

A: EMPLOYEE PERSONAL DETAILS			
Surname:		First Name:	
Date of Birth:		Marital Status:	Single Married Widowed Divorced
Full time / Part time		Contracted Hrs/ wk	
JOB POSITION:		Start Date:	

B: VERIFICATIONS & CHECKS				
#	CHECK	MANAGER OF HOME:		
1	QUALIFICATIONS (copies of Certificates on file):	YES	NO	
2	WORK EXPERIENCE (authenticated):	YES	NO	
3	SKILLS / TRAINING (copies of relevant Training Certificates on file):	YES	NO	
4	The qualifications of this employee are suitable for the work they will need to perform:	YES	NO	
5	He / she is a fit person to have contact with service users:	YES	NO	
6	He / she has the necessary skills to perform the job duties satisfactorily :	YES	NO	
7	He / she is physically & mentally fit to undertake job duties:	YES	NO	
8	A Declaration of Health & Medical Fitness Form has been completed and is on file:	YES	NO	
9	Two references have been obtained, and I am satisfied as to their authenticity:	YES	NO	
10	Criminal convictions or cautions (if YES, detail on reverse of this Form):	YES	NO	
11	CRB Disclosure Information Certificate at standard / enhanced level (delete as apt.):	YES	NO	
12	Protection of Children and Vulnerable Adult Registers checked and satisfactory:	YES	NO	
13	Identity of employee checked and verified (copies of all documentation below on file):	YES	NO	
	13.1	Passport:	YES	NO
	13.2	Driving Licence:	YES	NO
	13.3	N.I. Identification Card:	YES	NO
	13.4	Birth Certificate:	YES	NO
	13.5	Photograph:	YES	NO
	13.6	PIN No (UKCC / NM Registers) - for Registered Nurses:	YES	NO

Signature: _____ Name (PRINT): _____ Date: _____
 Agency Manager