

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
Type of Visa	Visa expiry date
*Two proofs of address not older than 3 months	One passport size photo
	*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:
--------------	--------------	--------------

QUALIFICATIONS & PROFESSIONAL REGISTRATION

NMC/HCPC Statement Of Entry	Latest NMC/HCPC Check on file	*Medical Diploma
-----------------------------	-------------------------------	------------------

OCCUPATIONAL HEALTH REQUIREMENTS

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

DISCLOSURE AND BARRING SERVICE

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

*ALS/ATLS/BLS/ILS/PLS/APLS Issue Date:	*Manual Handling Issue Date:
Fire	Issue Date:
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:
Safeguarding Children Level 2 or 3	Issue Date:
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: