**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: |  |  |  |
|  |  |  |  |