork.

WORK HISTORY (Most recent first).

Current or Most Recent Employer:

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Clinical Experience:

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From: To: Reason for Leaving:

Name & Address of Employer:

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Clinical Experience:

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From: To: Reason for Leaving:

Please continue on a separate sheet if necessary (See page 16)

QUALIFICATIONS (Please submit certified copies of all Certificates and Registrations).

University / Institution	Qualification	Date Obtained
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REGISTRATIONS

UK Health Professions Council

Registered Name: Registration Number: Valid Until:

AIR and/or ASAR Registration

Organisation:

Registered Name: Registration Number: Valid Until:

Professional Colleges, Societies, Unions

Name of Organisation	Type of Membership	Membership Number	Renewal Date
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Please ensure you forward us copies of your Registrations on renewal.

PROFESSIONAL EXPERIENCE (Sonographers)

Please indicate which examinations you are able to perform

Abdomen	<input type="checkbox"/>	1st Trimester Pregnancy	<input type="checkbox"/>
Pelvic	<input type="checkbox"/>	Nuchal Translucency (must have certification)	<input type="checkbox"/>
Breasts	<input type="checkbox"/>	2nd Trimester Pregnancy (Morphology)	<input type="checkbox"/>
Small Parts	<input type="checkbox"/>	3rd Trimester Pregnancy	<input type="checkbox"/>
MSK	<input type="checkbox"/>	Intermediate Vascular (Leg Arteries, Renal Arteries)	<input type="checkbox"/>
Carotid	<input type="checkbox"/>	Paediatrics (Neonatal Brain, Hips, Pyloric Stenosis)	<input type="checkbox"/>
DVT	<input type="checkbox"/>	Advanced Vascular (CVI, Arterial-Venous Fistula)	<input type="checkbox"/>
Echocardiography	<input type="checkbox"/>		

PROFESSIONAL EXPERIENCE (Radiographers)

Please indicate which examinations you are able to perform

General X-Ray	<input type="checkbox"/>	Theatre	<input type="checkbox"/>
CT	<input type="checkbox"/>	Emergency	<input type="checkbox"/>
OPG	<input type="checkbox"/>	Mammograms	<input type="checkbox"/>
MRI	<input type="checkbox"/>	Fluoroscopy	<input type="checkbox"/>
BMD	<input type="checkbox"/>	Cannulation	<input type="checkbox"/>

ADDITIONAL SKILLS & QUALIFICATIONS

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REFERENCES

Please give the name and address details of two work referees and ask them to complete the enclosed reference sheet on page 14 and 15. We are happy to contact referees on your behalf, but this can take considerably longer. All references will be verbally confirmed with the Referee.

Name: Telephone:

Title:

Address:

.....

Email: Post Code:

Name: Telephone:

Title:

Address:

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Email: Post Code:

CPD DECLARATION FORM

Continuing Professional Development (CPD) is the corner stone of any policy to ensure Practitioners maintain their competence to practice.

At **SONOGRAPHERS Medical**, we strongly believe that every locum should keep a detailed CPD portfolio as a permanent record of their activities. Please complete this form as fully as possible. Wherever possible supply a copy of any certificate awarded. If these items are digitally stored already, please email them to us at staffing@sonographersmedical.com.au.

CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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Please continue on a separate sheet if necessary (See page 17)
Remember to send us annual updates of your CPD activities and State registration.

ADDITIONAL INFORMATION

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PRIVACY RELEASE

In order for **SONOGRAPHERS Medical Australia Pty Ltd** to fulfil client requests for reference checks we will verify all documentation where necessary. This includes verifying your qualifications with the appropriate university or training organisation as well as contacting nominated referees. To adhere to appropriate privacy acts, please indicate your consent preferences. If you do not wish your referees to be contacted until a later date, please let us know.

Do you consent to **SONOGRAPHERS Medical Australia** verifying your qualifications? YES / NO

Do you consent to **SONOGRAPHERS Medical Australia** contacting your named referees? YES / NO

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. Furthermore, 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 without notice, as well as a claim for recovery of all payments I have received, and a claim for loss of profits to both **SONOGRAPHERS Medical** (UK) and/or **SONOGRAPHERS Medical Australia Pty Ltd**.

I acknowledge that I have received a copy of the Terms of Engagement for Temporary Workers issued by **SONOGRAPHERS Medical Australia Pty Ltd**, copies of which are enclosed for me to keep, and that I have read these Terms and agree to abide by them throughout my employment.

I also acknowledge and give consent for my personal and medical details to be seen by any regulatory authorities required.

Please Print Full Name:

Signed: **Date:**

Send this form together with the required documentation to:

SONOGRAPHERS Medical Australia Pty Ltd, PO Box 7526, Toowoomba South, Qld 4350 Australia.

Please ensure you apply the correct postage to avoid any delay in reaching our offices.

You may email electronic copies of your certificates and CV to:

staffing@sonographersmedical.com.au

FITNESS TO WORK QUESTIONNAIRE INFORMATION

All information provided below shall remain confidential and will only be divulged to clients or prospective clients if it is relevant to a specific placement within the United Kingdom NHS (National Health Service). In order that we comply with the requirements of the NHS Agency Framework Agreement, administered by the NHS Purchasing and Supplies Agency (PaSA), we require each worker to be NHS PaSA Compliant.

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

As you may be aware, when working for an agency in the UK 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 testify in the Occupational Health Medical Questionnaire below that the BCG scar is visible. If you do not have a scar then you need to get an appointment with GP or Occupational Health Department to arrange a TB skin test (Mantoux 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 but when it's done you **must** provide proof in the form of a doctors vaccination record, lab report or a letter confirming blood results or MMR vaccination. Documents need to be signed and stamped by Doctors Surgery/Occupational Health Department to be valid.

Varicella: As an agency worker you are now required to provide written evidence of immunity to chicken pox or shingles (Varicella). This may be in the form of a blood test showing such immunity or evidence of vaccination.

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

Please retain this page for your records.

FITNESS TO WORK QUESTIONNAIRE

CONFIDENTIAL

Information contained within this document is governed by the UK 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 Health Certificates:	
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 is required showing the immunity level.
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 form
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.

Signed: 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 affect 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:		
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	Yes	No
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 5 kilograms) 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 an OH 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 a surgery stamp is given.

BCG Scar Sighted			
Yes	No	Date	Tel:
Sighted by: (Print Full Name)			Surgery Stamp
GMC OR NMC PIN Number: (Not Applicable in Australia)			
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 UK 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; 3. Shared injecting equipment while mis-using drugs. 4. 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; 5. 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:
A validated sample of blood is required for HIV testing for the following category of employee. • All EPP (Exposure Prone Procedures) workers who are new to the NHS and who will perform EPPs. • Existing workers who are new to EPP Please send documentation with this form if you have been tested. If you have not been tested please sign the Refusal of HIV Screening Form. 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 testing for the following category of employee.

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

Please send documentation with this form if you have been tested.
If you have not been tested please sign the Refusal of Hepatitis C Screening Form.
All health care workers who are new to the NHS will be offered an 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

REFUSAL OF HIV AND HEP C SCREENING FORMS

Please note: This section must be completed if screening is refused or proof is 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.

Signed: **Date:**

Risk of contracting HIV:

Listed below are ways that you may be exposed to HIV in the past or in the future:

- If you 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 without Hep C Screening.

Signed: **Date:**

Risk of contracting Hep C:

Listed below are ways that you may be 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

PROFESSIONAL REFERENCE

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

PLEASE COMMENT ON THIS PRACTITIONER:

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

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Name of Referee **Date** / /

Hospital

Position

Contact Number **Signed**

Note: A copy of this Reference may be forwarded to any prospective employer of the Practitioner.

PROFESSIONAL REFERENCE

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

PLEASE COMMENT ON THIS PRACTITIONER:

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

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Name of Referee **Date** / /

Hospital

Position

Contact Number **Signed**

Note: A copy of this Reference may be forwarded to any prospective employer of the Practitioner.

ADDITIONAL WORK HISTORY DETAILS

Current or Most Recent Employer:
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Clinical Experience:
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From: To: Reason for Leaving:

Current or Most Recent Employer:
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Clinical Experience:
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From: To: Reason for Leaving:

Current or Most Recent Employer:
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From: To: Reason for Leaving:

Current or Most Recent Employer:
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Clinical Experience:
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From: To: Reason for Leaving:

ADDITIONAL CPD DETAILS

CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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CPD Title:

Date: **Organiser:**

Reflective comments on learning experience and/or relevance to working practice:

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SONOGRAPHERS MEDICAL AUSTRALIA

SONOGRAPHERS Medical Australia has been set up to assist Australians in preparing the appropriate paperwork and documents required to work in the United Kingdom Health Service as a Sonographer, Radiographer or other allied health professional.

SONOGRAPHERS Medical Australia will refer clients wishing to work in the United Kingdom to their UK partner **SONOGRAPHERS Medical**. Clients of **SONOGRAPHERS Medical Australia** working in the United Kingdom will be employees of **SONOGRAPHERS Medical** with the exception of clients with limited companies. Both **SONOGRAPHERS Medical Australia** and **SONOGRAPHERS Medical** work closely together to ensure you get the best advice and service.

SONOGRAPHERS Medical Australia can also place clients in permanent or locum work within Australia.

DOCUMENTS

To work in the UK, we need to see certified copies of documentation to prove your identity, your home address and your Right to Work in the UK. You will also need a certified copy of a local Australian Police Certificate as described in the Criminal Record Declaration section.

A copy of your current Curriculum Vitae (CV) is also invaluable to us in finding placements. Prospective employers are emailed or faxed a copy of your CV and use this along with our recommendations to determine your suitability to fill a position. Your CV should be short and concise yet give clear and complete understanding of your qualifications, skills and experience. If you would like advice about writing your CV, please feel free to contact us for assistance.

It is vital that all documents you send are good quality photocopies of the originals and have been certified by a Justice of the Peace, a Police Officer, a Bank Official or a Commissioner of Oaths. In some cases, if they are unclear, we may be required to see the original versions. Wherever possible please email a copy of your CV so we can forward to prospective employers and, as necessary, annual copies of your HPC, AODP, UKCC, BMA and other registrations.

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.

You will need to fax the Time Sheet through to **SONOGRAPHERS Medical** on either the last day of the week, over the weekend or on the Monday morning, so that your pay may be calculated with out delay. The original copy **must be posted** to us at your earliest convenience as we can not invoice the Hospital Trusts with out the original forms.

Time sheets should be faxed to the dedicated Time Sheet Fax Number **(+44) 020 8551 1700**

Original time sheets must be posted to **FREEPOST SONOGRAPHERS MEDICAL**. No other address details are required. Should you ever have any query with regard to your pay please call the Payroll Helpline Number on **(+44) 020 8550 7711**

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

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

Please retain this page for your records.

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”. Since you have the first line contact with the Department, you are the best person to notify them of your absence. You should also advise **SONOGRAPHERS Medical** once the department has been notified.

CRIMINAL RECORD DECLARATIONS

SONOGRAPHERS Medical (UK) is registered with both the Criminal Records Bureau (CRB) and Disclosure Scotland and requires police checks for both the United Kingdom and Australia.

In line with the Government initiative, **SONOGRAPHERS Medical** requires all staff working with in England, Wales and Northern Ireland to undergo a formal Police Records Check, at the level of an “Enhanced Disclosure” every two years. Similar arrangements apply to Scotland through Disclosure Scotland.

Most of the placements **SONOGRAPHERS Medical** arrange are for clients who are exempt from the provision of section 4(2) of the Rehabilitation of Offenders Act 1974 (UK) including the Exceptions and Amendments Order of 1986. Locums are therefore required to divulge details of all convictions (past & present) which for other purposes are ‘Spent’ under the provisions of the Act. Any information given will be treated as strictly confidential and considered only in relation to placements for which the Order applies.

SONOGRAPHERS Medical adheres to the CRB Code of Practice, a copy of which can be obtained from the CRB website or by contacting us. The detailed results of any Disclosure will NOT be sent to prospective employers. If the CRB or Disclosure records a NO convictions, prospective employing Trusts will be told that a “Clean” Disclosure was obtained. If, alternatively, the results are considered unsatisfactory, you will be informed and given the opportunity to discuss the results.

Regretfully, neither the Criminal Records Bureau nor Disclosure Scotland can issue on-line applications for these disclosures. A standard CRB application form will be mailed out by **SONOGRAPHERS Medical Australia** after we have received a completed copy of our registration form. When the completed CRB form is returned to us it will be sent to the UK for processing by the Criminal Records Bureau or Disclosure Scotland to allow immediate commencement of work when you arrive in the UK. A copy of your resultant Disclosure Information will be sent direct to you by the CRB or Disclosure Scotland.

Australian Police Check

In addition to the CRB check we require a local (Australian) **name only** Police Certificate. Unfortunately we cannot send these forms by post or email so please contact your local police station and apply for an *Australian name only Police Certificate* yourself. Once processed by the police the certificate will be sent to your nominated address. We will need you to forward us a certified copy for our files and for processing in the UK.

Any fees for these services will be covered by **SONOGRAPHERS Medical Australia Pty Ltd** by sending in a receipt for the application fee for us to reimburse. We can either send a cheque or deposit the money into a nominated bank account.

Please Note. – The presence of a conviction in the past does not make you unsuitable for employment through **SONOGRAPHERS Medical**, however attempting to ‘hide’ such a conviction would not be acceptable.

Please retain this page for your records.

PENSIONS

You may wish to enroll in a private pension scheme while working in the UK. If this is of interest to you or you would like more information, then **SONOGRAPHERS Medical** can provide assistance once you arrive in the UK.

Stakeholder pensions set minimum standards that every pension company has to meet. **SONOGRAPHERS Medical** has selected Virgin Direct's Group Stakeholder Pension Scheme to represent you 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 want to use Virgin Direct, please let **SONOGRAPHERS Medical** know when you arrive in the UK.

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. Although you don't receive holiday entitlement you get paid a higher rate that includes your holiday pay. Effectively you pay yourself a holiday allowance each pay. The rate is also higher as your company will need to meet the employers National Insurance Contributions (NIC's).

If this sounds of interest to you, contact us and we will pass on your details to a company providing this type of service who can set this 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 that everyone considers it fully.

WEB SITE

If you have not already done so, may we recommend that you check out our **SONOGRAPHERS Medical Australia** web site and the **SONOGRAPHERS Medical** web site in the UK. Our web sites not only include information for prospective locums, but also news for locums already employed.

<http://www.sonographersmedical.com.au>

<http://www.sonographersmedical.com>

<http://www.sonographersmedical.co.nz>

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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 of: Sir Charles House, 35 Woodford Avenue Gants Hill, Ilford IG2 6UF
“Temporary Worker”	the individual whose services are supplied by the Employment Business to the Client.

1.2. Unless the context otherwise requires, references to the singular include the plural and 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 endeavour to obtain suitable Assignments for the Temporary Worker to work 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 1998 shall be the date on which the Temporary Worker commences the first Assignment.

3.4. 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 (48 hours) unless he agrees in writing that this limit should not apply.

3.5. 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.

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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.
- 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 he has 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 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.

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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

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CHECK LIST

The information contained on pages 18 to 20 explain some of the processes and benefits that **SONOGRAPHERS Medical** (UK) has to offer. Information on page 7 and pages 18 to 23 are for your records and do not need to be returned with this registration pack. Only the following documentation is required for us to process your registration.

Please ensure that all forms and documentation are signed and certified where applicable, and that you keep copies where necessary.

We suggest you send the relevant pages to us via registered mail. This protects your valuable information and ensures fast, reliable delivery.

Thank you for choosing to work in the United Kingdom with **SONOGRAPHERS Medical**.

- | | | |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Registration Form (with Passport Photo attached) | Pages 1 to 6 |
| <input type="checkbox"/> | Completed Fitness to Work Questionnaire | Page 8 to 13 |
| <input type="checkbox"/> | Copies of all Health certificates (Stamped & Signed) | (See Page 8) |
| <input type="checkbox"/> | Two completed Professional Reference forms | Pages 14 & 15 |
| <input type="checkbox"/> | Additional Work History Details (if required) | Page 16 |
| <input type="checkbox"/> | Additional CPD Details (if required) | Page 17 |
| <input type="checkbox"/> | Certified copy of an Australian name only Police Certificate | (See Page 19) |
| <input type="checkbox"/> | Certified colour copy of your passport photo page | |
| <input type="checkbox"/> | Certified copy of your Visa or work permit pertaining to your presence in the UK | |
| <input type="checkbox"/> | Certified copies of relevant Certificates & Professional Registrations | |
| <input type="checkbox"/> | Copy of your current CV or Resume (send by email if possible) | |
| <input type="checkbox"/> | A utility bill of less than three months old and addressed in your name as proof of address | |
| <input type="checkbox"/> | Evidence of Name Change where certificates and registrations are in a different name
(eg Certified copy of marriage certificate) | |
| <input type="checkbox"/> | Completed Check List | |

Once we receive the above registration pack we will send you the latest CRB Application Form to complete and return and will call to organise a time for a brief telephone interview.

Please send the required documentation to:

SONOGRAPHERS Medical Australia Pty Ltd, PO Box 7526, Toowoomba South, Qld 4350 Australia

Please ensure you apply the correct postage to avoid any delay in reaching our offices.

You may email electronic copies of your certificates and CV to:

staffing@sonographersmedical.com.au