

Agency Declaration

I agree to the following:

- ✓ I confirm that the information given on this application form is complete and correct
- ✓ I agree to the Agency terms and conditions of work
- ✓ The Agency 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 the Agency's Client Organisations
- ✓ I agree to treat as confidential any information received concerning the business of the Agency or its Client Organisations
- ✓ The Agency will not be liable for professional negligence, errors, omissions, or accidents whilst you are under the Client Organisation's direction and control

Signed	Date
Print Name	
Working 1	Time Regulations
· · · · · · · · · · · · · · · · · · ·	for all workers governing the length of the maximum a. The current limit is a maximum average net weekly od of 24 weeks.
Copy of Working Time Regulation Act is availab	le to you upon request.
I confirm that I have read and understand the i and it is my responsibility to adhere to same.	nformation regarding the working time regulations
Signed	Date
Print Name	
Hand Washing	Technique Declaration
Hand washing is the single most important pro	cedure in the implementation of infection control.
· · · · · · · · · · · · · · · · · · ·	rectly. All Agency workers are obliged to follow hand to the HSE Guidelines for Hand Washing Technique.
Copy of the Hand Washing Technique is available	ole to you upon your request.
I confirm I have and read understand the informadhere to this technique whilst on duty for the	mation regarding hand washing procedures and will Agency.
Signed	Date
Print Name	

