



Certificate of Completion **Pin Process Application**

THIS FORM MUST BE COMPLETED IN FULL OTHERWISE IT WILL BE REJECTED UNTIL ALL INFORMATION/COMPLIANCE IS ADHERED TO

All recruitment files must contain evidence of all pre-employment checks required to provide a safe service as specified in regulation 19 and Schedule 3 of the Health and Social Care Act 2008.

Private Provider: Private Provider Representative: Position:	Candidate First Name: Middle Name: Surname:: DOB :
Assignment Start Date: National Insurance Number	Job Title /Skill Grade (please specify – Para/Tech/AAP/ECA) Professional Registration Number

Pre Assignment Screening Elements	Complete	Date
Candidate Checklist Is the individual currently employed by the NHS <input type="checkbox"/> Y <input type="checkbox"/> N If yes please state who..... Has the individual ever been dismissed or removed by any NHS Trust or subject to any current investigation <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	
<ul style="list-style-type: none"> Private Provider Application Information Form Previous employment history (at least 10 years recorded) A full employment history, together with a satisfactory written explanation of any gaps in employment with reasons for leaving and confirmation if dismissed from any NHS Trust. Does the candidate work for any other Provider to the NHS <input type="checkbox"/> Y <input type="checkbox"/> N If yes please state who..... DBS Certificate No., issue and expiry dates Certificate Number From Date (DDMMYY) Expiry date..... (DDMMYY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

UK Driving <ul style="list-style-type: none"> UK Driving Licence checked on(DDMMYY) From Date (DDMMYY) Expiry date..... (DDMMYY) Any driving licence penalty points or disqualifications <input type="checkbox"/> Y <input type="checkbox"/> N If yes – please list below	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Interview Worksheet <ul style="list-style-type: none"> A face to face interview completed & documented by two interviewers Date of interview (DDMMYY) Interviewer 1 name Interviewer 2 name 	<input type="checkbox"/>	
Proof of Right to Work in the UK <ul style="list-style-type: none"> Verified (copy of original document seen, signed and dated) Valid Visa (if applicable) Visa type Student visa only <ul style="list-style-type: none"> Term time for current academic year & confirmation of enrolment 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Two References Received Must include most recent or substantive employers/academic institutions: (Has to be less than three months old and cover a minimum of 3 years employment) <ul style="list-style-type: none"> Reference 1: Date received(DDMMYY) Period from (DDMMYY) To(DDMMYY) Reference 2: Date received(DDMMYY) Period from(DDMMYY) To(DDMMYY) 	<input type="checkbox"/> <input type="checkbox"/>	
Verification of Identity <ul style="list-style-type: none"> 2 photographic personal identification (one with proof of address) and 1 other proof of address; Passport / Birth certificate checked 	<input type="checkbox"/> <input type="checkbox"/>	
Occupational Health Certificate <ul style="list-style-type: none"> Pre-employment clearance Date (DDMMYY) 	<input type="checkbox"/>	
Certificate of Good Conduct If a candidate is from overseas, or has arrived from overseas within the last 12 months	<input type="checkbox"/>	
Qualifications/Assessments <ul style="list-style-type: none"> Evidence of Pre-Employment Clinical Assessments Clinical Qualification Certificate checked Driving Qualification Certificate checked D1/D2 <input type="checkbox"/> IHCD Cert <input type="checkbox"/> Future Qual Level 3 <input type="checkbox"/> SMT (Statutory Mandatory training) Skills For Health completed <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

CRQ and CA <ul style="list-style-type: none"> • Criminal Record questionnaire completed – <table border="1" data-bbox="797 149 829 180"><tr><td>Y</td></tr></table> <table border="1" data-bbox="854 149 886 180"><tr><td>N</td></tr></table> • Confidentiality Agreement completed – <table border="1" data-bbox="797 180 829 212"><tr><td>Y</td></tr></table> <table border="1" data-bbox="854 180 886 212"><tr><td>N</td></tr></table> 	Y	N	Y	N	<input type="checkbox"/>	
Y						
N						
Y						
N						
Personal Protective Equipment Evidence of a receipt of Personal Protective Equipment issued and trained in the use.	<input type="checkbox"/>					
Private Provider ID Card issued.	<input type="checkbox"/>					
Next of Kin /Emergency contact details recorded	<input type="checkbox"/>					

I confirm that all the pre-assignment and screening requirements have been completed, I agree to input and upload onto Blueman all certificates, and the candidate will not be deployed until all training requirements have been met.	
Name of Central Representative:	
Signature of representative	
Date	