**Agency Staff Confirmation Form**

Agency Name: **City Force Healthcare Ltd**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate Name | | Mavis Kiese | | | | Known As | | | | Mavis | | | | | | | |
| Address | **Lodge Lane**  **Leeds**  **West Yorkshire** | | | | | Contact Number | | | | 07864526XXX | | | | | | | |
| D.O.B. | | | | 09/06/1970 | | | | | | | |
| Date of last DBS / PVG Check | | 17/02/2021 | | | | DBS / PVG No | | | | 00172591XXXX | | | | | | | |
| PIN if applicable | | N/A | | | | Enhanced DBS | | | | Yes | | x | | No | |  | |
| DBS returned and risk assessment in place as required | | | | | | | | | | | N/A | | | | | | |
| ISA returned | | | | | | | | | | | N/A | | | | | | |
| Job Role to be Undertaken  (please indicate VAT status) | | | Healthcare Assistant | | | | | VAT Applicable  (delete as appropriate) | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Checks** | | | | | **Confirmed** | | | | **Insert Photo Below** | | | | | | | | |
| Staff eligible to work in the UK: | | | | | YES | | | |  | | | | | | | | |
| Passport | | | | |  | | | |
| Visa (up to date) | | | | | YES | | | |
| Confirmation of Identity: | | | | | YES | | | |
| Birth Certificate | | | | |  | | | |
| Proof of Address | | | | | YES | | | |
| References received | | | | | YES | | | |
| Driving License/Insurance | | | | | NO | | | |
| All required paperwork checked: YES | | | | | | Mandatory training up to date: YES | | | | | | | | | | | |
| Registered under the disability act: NO | | | | | | | | | | | | | | | | | |
| Staff happy to work under (name of home) policies and procedures: YES | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Training** | | | | | | | **Undertaken** | | | **Date Completed** | | | | | | | |
| **(Yes / No)** | | |
| Manual Handling Theory | | | | | | | YES | | | 16/02/2021 | | | | | | | |
| Manual Handling Practice | | | | | | | YES | | | 16/02/2021 | | | | | | | |
| Food Hygiene | | | | | | | YES | | | 16/02/2021 | | | | | | | |
| Health & Safety | | | | | | | YES | | | 15/02/2021 | | | | | | | |
| Risk Assessment | | | | | | | N/A | | | N/A | | | | | | | |
| Fire | | | | | | | YES | | | 17/02/2021 | | | | | | | |
| COSHH | | | | | | | YES | | | 15/02/2021 | | | | | | | |
| Infection Control | | | | | | | YES | | | 16/02/2021 | | | | | | | |
| Medication Awareness | | | | | | | YES | | | 15/02/2021 | | | | | | | |
| Epilepsy Awareness | | | | | | | N/A | | | N/A | |  |  | |  |  |  |
| Safeguarding of Vulnerable Adults Training (SOVA) | | | | | | | YES | | | 17/02/2021 | |  |  | |  |  |  |
| Safeguarding Children Training | | | | | | | YES | | | 17/02/2021 | |  |  | |  |  |  |
| Other (please detail) | | | | | | | N/A | | | N/A | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  | | |  | | | | | | | |
| Form completed by: | | | | Tina Parmar | | | Signature: | | | T.Parmar | | | | | | |  |
|  | | | |  | | |  | | |  | | | | | | | |
| Position: | | | | Payroll and Compliance Officer | | | Date: | | | 26/02/2021 | | | | | | |  |
|  | | | |  | | |  | | |  | | | | | | | |
| Date faxed/emailed: | | | |  | | |  | | |  | | | | | | | |
|  | | | |  | | |  | | |  | | | | | | | |
| Date received by home: | | | |  | | |  | | |  | | | | | | | |
|  | | | |  | | |  | | |  | | | | | | | |