



UK PHOENIX HEALTHCARE GROUP CONFIDENTIAL APPLICATION FOR EMPLOYMENT

1. Application form

Please circle the service applied for	Domcillary Care Supported Living	Mental Health Complex Care
Position applied for		
Notice Period		
Date available to take up employment		

2. Prepared for work

Full time	Y	N	Part time	Y	N	Live in	Y	N
-----------	---	---	-----------	---	---	---------	---	---

3. Personal details

Full name (CAPITALS)	Title	
Any previous names		
Address <i>If you have been registered as living at any other address in the past 5 years please include details at the end of this form</i>		
Telephone numbers	Home	
	Mobile	
Email address		
National insurance number		
Passport number	Issue Date	
Do you own a car?	Y N	Have a current licence? Y N
If yes, licence type	Provisional	Full UK
Driving licence number		



Do you have any current driving convictions	Y N	If YES, please give details
Where did you hear about UK Phoenix Healthcare Group?		

4. Secondary education

School name, address and date attended	Examinations (subject, result, etc.)

5. Further education and training

University/College and date attended	Type of course	Subjects	Qualification or class of degree

6. Occupational Training Courses and Competencies

Training Provider/college	Name of course	Qualification/Level



7. Membership of professional body e.g. RCN etc.

Name	Level	Date

8. Languages

Do you speak or read a foreign language?	YES	NO
If yes, give details		

9. Previous employment

A full work history is required **explaining** any gaps in employment.

Phoenix Healthcare Group operates on a safer recruitment basis to ensure the safety of the vulnerable people entrusted in our care, please be aware that by signing the application form you are giving UK Phoenix Healthcare consent to contact all previous employers that work with vulnerable individuals.

Present/last employer	
-----------------------	--



10. General

Interests/hobbies (give details of pastimes, sports, etc)			
Offices held in social/sports clubs, etc			
Public duties (local councillor, etc) undertaken			
If offered this position will you continue to work in any other capacity	Y	N	
If yes, give details			

11. Permission to work in the UK

Are there any restrictions to your residence in the UK that might affect your right to take up employment in the UK?	Y	N
If you are successful in your application would you require permission to work in the UK?	Y	N

12. Community/volunteer experience

Name and address of organisation	Position/title	Duties



13. Next of Kin/ Emergency Contact (NoK)

Emergency contact name	
Relationship to you	
Contact number	
Emergency contact name	
Relationship to you	
Contact number	

UK Phoenix Healthcare will hold this information on file for use in an emergency. We hold this data under the General Data Protection Regulations 'Legitimate Interest'. Further information regarding the rights of NoK/ Emergency Contacts should be provided. We strongly recommend that you make your NoK/ Emergency Contact aware we hold their data, and you then direct them to the above statement.

14. Referees - please complete all 3 reference details 2 from previous employment and 1 character (if only 1 previous employment, then a second character from a professional such as tutor, GP, business owner will be acceptable)

Work reference 1 (most recent employer) – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	
Email address	
Work reference 2 – not members of your own family	
Name	



Address	
Organisation	
Occupation	
Telephone number	
Email address	
Work, personal or educational – not members of your own family	
Name	
Address	
Organisation	
Occupation	
Telephone number	
Email address	

GDPR and the Data Protection Act 2018:

Requires that any staff handling personal data must follow certain principles in relation to the data that they hold. Individuals have rights of access to data that is held and rights to claim for damages if various offences occur. This covers all records.

In implementing this legislation, UK Phoenix Healthcare adopts a simple and straightforward policy.

If you are unsuccessful in obtaining employment with Midlands Community Homecare we would like to keep your data on file in case other suitable job vacancies arise in the Company for which we think you may wish to apply. You are free to withhold your consent to this and there will be no consequences for withholding consent.

Your details will be kept on file for 12 months.



I would like for UK Phoenix Healthcare to keep my details on file in case other suitable roles become available:

Y N

If you choose not to have your details on file with us your application form will be held for 3 months and will only be referenced to explain our reason for not offering you a position at the relevant time.

If you would like to withdraw your consent to UK Phoenix Healthcare keeping your data on file please contact us on recruitment@ukphoenixhealthcare.co.uk at any point.

Date of previous application	
Previous position applied for	
Did the application go through to interview	Y N
If yes, what was the outcome	

Criminal Record Check

I have completed / will complete an application for a criminal record check and can further state that to the best of my knowledge and belief, there will not be any positive disclosure made that will preclude me from working with vulnerable adults or children.

I also give permission for a copy of the disclosure to which I am subject, being made available to a named authorised person upon written request, who acts on behalf of a National Government or Local Government Department for auditing purposes.

Name:

Signature: Date:



Please use the space below to detail why you're applying for a job in social care and what you think you can bring to the company and people we support.

Working with UK Phoenix Healthcare

It is UK Phoenix Healthcare policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, ethnic origin, national origin, sex, sexual orientation, religion or belief, pregnancy, trans-gender status, marital or civil partnership status, age or disability.

I authorise UK Phoenix Healthcare to obtain references to support this application once an offer has been made and accepted and release UK Phoenix Healthcare and referees from any liability caused by giving and receiving information.



Do not send this form to HM Revenue and Customs (HMRC)

Instructions for employer

Use this starter checklist to gather information about your new employee if they do not have a P45. You can also use this form if they have a student loan (whether or not they have a P45). Use the information to help fill in your first Full Payment Submission (FPS) for this employee. If you have already submitted your first FPS, keep using the tax code in that FPS until HMRC sends you a new tax code. If the employee gives you their P45 after the first FPS submission, use the tax code shown in parts 2 and 3 of the P45. You must keep the information recorded on the starter checklist for the current and next 3 tax years. This form is for your use only.

Instructions for employee

Fill in this form if you do not have a P45 (a document you get from your employer when you stop working for them). You should also fill in this form if you have a student loan (whether or not you've a P45). Give the completed form to your employer as soon as possible. They need this information to tell HMRC about you and help them to use the right tax code. Make sure you answer the questions correctly. If you do not, you may pay the wrong amount of tax or student loan deductions.

Employee's personal details

1 Last name

2 First names
Do not enter initials or shortened names for example, Jim for James or Liz for Elizabeth

3 What is your sex?
As shown on your birth certificate or gender recognition certificate
Male Female

4 Date of birth DD MM YYYY

5 Home address

Postcode

Country

6 National Insurance number (if known)

7 Employment start date DD MM YYYY

Continue on the next page

Employee statement

These questions will help you to choose the statement that matches your circumstances. The statement you choose helps your employer to apply the correct tax code.

8 Do you have another job?
 Yes Put an 'X' in the statement C box below
 No Go to question 9

9 Do you receive payments from a State, workplace or private pension?
 Yes Put an 'X' in the statement C box below
 No Go to question 10

10 Since 6 April have you received payments from:
 • another job which has ended
 or any of the following taxable benefits
 • Jobseeker's Allowance (JSA)
 • Employment and Support Allowance (ESA)
 • Incapacity Benefit
 Yes Put an 'X' in the statement B box below
 No Put an 'X' in the statement A box below

For more information about tax codes, go to www.gov.uk/tax-codes

Statement A <input type="checkbox"/>	Statement B <input type="checkbox"/>	Statement C <input type="checkbox"/>
Current personal allowance	Current personal allowance on a Week 1/Month 1 basis	Tax Code BR
<p>Key</p> <p>This is my first job since 6 April and since the 6 April I have not received payments from any of the following:</p> <ul style="list-style-type: none"> • Jobseeker's Allowance • Employment and Support Allowance • Incapacity Benefit 	<p>Key</p> <p>Since 6 April I have had another job but I do not have a P45. And/or since the 6 April I have received payments from any of the following:</p> <ul style="list-style-type: none"> • Jobseeker's Allowance • Employment and Support Allowance • Incapacity Benefit 	<p>Key</p> <p>I have another job and/or I am in receipt of a State, workplace or private pension.</p>
<p>Key</p> <p>Jobseeker's Allowance (JSA) is an unemployment benefit which can be claimed while looking for work. Employment and Support Allowance (ESA) is a benefit which can be claimed if you have a disability or health condition that affects how much you can work. Incapacity Benefit is help if you could not work because of an illness or disability before 31 January 2011. State Pension is a pension paid when you reach State Pension age. Workplace pension is a pension which was arranged by your employer and is being paid to you. Private pension is a pension arranged by you and is being paid to you. Please note that no other Government or HMRC paid benefits need to be considered when completing this form.</p>		

Student loans

11 Do you have a student or postgraduate loan?

Yes Go to question 12

No Go straight to the Declaration

12 Do any of the following statements apply:

- you're still studying on a course that your student loan relates to
- you completed or left your course after the start of the current tax year, which started on 6 April
- you've already repaid your loan in full
- you're paying the Student Loans Company by Direct Debit from your bank to manage your end of loan repayments

Yes Go straight to the Declaration

No Go to question 13

13 To avoid repaying more than you need to, tick the correct student loan or loans that you have - use the guidance on the right to help you.

Please tick all that apply

- Plan 1
- Plan 2
- Plan 4
- Postgraduate loan (England and Wales only)

Employees, for more information about the type of loan you have or to check your balance, go to www.gov.uk/sign-in-to-manage-your-student-loan-balance

Employers, for guidance on student loans and which plan or loan type to use if your employee has selected more than one, go to www.gov.uk/guidance/special-rules-for-student-loans

You have Plan 1 if any of the following apply:

- you lived in Northern Ireland when you started your course
- you lived in England or Wales and started your course before 1 September 2012

You have Plan 2 if:

You lived in England or Wales and started your course on or after 1 September 2012.

You have Plan 4 if:

You lived in Scotland and applied through the Students Award Agency Scotland (SAAS) when you started your course.

You have a postgraduate loan if any of the following apply:

- you lived in England and started your postgraduate master's course on or after 1 August 2016
- you lived in Wales and started your postgraduate master's course on or after 1 August 2017
- you lived in England or Wales and started your postgraduate doctoral course on or after 1 August 2018

Declaration

I confirm that the information I've given on this form is correct.

Full name Use capital letters

Signature

Date DD MM YYYY

Give this form to your employer

Your employer will use the information to make sure you pay the right amount of tax.

Do not send this form to HMRC.

Employer guidance

For information on how to work out your new employee's tax code, go to www.gov.uk/new-employee-tax-code

Use Statement A, B or C that your employee has chosen in the employee statement section and apply the tax code below:

- Statement A - use the current personal allowance
- Statement B - use the current personal allowance on a 'week 1/month 1' basis
- Statement C - use tax code BR



Working Time Election Form

Please tick one of the boxes below and sign and date this form. Completed forms should be returned to the **Recruiting Manager**. We are unable to offer you any work until we have received this form.

- I wish to opt-out of the 48-hour working week restriction under the Working Time Regulations 1998.

You may terminate this agreement by giving three months' written notice at any time.

- I do not wish to opt-out of the 48-hour working week restriction under the Working Time Regulations 1998.

Signed: _____

Dated: _____

Signed:

On behalf of UK Phoenix Healthcare Limited

Job Role:

Date:



Personal Information & Bank Details Sheet

Completed information sheets should be returned to Your recruiting Manager UK Phoenix Healthcare Limited is unable to offer you any work until it has received this information sheet from you.

Personal Information

Name:	
Address:	
Telephone number:	
Mobile number:	
E-mail address:	
National Insurance number:	

Bank Account Information

Please ensure that the information documented below is accurate, any mistakes may cause delay in pay – UK Phoenix Healthcare Limited accepts no responsibility for making payments to incorrect details, documented in this section.

Account name:	
Name of bank:	
Address:	
Sort code:	
Account number:	

Agreed Salary:





Please specify any days and times you are NOT able to work for UK Phoenix Healthcare Limited due to Pre Booked Holidays – only dates detailed here will be honoured

Please specify the number of hours per week (if any) that you regularly work for other employers:

It is your responsibility to keep UK Phoenix Healthcare Limited informed of any changes to this information.

Print:

Signed:

Job Role:

Dated:

Signed:

Job Role:

On behalf of UK Phoenix Healthcare Limited





Health Declaration – Strictly Private and Confidential

If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If UK Phoenix Healthcare has concerns about your fitness to work, any offer of employment may be subject to a satisfactory medical report.

Please note: you must inform your local office immediately if your health changes significantly.

Have you ever had:	YES / NO	Additional information - any support or work alterations
Tuberculosis, Asthma, Bronchitis or chest complaints?		
Chest pain, heart condition or raised blood pressure?		
Blackouts, fits or attacks of giddiness?		
Depression, Mental Health needs/problems?		
Rheumatism or Arthritis?		
Back problems?		

Typhoid, Paratyphoid or Dysentery?		
Digestive or bowel disorder?		
Diabetes, Thyroid or other gland trouble?		
Bladder or Kidney problems?		
Dermatitis or skin problems?		
Varicose veins?		
Any other accident, operation or illness?		
Other	YES / NO	Additional information
Have you any reason to believe you may be infected by any communicable disease?		
Any other current or recent medical condition or treatment that may affect your attendance or performance at work?		
Do you intend to work night duties on a regular basis?		
Any illness or medical condition that prevented you from attending work or your normal duties or activities for more than one week during the past year?		

Any physical disabilities including defect of sight or hearing?		
Do you have any allergies i.e. bee stings?		
Have you received vaccination for any of the following:		
Tuberculosis BCG		
Rubella (German Measles)		
Tetanus		
Flu		
Hepatitis B (with certificate of vaccination)		
Covid-19		

Next of Kin/Emergency contact Details

Name	Relationship	Phone Number

Name, Address, phone number of Doctors Surgery	
---	--

--	--

It may be a requirement of any assignment that you have a Hepatitis B vaccination. Restrictions may apply if you do not have a current certificate of vaccination.

I certify that I am fit for work in the care industry, and consent to my doctors being contacted if appropriate.

Print Name: **Signed:**.....

Date:

I certify that I am satisfied to the best of my knowledge that this employee is fit to undertake work in the care industry

Manager/Interviewer:

Print Name: **Signed:**.....

Date:

Office Use Only

Are there any alterations needed to the employee working conditions? If so please detail.	
Is a referral to Occupational Health Required?	YES NO
Date Referral Made if applicable	



Fair Processing Notice – Data Sharing Agreement

UK Phoenix Healthcare Limited – All Employees
(This notice should be circulated to all employees)

When UK Phoenix Healthcare Limited processes your personal data we are required to comply with the Data Protection Act 2018 (**DPA**) up to and including 25 May 2018 and from 25 May 2018, the General Data Protection Regulation 2016 (**GDPR**) (the **DPA** and **GDPR** are together referred to as the **Data Protection Legislation**)

Your personal data includes all the information we hold that identifies you or is about you, for example, your name, email address, postal address, date of birth, location data and in some cases opinions that we document about you, as well as special categories of data including, but not limited to, medical and health records and information about your religious beliefs, ethnic origin and race, sexual orientation and political views *(this will be updated as and when necessary to reflect any personal changes you advise us of)*

Everything we do with your personal data counts as processing this includes collecting, storing, amending, transferring and deleting it. We are therefore required to comply with the Data Protection Legislation to make sure that your information is properly protected and used appropriately.

This fair processing notice provides information about the personal data we process it and how we process it.

Our Responsibilities

UK Phoenix Healthcare Limited is the data controller of the personal data you provide. We will be responsible for ensuring that we comply with the Data Protection Legislation and for dealing with any requests we receive from individuals exercising their rights under the Data Protection Legislation.

Why do we process your personal data?

We process your personal data for HR, employment and administrative purposes. We need your personal data to make sure you have all you need to be able to work at UK Phoenix Health care, to





make sure you are safe and secure at work and to make sure you receive all the benefits and rights to which you are entitled.

The Employment Rights Act 1996 requires us to obtain certain personal data from you, such as your name. without it, we may be unable to offer you employment. We may need other personal data from you to be able to enter into a contract with you and provide you with all the information you need. Again, if we do not receive that personal data from you, we may be unable to offer you employment or fulfil our obligations to you as your employer.

We process most of your information on the grounds of our legitimate interests (i.e. our employment of you and fulfilling our obligations as your employer) We may also rely on the fact that we need to process your personal data to fulfil our contract with you or to comply with a legal obligation. If we process special categories of data about you, we will usually do so on the basis that the processing is necessary as part of your employment with us.

If none of the grounds set out above applies, we will obtain separate consent from you to the processing of your personal data. You can withdraw your consent at any time. This won't affect the lawfulness of any processing we carried out prior to you withdrawing your consent.

Who will receive your personal data?

We only transfer your personal data to the extent we need to. Recipients of your personal data include:

Human Resources, payroll providers, insurers, healthcare providers, etc.

We may transfer your personal data outside the EEA. This will mean the EU Commission is satisfied that any data transferred will be adequately protected. We will transfer your personal data based on a data transfer agreement that incorporates EU model clauses. The EU model clauses mean that appropriate safeguards are in place to protect your personal data.

How long will we keep your personal data?

We will retain your personal data for 3 years. We retain your information for this period in case any issues arise or in case you have any queries. Your information will always be kept securely. Following the end of the 3-year period, your files and personal data we hold about you will be permanently deleted or destroyed. If we are required to obtain your consent to process your personal data, any information we use for this purpose will be kept until you withdraw your consent,





unless we are entitled to retain the personal data on the basis of other grounds set out in the Data Protection Legislation.

What are your rights?

You benefit from several rights in respect of the personal data we hold about you. We have summarised the rights which may be available to you below, depending on the grounds on which we process your data. More information is available from the Information Commissioners Office:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights>

These rights apply for the period in which we process your data.

1. Access to your data

You have the right to ask us to confirm that we process your personal data, as well as having the right to request access to/copies of your personal data. You can also ask us to provide a range of information, although most of that information corresponds to the information set out in this fair processing notice.

We will provide the information free of charge unless your request is manifestly unfounded or excessive or repetitive, in which case we are entitled to charge a reasonable fee. We may also charge you if you request more than one copy of the same information.

We will provide the information you request as soon as possible and in any event within one month of receiving your request. If we need more information to comply with your request, we will let you know.

2. Rectification of your data

if you believe personal data, we hold about you is inaccurate or incomplete, you can ask us to rectify that information. We will comply with your request within one month of receiving it unless we don't feel it is appropriate, in which case we will let you know why. We will also let you know if we need more time to comply with your request.

3. Right to be forgotten

In some circumstances, you have the right to ask us to delete personal data we hold about you. This right is available to you:

- Where we no longer need your personal data for the purpose for which we collected it





- Where we have collected your personal data on the grounds of consent, and you withdraw that consent
- Where you object to the processing and we don't have any overriding legitimate interests to continue processing the data
- Where we have unlawfully processed your personal data (i.e. we have failed to comply with GDPR) and
- Where the personal data must be deleted to comply with a legal obligation

There are certain scenarios in which we are entitled to refuse to comply with a request. If any of those apply, we will let you know.

4. Right to restrict processing

In some circumstances, you are entitled to ask us to suppress processing of your personal data. This means we will stop actively processing your personal data, but we don't have to delete it. This right is available to you:

- If you believe the personal data, we hold isn't accurate – we will cease processing it until we can verify its accuracy
- If you have objected to us processing the data – we will cease processing it until we have determined whether our legitimate interest override your objection
- If the processing unlawful or;
- If we no longer need the data but you would like us to keep it because you need it to establish, exercise or defend a legal claim

5. Data portability

You have the right to ask us to provide your personal data in a structured, commonly used and machine-readable format so that you can transmit the personal data to another data controller. This right only applies to personal data you provide to us:

- Where processing is based on your consent or for performance of a contract (i.e. the right does not apply if we process your personal data on the grounds of legitimate interest); and
- Where we carry out the processing by automated means

We will respond to your request as soon as possible and in any event within one month from the date we receive it. If we need more time, we will let you know.



6. Right to object

You are entitled to object to us processing your personal data:

- If the processing is based on legitimate interests or performance of a task in the public interest of exercise of official authority
- For direct marketing purposes (including profiling; and/or
- For the purposes of scientific or historical research and statistics

In order to object, you must have grounds for doing so based on your situation.

We will stop processing your data unless we can demonstrate that there are compelling legitimate grounds which override your interest, rights and freedoms or the processing is for the establishment, exercise or defence of legal claims.

Automated decision making

Automated decision-making means deciding solely by automated means without any human involvement. This would include, for example, an online credit reference check that decides based on information you input without any human involvement. It would also include the use on an automated clocking-in system that automatically issues a warning if a person is late a certain number of time (without any input from HR, for example)

Your right to complain about our processing

If you think we have processed your personal data unlawfully or that we have not complied with GDPR, you can report your concerns to the supervisory authority in your jurisdiction. The supervisory authority in the UK is the Information Commissioners Office (**ICO**)

You can call the ICO on 0303 123 1113 or get in touch via other means, as set out on the ICO website: <https://ico.org.uk/concerns/>

If you have any questions or would like more information before signing your agreement please contact Hollie; hollie@ukphoenixhealthcare.co.uk _____

Signed





Print:

Date:





UK PHOENIX HEALTHCARE LIMITED

Non-Disclosure Agreement

1. In consideration of the disclosure to you of certain information (as defined in this agreement) by us, we request that you recognise that the information will contain and incorporate confidential information which we own or have an interest in and that the unauthorised disclosure of the information would cause harm to our business
2. By countersigning this agreement you agree to maintain as confidential and undertake not to use or disclose to any third party any part or the whole of the information directly or indirectly disclosed by us. Further you agree not to permit the use or disclosure of the whole or any part of the information directly or indirectly disclosed by us for any purpose at any time in any way until or unless such information becomes public knowledge through no fault of your own
3. In this agreement "information" shall mean
 - (a) Any information relating to our business of domiciliary care, supported living or complex care services including information concerning our services, customers, accounts, finance or contractual arrangements or other dealings, transactions or affairs of our Company
 - (b) Any information relating to our relationship within our branches
 - (c) Any information provided for the purpose of the Company, including any and all material written or prepared by you or those instructed by you in relation to the Company whether individually, collectively or jointly with us or a third party or provided by us and on whatever media

You undertake to return to us immediately upon demand the information, including but not limited to all documents, financial projections and any other records whatever and all copies of them which contain the information whether prepared or written by you individually, collectively or jointly with us or a third party or provided by us and on whatever media and shall furnish us with a letter signed by you certifying that no copies have been made or retained

4. I further confirm and undertake that



- (a) I have not been convicted of any offence in the United Kingdom or elsewhere
- (b) I have not been responsible for any misconduct or mismanagement in the course of any employment with a care registration authority registered provider
- (c) I am not included on any barring list preventing me from working with children and vulnerable adults in the United Kingdom or elsewhere
- (d) I have not been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals

I agree to be bound by the undertakings and obligations of confidentiality set out in the above statements

Signed

Name

Date

Signed

Name

Date

For and on behalf of UK Phoenix Healthcare Limited

CONFIDENTIAL



HCA, NAs and Support Worker Availability Form

Please be aware that ALL HCAs and Support Workers are expected to work a minimum of 2 evenings a week if full time, 1 if part time and all are expected to work every other weekend. The Shift Times are set as stated to ensure that we have the correct levels of staffing to ensure our service users are safe.

	Week	Morning (06:00 – 15:00)	Evening (15:00 – 23:00)	Night/Sleep in (22:00–07:00)	Live in (24 hours)
Monday	1				
	2				
Tuesday	1				
	2				
Wednesday	1				
	2				
Thursday	1				
	2				
Friday	1				
	2				
Saturday	1				
	2				
Sunday	1				
	2				

If you have selected live in, how many days / weeks would you prefer to work before a break?



Adhoc	1 week	2 weeks	3 weeks	4 weeks	other
If other, please give details:					

Once completed, the availability form works the same as a contract and any shift added to you within your availability, you are contractually obliged to carry out. Should you wish to make changes to your agreed availability, 4 weeks prior notice will be required. Notice must be provided in writing using the relevant UK Phoenix Healthcare Group paperwork, signed and dated. If the changes are then agreed, it may take a further 4 weeks to facilitate.

How many hours per week would you like to work?

Minimum week 1		Maximum week 1	
Minimum week 2		Maximum week 2	

Are you willing to work in a customer's home or environments where there are smokers?	Y	N
Are you willing to work where there are domestic pets?	Y	N
Are you willing to complete overtime/ cover calls at short notice?	Y	N

Employee Name:.....

Signed:.....

Date:.....

Operations manager Name:.....

Signed:.....

Date:.....



TRAINING & FINES REPAYMENT AGREEMENT

Name	
Job title	
Service	

This agreement is made on between *UK Phoenix Healthcare Limited* and
.....(your name)

We confirm that we have arranged for you to attend the following training:

Full care 1 week induction training + any apprenticeship that may be appropriate or person specific training clinical or non-clinical.

You undertake to attend the above mentioned training and further agree that, should you either fail to attend any training sessions or abandon the training without our prior agreement, or resign from our employment at any time during the period of training or within 6 MONTHS of the date on which the training is completed, you will refund to the following proportion of the costs specified above and paid by us in respect of the above training:

- If you cease employment before attending any training course but Phoenix Healthcare has already incurred liability for the costs, 100% of the costs or such proportion of the costs that phoenix healthcare cannot recover shall be repaid;
- If you cease employment during the training course or within 6 months of completing the training course, 100% of the costs shall be repaid;
- If you cease employment more than 6 months but no more than 12 months after completion of the training course, 50% of the costs shall be repaid;
- Thereafter, no repayment shall be required.

You will not be required to repay any of the costs if:

- phoenix healthcare terminates the employment for a reason related to your health or redundancy; or
- you terminate the employment in response to a fundamental breach by phoenix healthcare.

You agree that any sums that become due to be reimbursed by you may be recovered in whole or in part by deduction from your pay or other payments due to you, either during your employment, during your notice period or from any final pay owing to you on the termination of your employment. You agree and authorise us to make such deductions. Should your pay be insufficient to cover this, you agree to reimburse the full balance outstanding within seven days of receiving a written request from us.

COSTS

Full week induction - £250

QCF/Apprentership - £50.00 – admin fees

Person specific training face-2-face - £50 per course.

In addition to the above the company has a shift cancelation policy in place, this is place to ensure that we can cover any additional costs/incentive payments, for covering any shifts/calls handed back without good reason, such as genuine sickness.

The Fine costs are as follows -

Refusal to go to a particular call/shift already allocated on rota - £25.00

Refusal to carry out full weeks work, without good reason or annual leave - £150.00

You agree to review your progress on the course being undertaken with your manager, as and when required. You further authorise UK PHOENIX HEALTHCARE to request the training provider to provide us with regular updates on your progress, attendance and performance.

You agree and understand that should you refuse or hand back shifts and calls already allocated, that the fines will be deducted from your salary/pay, to cover any extra costs in ensuring our clients care is covered.

Employee Signature:Date:

Employer Signature:Date: