



| A: EMPLOYEE PERSONAL DETAILS | | | |
|------------------------------|--|---------------|--|
| Surname: | | First Name: | |
| Date of Birth: | | JOB POSITION: | |
| Contracted Hrs/ wk | | Start Date: | |

| B: VERIFICATIONS & CHECKS | | | |
|---------------------------|---|---------|----|
| # | CHECK | Outcome | |
| 1 | QUALIFICATIONS (copies of Certificates on file): | YES | NO |
| 2 | SKILLS / TRAINING (copies of relevant Training Certificates on file): | YES | NO |
| 3 | Employment history reviewed and all gaps satisfactorily accounted for: | YES | NO |
| 4 | Reference #1 obtained, and I am satisfied as to its authenticity: | YES | NO |
| 5 | Reference #2 obtained, and I am satisfied as to its authenticity: | YES | NO |
| 6 | A Declaration of Health & Medical Fitness Form has been completed and is on file: | YES | NO |
| 7 | CRB Enhanced Disclosure Certificate seen and recorded (Reference No: _____): | YES | NO |
| 8 | Form P45 received and passed to accountant: | YES | NO |
| 9 | Bank details received: | YES | NO |
| 10 | N.I. Number recorded (_____):: | YES | NO |
| 11 | Identity of employee checked and verified (at least one to be a photo-I.D.): | YES | NO |
| | 11.1 Passport: | YES | NO |
| | 11.2 Driving Licence: | YES | NO |
| | 11.3 N.I. Identification Card: | YES | NO |
| | 11.4 Birth Certificate: | YES | NO |
| | 11.5 Marriage Certificate: | YES | NO |
| | | | |

Signature: _____ Name (PRINT): _____ Date: _____
Nursery Manager / Deputy Manager