PART 2 – To be completed by Bluestones Medical Complex Care

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| **Name of Candidate:** | **Date of Birth:** |
| **Job Title:** | **Proposed Start Date:** |

1. **BACKGROUND INFORMATION CHECK**

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| **Information required** | **Notes/Confirmation** |
| Has the Compliance Checklist been completed?   * Application Form - check gaps, discrepancies, or anomalies |  |
| * Appropriate and satisfactory references |  |
| * Give details where you have obtained clarification or missing information on the applicant or verification of the referee’s position in the organisation |  |
| * Qualifications – Have you checked and verified that the candidate’s qualifications fulfil the requirements in the selection criteria? |  |
| * Has the candidate completed the Convictions Policy Statement on the Registration form regarding the Rehabilitation of Offenders Act 1974? Please state the information they supplied. * Confirm that you have actively asked the person if they have any convictions, cautions, reprimands, warnings, bind- overs, pending prosecutions or disqualifications. |  |
| * Have you seen and verified asylum and immigration checks? |  |

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| * Have satisfactory health checks been received. |  |

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| **Criminal Records Bureau Disclosure Checks** | **Comments** |
| Does the candidate already hold a DBS certificate? |  |
| Was the DBS certificate obtained by Bluestones Medical Complex Care?  If not, who is the Registered Body? |  |
| Was the DBS certificate issued within the last 12 months? |  |
| Is the DBS certificate “Enhanced level”? |  |
| If the candidate is going to work with children, the DBS certificate must indicate “None Recorded” against the ISA Children’s Barred list information.  OR  If the candidate is going to work with vulnerable adults the DBS certificate must indicate “None Recorded” against the ISA Vulnerable Adults’ Barred list information |  |
| Has the candidate completed a new DBS certificate application form?  Confirm date that the application form has been forwarded to the DBS? |  |
| Has the candidate been a resident outside of the United Kingdom?  If yes, is the candidate able to produce the Police Check or DBS equivalent from other countries lived in?  If no, is a police check or DBS equivalent from that country being sought? |  |

1. **ASSESSING THE RISKS**

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| **Question** | | **Applicable**  **(Please delete as appropriate)** | | **Comments** | |
| Did the applicant declare the matters on the DBS Application form and/or the OCC Application form? | | Yes / No  If ‘No’ state reason | |  | |
| Does the individual agree that the information detailed on the DBS Certificate is correct? | | Yes/ No  If ‘No’, what do they think is incorrect and why? | |  | |
| Were any offences work-related or committed within the context of a work setting? | | Yes/No  If ‘Yes’ give details | |  | |
| Were any offences committed within the last 2 years? | | Yes / No  If ‘Yes’ explain context in which each offence occurred e.g., where, how, why and details of any victims. (Continue overleaf if necessary) | |  | |
| What is the individual’s attitude to the offence/s now? | | e.g., regret/remorse/ justified/denial | |  | |
| Question | | **Applicable**  **(Please delete as appropriate)** | | Comments | |
| Would they do anything differently now? | | **Yes / No**  **If ‘Yes’ specify what** | |  | |
| Has the individual’s circumstances changed since the conviction/s e.g., location/friends/partner/ education? | | **Yes / No**  **If ‘Yes’ specify what** | |  | |
| Are there any mitigating circumstances? e.g. immaturity, traumatic life event | | **Yes / No**  **If ‘Yes’ specify what** | |  | |
| Do the matters disclosed form any pattern e.g. repeat offences or repeat motivation (anger/financial/drugs/alcohol | | **Yes / No**  **If ‘Yes’ specify** | |  | |
| Can the applicant demonstrate any efforts not to re-offend?  e.g. Rehabilitation course, Anger Management course, help for alcohol/drug abuse. | | **Yes / No**  **If ‘Yes’ specify (NB – completing**  **Community Service is**  **a punishment not a rehabilitation programme)** | |  | |
| Does the post have any direct contact with the public and if so, how vulnerable are they? | | **Yes / No**  **If ‘Yes’ give details** | |  | |
| **Question** | | **Applicable**  **(Please delete as appropriate)** | | **Comments** | |
| Can safeguards be implemented to reduce/remove any risk e.g. no unsupervised contact? | | Yes / No  If ‘Yes’ specify what | |  | |
| What supervision is available and how readily? | | Give details | |  | |

Is there any other information relevant to this Risk Assessment regarding the candidate, the work itself or the location/environment where the activities will take place?

**Any further information**

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| **Level of Risk:**  Please complete the level of risk posed by appointing/employing the individual in this job. Give reasons. | | |
| **High Risk** |  | |
| **Medium Risk** |  | |
| **Low Risk** |  | |
| Can protective measures be put in place to render the risk low? Yes / No | | |
| Outline of the protective measures **Risk Management Plan** e.g. curtailment of access to children/information; additional supervision; temporary changes of work location; temporary diversion of low risk tasks or training. | | |

Risk Assessment completed by:

Signed (Manager): Date:

Print Name (Manager):

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| **Authorised by Managing Director** |
| Is this person suitable to start work before the CRB is returned or to continue working under the conditions proposed above? Yes/No  **Comments: (Reasons for decision**) |
| Comments: (Reasons for decision) |

Risk Assessment Authorised by;

Signed (Business Manager): Date:

Print Name (Business Manager):