

RH Recruitment

Nurse Application Form & Important General Information

REGISTRATION PACK

For your Convenience, please print this document which contains all the relevant information you will need to register with RH Recruitment

Employment Agency Licence Number: EA 3292

**RH RECRUITMENT
Watson House
Watson Road
Killiney
Co. Dublin
Ireland**

Tel: 01 235 2210
FAX: 01 258 6731
Mob: 086 – 2560 391 and 086 – 816 9787
E.mail: info@rhrecruitment.com
Website: <http://www.rhrecruitment.com>

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RH Recruitment

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Thank you for your enquiry about working with RH Recruitment

RH Recruitment supply nurses to a wide range of clients and organisations throughout Ireland, covering long-term, medium and short-term positions, part-time, temporary and on long, medium and short term Contracts. **RH Recruitment's** policy is to provide a consistent and quality service by matching the individual needs of both our nursing staff and our clients.

TO REGISTER:

Please fill in the relevant details in the application pack and return it to us with as much information as you can immediately provide. (If you are waiting for any documents, please send your application without these and forward the remaining documents when they become available. It is not always necessary to have all documents on file before you can commence work). A checklist of requirements is provided to assist you.

Please sign and date the application and return it to our offices at:

**RH Recruitment
Watson House
Watson Road
Killiney
Co. Dublin
Ireland**

In the meantime, if you have any queries regarding any aspect of our registration process, please contact us on:

(1) Tel: 01 235 2210

(2) Fax: 01 258 2731

(3) Mob: 086 – 256 0391 and 086 – 816 9787

(4) E.mail: registration@rhrecruitment.com

Once again, thank you for your enquiry and we look forward to receiving your application.

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YOUR CHECK LIST

The following documentation is required please send with your signed application form:

- ✓ Current An Bord Altranais Certificate
- ✓ Certificate of Professional qualification and any Courses attended
- ✓ Personal I.D. Passport or Drivers Licence
- ✓ CPR Certificate (or a referee that can confirm the course date) (optional)
- ✓ Moving and Handling Certificate (or a referee that can confirm the course date) (optional)
- ✓ Two passport photograph (please sign the back of each photograph)
- ✓ Completed Garda Vetting Form
- ✓ Occupational Health Report
- ✓ Copy of Work Visa or Work Authorisation (Non-EU residents only)
- ✓ Copy of Garda National Immigration Bureau Card (Non-EU residents only)
- ✓ Copy of Union Membership (if applicable)
- ✓ IV Policy Certificate (optional)
- ✓ The Registration Form
- ✓ Signed copy of Terms & Conditions

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REGISTRATION FORM

Personal Details

Name:				Please attach two signed PASSPORT Photographs
Permanent Address in Ireland:				
Telephone No:				
Mobile/Cell No:				
Email Address:				
Nationality:				
Sex:	Female	*	Male	*
Date of Birth:				

Education

Name and address of the Nursing Training School you attended			
Phone No.			
Dates:			
Qualifications:			

Other related information you would like to tell us about:

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Medical

Are all your vaccinations up to date including Hepatitis B?	Yes	No
Are you suffering from any illnesses or medical condition that may affect your ability to perform your job correctly?	Yes	No
If You answered YES to the above please give details about the condition and any medication you are taking:		

General

An Bord Altranais PIN:	
Qualification Type:	
Union Membership:	
Union PIN:	
Date of Last Moving and Handling Course (optional)	
Date of Last CPR Course: (optional)	
Date of Last IV Study: (optional)	

Work Experience (please tick the areas you have at least SIX months experience)

Accident and Emergency	<input type="checkbox"/>	Haematology	<input type="checkbox"/>	Orthopaedics	<input type="checkbox"/>
Anaesthetics	<input type="checkbox"/>	High Dependency	<input type="checkbox"/>	Paediatric	<input type="checkbox"/>
Burns	<input type="checkbox"/>	Infection Control	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	Phlebotomy	<input type="checkbox"/>
Coronary Care	<input type="checkbox"/>	Intensive Care	<input type="checkbox"/>	Plastics	<input type="checkbox"/>
Care of Elderly	<input type="checkbox"/>	Learning Disabilities	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>
Clinics	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Recovery	<input type="checkbox"/>
Community	<input type="checkbox"/>	Midwifery	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Neuro Surgery	<input type="checkbox"/>	Renal	<input type="checkbox"/>
Detoxatology	<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Renal Dialysis	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	Rheumatology	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	Occupational Health	<input type="checkbox"/>	Surgical	<input type="checkbox"/>
Endoscopy	<input type="checkbox"/>	Oncology	<input type="checkbox"/>	Theatre	<input type="checkbox"/>
ENT	<input type="checkbox"/>	OPD	<input type="checkbox"/>	Urology	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	Ophthalmology	<input type="checkbox"/>	Vascular Surgery	<input type="checkbox"/>

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Current / Previous Employment 1

Name:		
Employer Address:		
Position Held:		
Dates:	From:	To:

Previous Employment 2

Name:		
Employer Address:		
Position Held:		
Dates:	From:	To:

Previous Employment 3

Name:		
Employer Address:		
Position Held:		
Dates:	From:	To:

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Referee 1 (Nurse Related – Grade no less than CNM 1)

Name:			
Position:			
Address:			
Telephone:		Fax:	
Email:			

Referee 2 (Nurse Related – Grade no less than CNM 1)

Name:			
Position:			
Address:			
Telephone:		Fax:	
Email:			

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Personal Pay Details:

Please fill in the following information carefully and return it with your Registration Form

Name:	
Address:	
Contact Number:	
Date of Birth:	
An Bord Altranais PIN	
PPS Number	
Do you have a P45 from your previous employer?	
Please Use this Box to include any other information you would like us to be aware of:	
BANK ACCOUNT DETAILS:	
Bank Name:	
Branch Address:	
Branch Telephone Number:	
Bank Sort Code (6 numbers)	
Bank Account Number (8 numbers)	
Please Use this Box to include any other information you would like us to be aware of:	

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Declaration

I agree to the following:

- I confirm that the information given on this form is complete and correct.
- I agree to **RH Recruitment** Terms and Conditions of employment (pages 13-16)
- **RH Recruitment** is authorised to acquire any information sought concerning my 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 **RH Recruitment** or it's clients.
- I understand that it is my responsibility to ensure that my Professional Indemnity Insurance is current at all times.
- I understand that when **RH Recruitment** act as an agent on behalf of a hospital, I will be an employee of the Hospital in respect of this placement.
- **RH Recruitment** 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. **RH Recruitment** would like to inform you that you are under no obligation to accept work offered over and above 48 hours.

I confirm that I have read and understand the information regarding the working time regulations and I understand that I do not have to work more than 48 hours per week.

Signed: _____ Date _____

Print Name: _____

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DECLARATION

I, (NAME).....

of (ADDRESS)

.....
.....
.....

I HEREBY DECLARE that:

I have never been arrested for or convicted of any offence or crime (other than an offence under road traffic legislation), either in Ireland or in any other Country or state;

I have never been the subject of a pardon or amnesty or other similar legal action in respect of any offence or crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I have never unlawfully distributed or sold a controlled substance (drug);

I am not currently nor have I ever been under investigation by the Garda Siochana or the Police Force of any state in relation to the commission of a crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I am not currently nor have I ever been the subject of disciplinary action by any professional or statutory body with responsibility for regulation of the nursing or medical professions.

I hereby authorise each of the Dublin Academic Teaching Hospitals and/or its relevant health board to make enquiries, for the purpose of verifying any part of this declaration, with An Garda Siochana and/or with the regulatory body of the nursing or medical professions of any other Country of state. This data will be processed by the Agency in accordance with the Data Protection Acts, 1988 and 2003.

Signed: _____ Date _____

Print Name: _____

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Garda Vetting Form:

RH Recruitment seek Garda Vetting for all applicants. This is an important document that needs to be completed as instructed below.

We need you to complete and return the form to us at :

RH Recruitment
Watson House
Watson Road
Killiney
Co. Dublin
Ireland

Please ensure when completing the Garda form that you have all the following details:

- Full name (and any previous names)
- Addresses if you are unsure of the full address then please enter in any of the address information you do know eg: if you do not know the number of the house you lived in but know the street name and town then please state the address with the information you have. Please list all addresses since birth including any from overseas.

Please write legibly in **Black Pen** and send the completed form back with your application.

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Dress Code:

You will be issued with a **RH Recruitment ID Badge** that must be worn at all times. Each badge is valid for a period of 6 months and must be current at all times.

The **RH Recruitment** uniform policy is:

Females

Navy or black trousers
White tunic
Navy or black shoes
Minimal jewellery is acceptable

Males

Navy or black trousers
White tunic (not a T-Shirt)
Navy or black shoes (not trainers)

Accidents or Incident Policy:

- Report the incident to your supervisor immediately.
- Comply with hospital policy where accident relates to blood, needle or sharp instrument.
- Report all accidents/incidents to **RH Recruitment**

Placements:

- **RH Recruitment** cannot guarantee placement but we will try to accommodate all candidates' preferences. Where candidates are placed we ask that they be punctual for work and in the event of delays please contact the agency and the client.
- Where you arrive at a client and are cancelled on the spot, you will be paid for four hours, but you must submit a signed timesheet.
- If you have been confirmed for a shift and you are unable to attend your duty, please inform the agency **RH Recruitment**. You must phone before 12:00 Midday for a night shift and before 19:00 (the night before) for a day shift starting at 8:00am.
- Where a client makes a direct booking with you for a shift, you must contact **RH Recruitment** and inform us prior to the duty, this way we have a record of your hours.

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TERMS & CONDITIONS

Ronrik Recruitment Limited

t/a...RH Recruitment

Watson House

Watson Road

Killiney

Co. Dublin

Ireland

Registered Office:

Regus House

Harcourt Centre

Harcourt Street

Dublin 2

Employment Agency Licence No: EA 3294

TERMS & CONDITIONS

1. DEFINITIONS

“The Agency” means Ronrik Recruitment Limited, t/a RH Recruitment.

“The Client” means the person, firm or corporate body using the services of the Nurse.

“The Nurse” means the qualified registered nurse, midwife any other qualified person currently registered with An Bord Altranais introduced by the Agency and engaged by the client for the assignment.

“The Assignment” means the period during which the Nurse is engaged to render services to the Client.

2. THE CONTRACT

a) The Agency acts as agent on behalf of the Client by providing an introductory service and in entering into specific contractual arrangements with the nurse on the clients behalf.

b) For the avoidance of doubt, these Terms and Conditions shall not give rise to a contract of employment between the Agency and the nurse. The Agency acts at all times as agent for the nurse but makes no charge for that service and assumes no responsibilities as an employer except as set out in clause 5b.

3. ASSIGNMENTS

a) The Agency shall endeavor to obtain suitable assignments for the nurse with the Client.

b) The failure by The Agency to obtain a suitable assignment for the Nurse shall not give rise to any liability on the part of the Agency and the Nurse recognises that there may be periods between Assignments where no work is available.

4. TIME SHEETS

At the end of each week of an Assignment (or at the end of the Assignment where an Assignment is for a period less than one week or is completed before the end of the week), the Nurse shall deliver to the Agency his/her time sheet duly completed to indicate the number of hours worked by the Nurse during the preceding week and signed by an authorised representative of the Client. Failure to deliver a time sheet for hours worked will delay payment for these hours. Signatures must be in ink. If no time sheet is available hours worked and signature must be on an official letter headed paper.

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5. PAYMENTS

The Agency makes payments to the Nurse in respect of fees earned by him/her with the Client on a weekly basis. The Nurse hereby irrevocably appoints The Agency to prepare and submit accounts to the Client and collect and recover fees and expenses from the Client in the name of the Agency

Deductions will be made in respect of:

- a) National Insurance Contributions, PAYE Income Tax and any other deductions which the Agency is required by law to make in respect of Temporary, Contract, Part-time employees/ workers.
- b) Where applicable, charges for residential posts in the HSE or otherwise.
- c) Payments are made directly into the Bank or Building Society account of the Nurse every Friday
- d) The Agency will provide the Nurse with a Timesheet for each assignment, or the Nurse can download a Timesheet directly from the website of the Agency at <http://www.rhrecruitment.com>
- e) The Nurse should complete the Timesheet for each assignment and have the Timesheet signed by an authorised person employed by the Client.
- f) The Nurse should use one Timesheet per week and per assignment.
- g) It is the responsibility of the Nurse to provide the Agency with his/her Timesheet promptly, no later than midday on the Friday before payday.

6. OBLIGATIONS OF THE NURSE TO CLIENT

Where the Agency has obtained an Assignment for the Nurse, it is important that the Nurse complies with the following provisions for the benefit of the Client. The Nurse agrees that during every Assignment and afterwards as appropriate he/she will:

- a) Co-operate with the Client's staff and accept the direction, supervision and instruction of any person in the Client's organisation to whom he/she is responsible and conform to the Client's rules and regulations and standards of work practice.
- b) Be present at such times as may be stipulated by the Client.
- c) Take all reasonable steps to safeguard his/her own safety and the safety of others who may be affected by his/her actions on the Assignment.
- d) Not engage in any conduct detrimental to the interests of the Client.
- e) Be responsible for the provision of his/her own uniform and necessary equipment.
- f) Not at any time divulge to any person, nor use for his/her own or any other person's benefit, any confidential information relating to the Client's or the Agency's business affairs, transactions or finances.
- g) Changes in patient's mental and physical condition should be reported to the appropriate person. Detailed records should be kept in the care report booklet in accordance with the Client requirements.
- h) Nurses working through the Agency must at all times maintain the highest professional standards.

7. NON AVAILABILITY

- a) If the Nurse is unable or unwilling for any reason to commence or continue an Assignment, he/she should inform the Agency immediately.
- b) Nurses wishing to leave a case before its completion must inform the Agency and give at least one weeks notice to the Client.
- c) If the Nurse is unable to undertake an assignment, he/she should inform the Agency at least 6 hours before commencement.
- d) If a Client cancels an assignment at short notice, the Agency will endeavour to reassign the Nurse.
- e) If an assignment is cancelled upon arrival of the Nurse without prior notice, if he/she cannot be reassigned, the Nurse will be paid a four-hour fee.
- f) If the Nurse repeatedly cancels assignments which have been secured, then the Agency will have no other option but to cease allocating future work.

8. SPECIAL PROVISIONS

The Nurse should advise the Agency immediately if he/she is offered any employment or engagement by the Client or any third party to whom he/she is introduced by the Client and provide details of any remuneration offered him/her in writing as a fee may be due from the Client.

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9. STATUTORY LEAVE

a) For the purpose of calculating entitlement to leave under this clause, the leave year commences on the date that the Nurse starts an Assignment or a series of Assignments which last for a continuous period of thirteen weeks or more.

b) Under the working time regulations, the Nurse is entitled to four weeks paid leave per leave year. All entitlement to leave must be taken within the year in which it occurs and none may be carried forward to the next year.

c) The amount of leave to which the Nurse is entitled in respect of such leave is calculated in accordance with and in proportion to the number of standard hours which he/she works on Assignments. For the purpose of calculating payments for annual leave the standard working hours in relation to Assignments undertaken by the Nurse will be all hours worked which do not attract overtime rates of pay, Nurses engaged on shift work will be paid annual leave at normal day shift pay rates.

d) Where the Nurse wishes to take any leave to which he/she is entitled, he/she should notify the Agency in writing of the dates of his/her intended absence. The amount of notice which the Nurse is required to give should be at least twice the length of the period of leave that he/she wishes to take. Unless the Agency informs the Nurse in writing that it is not possible for him/her to take leave on the specified dates. The Nurse shall be entitled to take up his/her leave entitlement.

e) Where a bank Holiday or public Holiday falls during an Assignment and the Nurse does not work on that day the Public Holiday shall count as a part of the Nurses paid annual leave entitlement.

f) Holiday pay cannot be paid in cash, the actual holiday pay must be taken. If we found you are working through another Agency or for any firm or individual during your leave period then holiday pay will be forfeited.

g) None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Nurses status as a self employed worker.

10. UNIFORM POLICY

Nurses shall be required to purchase and wear a uniform at all times. The most notable exceptions to this condition are (a) when the Client provides their own uniform or (b) where the Client does not wish one to be worn.

10a. UNIFORM POLICY

The Agency policy for uniforms are as follows:

Male Nurse: White Tunic, Navy Trousers, Navy/Black Shoes

Female Nurse: White Tunic / Navy Trousers, Navy/White Shoes. or - Full White uniform

Agency Nurse ID: The Agency will issue the Nurse with an ID Badge, which should be worn at all times during an assignment.

11. MISCONDUCT

If a Nurse is dismissed from a case for misconduct or professional negligence the Agency reserves the right to withhold advances in respect of fees.

12. EMPLOYMENT AGENCY LICENCE

The Agency is a licenced Employment Agency under The Minister for Enterprise, Trade and Employment, in exercise of the powers conferred on him by Sections 3 of the Employment Agency Act 1971

The Agency Licence Number is EA 3292

13. NURSE HEALTH

Assignments offered through the Agency are confidential upon a true statement of the details of the Nurses mental and physical health as set out in the Registration Form and upon the understanding that the Nurse must be in a state of good health when reporting for duty.

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14. INDEMNITY INSURANCE

The Nurse is liable for his/her own practice and therefore needs to have Professional Indemnity Insurance.

15. THE TERMS & CONDITIONS

It is understood that all parties who work with The Agency, the Nurse and the Client has read, understood and accepts these terms and conditions.

To clarify any aspect relating to these Terms and Conditions contact :

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Watson House
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FAX:	01 258 6731
Mob:	086 – 256 0391 and 086 – 816 9787
E.mail:	info@rhrecruitment.com
Website:	http://www.rhrecruitment.com

I have read and agreed to the above Terms & Conditions

Signed: _____ Date: _____

PRINT NAME

Equal Opportunity Employer

RH Recruitment maintains a policy of non-discrimination towards all applicants and employees. All aspects of employment are governed by merit, competence, suitability and qualifications, and will not be influenced in any manner by sex, age, race, colour, religion or natural origin.

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THE FOLLOWING PAGES CONCERN

PAYROLL & PAYMENT INFORMATION

ABOUT TIME SHEETS

NEW STAFF TO IRELAND

INCOME TAX INFORMATION

PROFESSIONAL INDEMNITY INSURANCE

RH RECRUITMENT RATES – UNION Rates from 01/07/2007

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Payroll Information

Timesheets & Payment Details:

- The pay week (weeks 1-52) starts on Monday and finishes on Sunday.
- Payments will go into your Bank Account on a Friday – paid one week in arrears.
- We will provide you with a Timesheet, or you can download Timesheets directly from our website on: <http://www.rhrecruitment.com>
- Payslips are sent out on a Wednesday for the previous week.
- You should complete your Timesheet for each assignment and get the Timesheet signed by the Client, Authorised Ward Nursing Staff or Nursing Administration
- Use only one Timesheet per week and per Hospital or Client
- Send your Timesheet to us promptly, no later than midday on the Friday before payday.
- Only the current version of the timesheet will be accepted for payment.
- Fax your timesheet to **(01) 284 0702**
- Please write clearly. If you fax in your timesheet, print firmly and use **Black Pen (do not use red pen)**.
- It is important that you fill in your timesheet correctly, with all the information required:

Timesheets that are not clear or have insufficient information or incorrect dates will be held for payment until confirmed.

Payroll Queries:

If you have any queries regarding your pay, timesheets, tax, etc, please contact us on:

Telephone Number : (01) 235 2210

FAX Number : (01) 258 6731

E.mail : rh@rhrecruitment.com

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Staff New to Ireland

- The first step is to obtain your **P.P.S. Number** (Personal Public Service Number). This is issued by the Social Welfare Office (call (00 353 1) - Dublin Ireland - 01 874 8444 for your nearest office).
- **RH Recruitment** - Employer Licence Number is **EA 3293**
- After receiving your P.P.S. Number, you will need to contact the Tax Office (Telephone numbers listed below) and request **Form 12A** (application for a Tax Certificate).
- Complete this form and return it to the Tax Office **a.s.a.p.**
- The Tax Office will then issue a Tax Certificate to you and to **RH Recruitment**. Any P.A.Y.E tax that you have overpaid will be refunded by **RH Recruitment** to you immediately after your Tax Certificate has been received.

Income Tax Information:

We require a Tax Certificate from the Tax Office to apply your information.

Dublin area Tax Office Telephone Number: **1890 333 425** – other areas listed below

You must have your PPS number ready.

You will be asked for the **RH Recruitment** Employment Agency Licence registration number
EA 3293

When you begin employment with **RH Recruitment**, if we do not have all your relevant Tax information, we **must** apply Emergency Tax Status.

If your ONLY work is with us (and you have left a previous job to work with us):

- ◆ You should forward your **P45** to the Agency – **RH Recruitment**
- ◆ If you do not have a P45, you should request a **Certificate of Tax Credits** from the Tax Office
- ◆ If your Tax Credit Certificate is not allocated to the Agency, then the Tax Office require us to operate the Emergency Tax procedure.

To Contact the Tax Office in your Area, call the following telephone numbers:

- ◆ Dubin 1890 333 425
- ◆ East and South East 1890 444 425
- ◆ South West 1890 222 425
- ◆ Borders, Midlands, West 1890 777 425

RH Recruitment

Nurse Application Form & Important General Information

Watson House
Watson Road
Killiney
Co. Dublin
Ireland

Tel: 01 235 2210

FAX: 01 258 6731

Mob: 086 – 256 0391 and 086 – 816 9787

E.mail: info@rhrecruitment.com

Website: <http://www.rhrecruitment.com>

IF YOU ARE WORKING WITH RH RECRUITMENT AS YOUR SECOND JOB:

- You may want to split your credits so that you are not taxed at 42% on all your **RH Recruitment** earnings.
- If you wish to do this you must inform the Tax Office who will issue a new Tax Certificate

You will need to quote your PPS Number and the
Agency's Employers Licence Number EA 3292

PROFESSIONAL INDEMNITY INSURANCE

As an Agency Nurse working for **RH Recruitment**, you are liable for your own practice and therefore need to have your own Professional Indemnity Insurance.

The Irish Nurses Organisation (www.ino.ie) and **SIPTU** provide this insurance cover to their members.

If you choose not to be a member of a Trade Union, then **RH Recruitment** can advise or arrange this insurance cover for you.

RH Recruitment

Nurse Application Form & Important General Information

RH RECRUITMENT PAY RATES – UNION Rates from 01/07/2007

		4 Hours	5 Hours	6 Hours	7 Hours	8 Hours	9 Hours	10 Hours	11 Hours	12 Hours	13 Hours	14 Hours
Mon-Fri	Day Duty	108.00	115.00	132.00	151.00	167.00	175.00	197.00	218.00	239.00	263.00	284.00
Mon-Fri	Night Duty					183.00	194.00	218.00	241.00	268.00	293.00	
Sat	Day Duty	128.00	137.00	156.00	175.00	193.00	204.00	228.00	250.00	274.00	298.00	322.00
Sat	Night Duty					205.00	218.00	245.00	272.00	300.00	328.00	
Sun/Public Hol	Day Duty	164.00	178.00	205.00	232.00	259.00	271.00	298.00	324.00	351.00	378.00	407.00
Sun/ Public Hol	Night Duty					268.00	284.00	321.00	357.00	393.00	428.00	

Additional Rates

Twilight Shifts 8pm-12 midnight	
Mon-Fri	152.00
Saturday	176.00
Sunday	216.00

Escort Rates	
1st Hour	67.00
2nd - 8th hour	15.00
After 8 hours	22.00

On-Call Fees	
Mon - Fri	76.00
Saturday	83.00
Sunday	91.00

Midwifery, ICU, CCU, Theatre, A&E and Haemodialysis shifts receive a bonus on certification (conditions apply)