

# RIGHT TO WORK ENQUIRY AGREEMENT

I agree and give permission for Chosen Healthcare Ltd to take, appropriate action and contact the appropriate authorities as a part of their effort to validate my right to work in the UK.

**Print Name:**

**Signature:**

**Date:**

## CONFIDENTIALITY AGREEMENT

I agree that during the time I am engaged by Chosen Healthcare Ltd to work in any capacity:

1. I will not disclose to any person, any information obtained whilst attending an assignment.
2. I will hold in trust and confidence for Chosen Healthcare Ltd all such information, and never use it in other than for the benefit of Chosen Healthcare Ltd.

**Print name:**

**Signature:**

**Date:**

## CHOSEN HEALTHCARE Ltd DECLARATION

If you provide false or misleading information to support your application, it will disqualify you from being engaged as an employee Chosen Healthcare Ltd. If it is found that you provided false or misleading information to support your application after or during employment, Chosen Healthcare Ltd has the right to terminate your contract on this basis.

I hereby declare that I understand and complied with the requirements laid down in the application and I agree that the information given on this form maybe used to obtain DBS checks on me from the policy authorities.

**Name**

**Signature**

**Date**