Declaration

I agree to the following:

- I confirm that the information given on this application form is complete and correct.
- I confirm to practice and adhere to all infection Control procedure including hand washing techniques as set out in the Servisource Handbook.
- I agree to Servisource Healthcare's Terms & Conditions of employment.
- Servisource Healthcare is authorised to acquire any information sought concerning the application and regarding my work character or skills and that this information may be forwarded to potential employers.
- I agree to treat as confidential any information received concerning the business of Servisource Healthcare Ltd or on behalf of any clients I am engaged to work through.
- I understand that it is my responsibility to ensure that my Professional Indemnity Insurance is current at all times. (Nurses Only)
- Servisource Healthcare will not be liable for professional negligence, errors, omissions or accidents whilst you are under the hirer's custody or control.

Signed:	
Print name:	
Date:	

Working Time Regulations

The European Union has laid down guidelines for all workers governing the length of the maximum working week, which it is deemed safe to work. The current limit is a maximum average net weekly working time of 48 hours per week over a period of 4 months. Copy of Working time Regulation Act is available to you upon request.

I confirm that I have read and understand the information regarding the working time regulations and it is my responsibility to adhere to same.

Signed:	
Print name:	
Date:	