



First name:

Surname(s):

Trust:

| Required Pre-employment Checks | Checklist |
|---|--------------------------|
| ▶ CV | <input type="checkbox"/> |
| ▶ Signed Conditional Offer Letter | <input type="checkbox"/> |
| ▶ References covering previous three years from the Offer of Employment | <input type="checkbox"/> |
| ▶ Character Reference from the GP (if applicable) | <input type="checkbox"/> |
| ▶ Personal Statement to cover any gaps in Employment/Education | <input type="checkbox"/> |
| ▶ Identity Documents (minimum two forms of photographic ID) | <input type="checkbox"/> |
| ▶ Police Clearance Certificate/s or DBS if already in the UK | <input type="checkbox"/> |
| ▶ Trust specific form 1 (i.e. Model Declaration A) | <input type="checkbox"/> |
| ▶ Trust specific form 2 (i.e. OH questionnaire) | <input type="checkbox"/> |
| ▶ Self Declaration form | <input type="checkbox"/> |
| ▶ CoS form | <input type="checkbox"/> |
| ▶ Flight cap form | <input type="checkbox"/> |
| ▶ Uniform form | <input type="checkbox"/> |
| ▶ IELTS UKVI or SELT | <input type="checkbox"/> |
| ▶ HCPC number | <input type="checkbox"/> |
| ▶ Registration certificate | <input type="checkbox"/> |
| ▶ Diploma(s) | <input type="checkbox"/> |
| ▶ Birth Certificate | <input type="checkbox"/> |
| ▶ Address Confirmation | <input type="checkbox"/> |
| ▶ Address Verification form | <input type="checkbox"/> |
| ▶ Immunisation Card | <input type="checkbox"/> |
| ▶ Hepatitis Vaccine | <input type="checkbox"/> |
| ▶ MMR Vaccine | <input type="checkbox"/> |
| ▶ Covid19 Vaccine | <input type="checkbox"/> |
| ▶ Covid Vaccination Declaration Form | <input type="checkbox"/> |
| ▶ TB Certificate/BCG Vaccination | <input type="checkbox"/> |
| ▶ Photo | <input type="checkbox"/> |

- ▶ NIN (if based in the UK)
- ▶ Payslip (if based in the UK)
- ▶ Certificate of Sponsorship
- ▶ Visa & BRP Letter

| |
|--|
| |
| |
| |
| |

Verified by:

Date: