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| **Forename:** |  |
| **Middle names:** |  |
| **Surname:** |  |
| **Job Title:** |  |
| **Band:** |  |
| **Source:** |  |

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| **Current role/experience?** |
| **Do they have a minimum of 12 months previous experience working with children & adults in a health or social care setting?** |
| **Are they permanent, on a bank or registered with another agency?** |
| **Does their current team use an agency and if so, who?** |

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| **How can we help them? What work would they like from us? Are they seeking extra work to save for something special? Please circle** | |
| Full time hours (36+) | Part-time hours |
| Long days (08:00 – 20:00) | Nights (20:00 – 08:00) |
| Long day sleep (08:00 – 22:00) | Flexible |
| Block bookings | Weekends |
| Weekdays |  |
| **Other: Notice period? Commitments?** | |

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| **Which payment option?** |  |
| PAYE |  |
| Do they need further information before deciding? |  |

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| **What pay rates are they expecting? (Discuss rates for the relevant pay option, average if undecided on pay option/client)** |
| Basic: |
| Night: |
| Weekend: |
| BH: |

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| **Which age groups can they support based on their experience? Please circle** | |
| Children (0-18) | Working age (18-65) |
| Older adults (65+) | Male only |
| Mixed | Female only |
| **Which settings are they experienced in and wish to continue working in?** | |
| Learning disabilities | Mental health |
| Emotional behavioural disorders | Physical disabilities |
| Autism | Physical disabilities |
| End of life | Dementia |
| Domiciliary | In-home care |
| Access to the community | Hospital transition |
| Private residential/care home | Challenging behaviours |
| Personal care | Moving & handling |

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| **Which areas will they work in? Please circle** | |
| Denbighshire | Conwy |
| Halton | Cumbria |
| Liverpool | Sefton |
| St Helens | Warrington |
| Cheshire West/Chester | Cheshire East |
| Wirral |  |
| **Other:** | |

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| **Do they have access to a vehicle?** | YES / NO |
| **Do they have business insurance on their vehicle?** | YES / NO |

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| **What are the 3 most important things for them to get from their Consultant/Bluestones?** |

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| **Compliance** |
| **Have they ever been dismissed or suspended? When? What happened? Were they or will they be referred to NMC? Please explain. A full written statement will be required if proceeding** |
| **Is their DBS Online? Do they have the original document if so? Please explain payment and DBS process if a new DBS is required** |
| **Do they have a conviction? When? What happened? Please explain. A full written statement will be required if proceeding** |
| **D.O.B (If required for DBS application)** |
| **When is their revalidation due? (If applicable)** |
| **When was their last appraisal? (If applicable) N/A** |
| **Do they require an overseas police check? Have they lived in another country for 12 months or more (whether continuously or in total) in the last 10 years, whilst 18 or over)** |
| **Are they trained in restraint techniques? PMVA/MAPPA/breakaway**  **Course:**  **Date last completed:**  **Can proof be provided?** |

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| **Please explain the process to the candidate (to include yearly renewals dependant on client)**   * Candidate Consultant – advise their role throughout the process and compliance documents required as per NHS Framework, 2 weeks RFW aim * Consultant liaison throughout the process * Invite for face-to-face registration (if applicable) * Clinical interview to follow - happy to come here for the interview * Benefits: Sirenum, referral scheme, clinical support (revalidation) |
| **Provisional or arranged registration date/time & convenient times for calls from CDT to chase compliance, provide updates:** |

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| --- | --- |
| **Telephone number:** |  |
| **Email address:** |  |
| **Pre-screened by:** |  |
| **Date pre-screened:** |  |
| **Unfilled shifts match/unfilled contract:** |  |
| **Confirmed shift pattern per week:** |  |
| **GM value:** |  |
| **Flex or contract:** |  |
| **Compliance standard/framework:** |  |

**PLEASE ENSURE THIS IS STORED FOR FUTURE REFERENCE**