



**Agency Confirmation Form**

Agency Name: FINECARE 24/7

Candidate Name		Known As	
Address	1 DEAKINS ROAD B25 8DX	Contact Number	0121 786 1977 / 07570161977
		D.O.B.	
National Insurance Number			
Date of last DBS/ PVG Check		DBS/ PVG No	
PIN if applicable & expiry date	N/A	Enhanced DBS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Role to be Undertaken			

Checks	Confirmed	Insert Photo Below
Staff eligible to work in the UK:		
Driving License/Insurance		
Does your worker require any adjustments relating to a medical condition in order to carry out this role? If so, please state adjustments needed below:  N/A		
Staff happy to work under Fine Care 247 policies and procedures: Yes / No		
Have they worked for Fine care 247 as a permanent worker previously: Yes/NO		

Training	Undertaken (Yes / No)	Date Completed
NVQ 2		
NVQ 3		
Manual Handling Theory		
Manual Handling Practice		
Food Hygiene		
Health & Safety		
Risk Assessment		
Fire Awareness		
COSHH		
Infection Control		
Medication Training		
Epilepsy awareness		
Safeguarding of Vulnerable Adults Training (SOVA)		
Other (please detail)		



**Additional information enclosed**

Items Required	Attached/Enclosed
Full CV - with all gaps in employment verified	
Copies of training certificates detailed on CV and above	
References - Covering the last 3 years	
Confirmation of DBS - including issue/expiry date - any DBS's that contain additional information will need to be cleared by the Recruitment Business Partner prior to being placed in a booking	<b>Does it contain additional information? No</b>
Emergency contact detail	
Proof of Right to work in the UK	
Confirmation of NMC Pin check (Qualified nurses only)	

Form completed by	.....	Signature	.....
Position	.....	Date	.....
Date received by home	.....		