



INDEPENDENT CONTRACTOR APPLICATION FORM

2016 – 2017

i The information provided in this form will be used to form the basis of the relationship between you as the independent contractor and Medicare Medical Services. The information within may be provided to PHECC.

This document does not form a contract of employment. It does not guarantee security of work. The purpose of this document is for governance and compliance purposes only.

PREVIOUS WORK

Have you ever worked with us before:	
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PERSONAL DETAILS

Name:	
Address:	
Phone:	
Email:	
Native Language:	
Other Affiliated Organisation:	

TRAINING & EDUCATION

Qualification:	
Certifying Body:	
Year Qualified:	
CPG Version:	
Upskilling Date:	
Upskilling Body:	

LICENCING

Licencing Body:	
Registration Level:	
Expiry Date:	
PIN Number:	

DISCLOSURE

	Yes	No
Have you ever received a court conviction?		
Have you any pending court convictions?		
Do you have any CPG restrictions or limitations imposed upon your scope of practice by a PHECC CPG licensed organisation?		
Do you suffer from any medical conditions which may impair your ability to carry your duties?		
Do you suffer from any chronic communicable diseases which could be transmitted to patients during the course of your duties? E.g. Measles, HIV, TB, Hepatitis.		
If yes to any of the questions please provide details:		

COMPLIANCE

	Yes	No
Do you have an in-date manual handling certificate?		
Do you have an in-date Cardiac First Response Advanced certificate?		
Have you received a full course of Hepatitis B immunisations?		
Do you adhere to the PHECC Code of Professional Conduct & Ethics?		
Do you maintain a portfolio of professional activities and training?		
Do you engage in Continuous Professional Competence?		

DECLARATION

If I am to provide clinical services on behalf of Medicore Medical Services I agree to...	Yes	No
Only utilise the CPG's relevant to my level on the register and my individual privileging status as decided by Medicore Medical Services.		
To report any adverse incidents, medication errors, equipment failures, near-misses, complaints, misconduct, clinical queries or child protection issues to the office as soon as is applicable.		
Take part in any clinical audit activities within Medicore Medical Services.		
To store all clinical reports in a safe, secure and confidential manner and return all shift paperwork to the office as soon as is applicable.		
I agree to discharge my role as described by the provided role descriptor.		
I agree to undergo Garda Vetting periodically, or as required.		
I will maintain my Cardiac First Response Advanced certification.		
I will maintain my manual handling certification.		
I will notify Medicore Medical Services of any changes in my personal circumstances or general wellbeing that may make me unable to carry out my role and discharge my duties.		
I will maintain my licence with PHECC for the period of this agreement.		
Be personally responsible for filing and paying my own taxes.		
Invoice Medicore Medical Services with an appropriate invoice.		

When submitting the application form please include COLOUR copies of:

1. PHECC A4 Educational Award
2. 2016 – 2017 PHECC A5 Licence
3. 2016 – 2017 PHECC Identification Card
4. Current Cardiac First Response Advanced Certificate
5. Current Manual Handling Certificate
6. CPG Up-skilling to current guidelines
7. Evidence of Hepatitis Immunity
8. Garda Vetting Form (If not completed with us in last 4 years)

Certificates can be manually dropped into office if desirable.

I certify that my answers are true and complete to the best of my knowledge.		Office Use only	
Signature:		Verified By:	
Print Name:		Date Received:	
Date:		Complete:	