

REGISTRATION CHECKLIST - HCA

We this form to help you during your registration process with Europeanbiz Healthcare **Agency Worker Name**

REGISTRATION DOCUMENTS

Registration Form completed and signed 48 Hrs Opt Out Agreement signed

Terms Of Engagement, signed **GDPR** Consent, signed

Handbook Declaration Form, signed Health Assessment Form completed and signed

ID Badge issued Interview completed and signed **Uniform Size** Up to date CV in EUBiz format

IDENTITY CHECK AND RIGHT TO WORK

*Original Passport together with appropriate visa/biometric card Passport expiry date

Visa expiry date One passport size photo Type of Visa

*Two proofs of address not older than 3 months *Proof of NI (NI card or payslip)

EMPLOYMENT HISTORY & REFERENCES

CV detailing continuous employment history and all gaps explained in months/years

Three referee details, two of which must be the most current and they must support the speciality you wish to work at.

REF.1 Dates: **REF.2** Dates: **REF.3** Dates:

OCCUPATIONAL HEALTH REQUIREMENTS

Varicella **TB** immunity Rubella Measles **Hep B results** titre level>100mIU/mL **FTWC** Type **EPPHepatitis B Surface Antigen Hepatitis C** HIV FTWC issue date

Original DBS certificate if subscribed with the Update Service DBS certificate number

Update Service Check date: DBS certificate issue date

If new to the UK, Police check from your country of origin issued within the last three months

TRAINING

DISCLOSURE AND BARRING SERVICE

Issue Date: Fire Health & Safety Issue Date: Lone Worker Issue Date: COSHH Issue Date: Food Hygiene Issue Date: **Conflict Resolution** Issue Date: **Infection Control** Issue Date: Equality/Diversity & Inclusion **Issue Date:**

Safeguarding Adults Level 2 or 3 Issue Date: **Issue Date:** Safeguarding Children Level 2 or 3 Information Governance incl. Record keeping & Caldicott Protocols **Issue Date:**

Anaphylaxis (Community Nurses Only) **Issue Date:**

Please note that the documents (marked with*) must be verified as original seen. Sign off Date

Manager's Name: **Sign Off Signature:**





*Manual Handling Issue Date:



*ALS/ATLS/BLS/ILS/PLS/APLS Issue Date: