

**TASTER PLACEMENT**

HUMAN RESOURCES CONFIRMATION DETAILS

**PAGE ONE**

**PAGE TWO**

The doctor below has applied for a Medical Honorary Contract to undertake work at Great Ormond Street Hospital. We would be very grateful if you could provide confirmation of the doctors HR clearances by completing, signing, scanning and return this form via email.

|  |  |
| --- | --- |
| Name of applicant |  |
| Date DBS clearance was obtained  Level of DBS check (e.g. enhanced):  DBS disclosure number:  Checked against the Child Barred List:  Name of Employer: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Enhanced / Standard  ……………………………………………………………………………  Yes / No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirmation of Professional Registration: | Professional body: ………………………………………………  Registration number:………………………………………….  Date of Expiry: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| Right to work within the EEA | EEA Citizen: Yes / No  If no, visa status:  Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| Confirmation that the individual has met NHS ID checking guidelines: | Yes/No |
| Confirmation of Safeguarding Children Training  Information Governance Training:  Infection Prevent Control Level 1 Training:  Safeguarding Adults Level 1 | Date of expiry : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Highest level obtained: Level 1 Level 2 Level 3  Date of expiry: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Date of expiry: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Date of expiry: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| References on File: | Yes / No |

|  |  |
| --- | --- |
| Is this person currently subject to a conduct, capability or attendance review, investigation or warning? | Yes / No |
| Confirmation of Occupational Health clearance including documentary evidence by vaccination or blood testing of immunity to the following: | **Non Clinical**: TB, Measles, Rubella and Chicken Pox  Date of Clearance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Clinical (non-EPP)**: Hepatitis B, TB, Measles, Rubella and Chicken Pox  Date of Clearance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Clinical EPP worker:** Hepatitis B, TB, Measles, Rubella and Chicken Pox **and** ID validated documentary evidence of non infection with HIV, Hepatitis B and Hepatitis C.  Date of Clearance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| Name of HR Rep completing form:  Role: | ……………………………………………………………………………  …………………………………………………………………………… |
| Signature: | ………………………………………………………………………….. |
| Date: | \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |