



## Agency Worker Handbook Declaration

I have read a copy of the Agency Worker Handbook which outlines the goals, policies, benefits and expectations of Nurses Friend North and its clients, as well as my responsibilities as an Agency Worker.

I have familiarized myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Agency Worker Handbook provided to me by Nurses Friend North. I understand this handbook is not intended to cover every situation which may arise whilst on assignment, but is simply a general guide to the goals, policies, practices, benefits and expectations of Nurses Friend North.

Updates to this manual will happen from time to time. Whenever this happens Nurses Friend North will notify me of this by email. I agree to familiarize myself with these changes before undertaking any further shifts through Nurses Friend North.

I understand that the Agency Worker Handbook is not a contract of employment and should not be deemed as such.

Print Name: \_\_\_\_\_  
Profession: \_\_\_\_\_  
Registration #: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I hereby give permission for Nurses Friend North to allow access, as a minimum, to my personnel files be shared with the UK border and immigration agency, a regulatory body (CQC) any other outside audit team. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this signed page to:

**Nurses Friend North  
Universal Square  
Devonshire Street North,  
Manchester  
M12 6JH**

Or by email to: [admin@nursesfriendnorth.co.uk](mailto:admin@nursesfriendnorth.co.uk)