

Your Compliance Checklist

1 Eligibility To Work In The UK		(Must have <u>ONE</u> of the following):
• UK/EU Passport + (Other nationalities must have valid visa with current passport)		<input type="checkbox"/>
• UK Birth Certificate- FULL including one parent's full name + (Accompanied by: Proof Of NI)		<input type="checkbox"/>

2. Proof of NI		(Must have <u>ONE</u> of the following):
• P45/P60 Statement		<input type="checkbox"/>
• National Insurance Card		<input type="checkbox"/>
• Letter from Jobcentre/ Government Agency showing your permanent NI number		<input type="checkbox"/>

3. DBS Disclosure		(Must have <u>ONE</u> of the following):
• Original DBS Certificate (If subscribed with the DBS service)		<input type="checkbox"/>
• Complete online DBS check with Pathology Group + Refundable payment details (Debit/Credit Card Details/Cheque)		<input type="checkbox"/>
• If you have been in the United Kingdom for less than 6 months then you must provide us with a Police completed in the country you last resided in completed within the last 3 months		<input type="checkbox"/>

4. Proof of Address		(See attached list for acceptable documents)

5. Proof of Immunisation*		(Must have <u>ALL</u> of the following):
• Hepatitis B, Chicken Pox (Varicella), TB (BCG), Measles and Rubella (Or 2 MMR vaccinations).		<input type="checkbox"/>
• If required evidence of a negative IVS Blood reports for HIV, HEP C and HEP B		<input type="checkbox"/>

NB: The above immunisation documents must be on letter headed paper or stamped by the place of issue.

6. Other Documents		(Must have <u>ALL</u> of the following):
• You can post 2 colour passport photos, or email 1 electronic colour passport photo		<input type="checkbox"/>
• GMC Certificate including the original proof of entry.		<input type="checkbox"/>
• Job-relevant qualification degrees/certificates		<input type="checkbox"/>
• Training Certificates: Basic Life Support, Manual Handling, Health and Safety including Fire Safety, Infection Control, Equality and Diversity Child Protection Level 2 or 3 depending on your role, Protection Of Vulnerable Adults, Information Governance, Preventing Radicalisation, Complaints Handling, Counter Fraud, Lone Working and NHS Conflict Resolution. (Issued in the last 12 months)		<input type="checkbox"/>

7. Forms and Declarations		(Must have <u>ALL</u> of the following):
• Online DBS Form submitted online	(Not applicable if you provided a DBS certificate registered with the Update service)	<input type="checkbox"/>
• Occupational Health Questionnaire	(Filled and Signed)	<input type="checkbox"/>
• Pathology Group Application Form	(Filled and Signed)	<input type="checkbox"/>
• Annual Appraisal Form*	(Filled and Signed)	<input type="checkbox"/>
• Current CV	(CV since leaving full time education)	<input type="checkbox"/>

Doctors

Application Form

Please complete in BLOCK CAPITALS

PERSONAL DETAILS			
Mr/Mrs/Miss/Ms		Surname	
First name (as appears on GMC Register)			
Date of birth		Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
Address			
Postcode		Country	
Home Tel No.		Mobile No.	
Email address		National Insurance No.	
Next of Kin			
Name		Relationship	
Contact Tel no.		Country	

Are you an EU citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not hold a British/EU passport what document/visa do you have to prove eligibility to work in the UK? Please state?	

Please note: All passports and visas will be verified as part of Pathology Group recruitment procedure. Your valid visa must be presented in either an in date passport or on a biometric card.

PROFESSIONAL BODY REGISTRATIONS			
Professional Body	Professional Body Registration/Membership/Accreditations	Expiry date	Membership status (If applicable)

CURRENT AND PREVIOUS EMPLOYMENT

You are required to detail all employment history since leaving full time education, with any gaps explained. If you have provided a CV, please tick here

Training Certificates: Basic Life Support, Manual Handling, Health and Safety including Fire Safety, Infection Control, Equality and Diversity Child Protection Level 2 or 3 depending on your role, Protection Of Vulnerable Adults, Information Governance, Preventing Radicalisation, Complaints Handling, Counter Fraud, Lone Working and NHS Conflict Resolution.

Will you be able to provide in date Mandatory Training Certificates? **Yes** **No**

PROFESSIONAL QUALIFICATIONS AND TRAINING

(Including Post Graduate Diploma, Training Courses etc)

Qualification	Place where obtained	From (Month/Year)	To (Month/Year)

Declaration Of Contract or Employment

Please declare any other organisation that you are in a contract of employment/services with

Employer Name	Position Held	Nature of the Business	Types of Contract

PROFESSIONAL REFEREES

Please give the names and contact details of referees covering the last three years of employment. Please note at least two references must be clinical. Referees must have worked in a senior position to yourself. Please be aware that Pathology Group is unable to offer you work until satisfactory references have been obtained. Pathology Group is required to obtain references for you on an annual basis.

Reference 1

Organisation name and full address	
Dates employed (MM/YY):	
Referee name:	
Professional Title:	
Email:	
Telephone:	
Capacity in which known:	
Can we contact immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reference 2

Organisation name and full address	
Dates employed (MM/YY):	
Referee name:	
Professional Title:	
Email:	
Telephone:	
Capacity in which known:	
Can we contact immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reference 3

Organisation name and full address	
Dates employed (MM/YY):	
Referee name:	
Professional Title:	
Email:	
Telephone:	
Capacity in which known:	
Can we contact immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Appraisal and Revalidation

- Pathology Group will require you to be appraised at least annually by a medical practitioner entered on to the specialist Register on the GMC List of Registered Practitioner
- You should maintain a written portfolio of your professional experience and attendance at professional development courses, which should also include a written and agreed Personal Development Plan as agreed at your appraisal

Last Appraisal Completed:	
Appraisal Completed By:	
Appraiser GMC Number: NB they must be on the Specialist Register with a licence to practice	
Appraiser Contact Details: (Address and telephone number)	
Next Appraisal Due:	
Revalidation Date:	
Registered Body:	

I confirm that I have had an appraisal with above named Doctor. The appraisal was completed in line with the approved NHS Appraisal System. In addition I can confirm that the appraiser is appropriately trained to complete the appraisal

DECLARATIONS
Criminal Records.

Please note that under new filtering rules - certain offences may be removed from your criminal record after 11 years (5.5 years if you were under the age of 18) Cautions will be removed after 6 years (2 years if you were under the age of 18); providing that this was your only offence and did not result in a custodial sentence. Serious offences will never be filtered. If you are unsure of whether your conviction/caution/reprimand is filtered, please see the DBS website for more information before signing the declaration. If you do not declare a conviction/caution/reprimand that later appears on your DBS this could result in dismissal or non-employment. Please tick:

Do you have any convictions, cautions or reprimands that are not "protected" as defined by the Rehabilitations of Offenders Act (amended 2013)? Yes No

Are you aware of any Police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Have you ever had a Police check in another country? If so, please provide details below and enclose a copy if held. Yes No

If you have answered yes to any of the above, please give details below.

Please note that if at any stage whilst working for Pathology Group we receive a DBS Enhanced Disclosure that highlights information you have not declared, then you will be removed from your assignment

Have you ever been subject to disciplinary action or are currently being investigated due to alleged misconduct? Yes No

I confirm that I have my own professional indemnity insurance, which is adequate to cover agency work, as cover from my substantive post may not cover me for agency work. I will inform Pathology Group at the point when my professional indemnity insurance expires or becomes invalid.

Signed	Date	Professional Body Registration
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Declarations

1. I understand that if I am charged or cautioned after signing this declaration, I must inform Pathology Group.
2. I acknowledge that I have been given a copy of the Terms and Conditions of Service issued by Pathology Group which is mine to keep, and furthermore that I have read those Terms and Conditions and agree to abide by them.
3. I acknowledge that I have been given a copy of the Candidate Handbook issued by Pathology Group which is mine to keep, and furthermore that I have read the Handbook and agree to abide by the contents.
4. I acknowledge and confirm that Pathology Group is authorised to apply for and obtain a Disclosure and Barring Service Check (including the online status update service check if app) and references from any previous employers and educational establishments.
5. I acknowledge that my personal details will be stored and handled correctly by Pathology Group in accordance with the Data Protection Act 1998 however, I agree that they may be made available for audit/review by relevant third parties. (This is relevant for all information including all documents – DBS, Occupational Health, References).
6. I understand that if I am on a student visa I can only work for 20 hours per week during term time. I understand that I have a responsibility to monitor this. In addition, if my position as a student changes, I must inform Pathology Group.
7. I understand that if I am on a Tier 2 Sponsorship Visa, I can only work for a maximum of 20 hours per week at the same professional level as my sponsorship. I understand that I have a responsibility to monitor this. In addition, if my position with my sponsored company changes, I must inform Pathology Group.
8. I confirm that I am not currently under investigation, or currently suspended, by my professional regulatory body (GMC) or being investigated by my current or previous employer. I will inform Pathology Group if I am under investigation or suspended by my professional regulatory body or employer at any point whilst working for Pathology Group.
9. I confirm that when asked about my working history (primarily, but not exclusively, for the purposes of the Agency Workers Regulations) I will provide accurate information.
10. I acknowledge that should I reach the 12 week Qualifying Period under the Agency Workers Regulations, I may be asked for, and will provide, further documentation as evidence of qualifying weeks, if Pathology Group deem it necessary.
11. I give my permission for Pathology Group to run a Right to Work check with the Home Office if I provide them a Biometric Residence Card for my Right to work in the UK
12. I declare that the information given herein is true and complete and is not presented in a way intended to mislead. I agree that if I have given false or misleading information or omit to give relevant information now or in the future, that Pathology Group may cease to offer me further agency placements without notice, as well as a claim for recovery of any payments I have received, together with a claim for a loss of profit to Pathology Group.
13. I confirm that I hold a substantive post, I am not subject to any restricted covenants that would prevent me from completing any placements through Pathology Group.
14. Our standard terms are not applicable when you are working in a placement under a Direct Engagement model. In those circumstances you will be issued with separate terms by the Direct Engagement business. You will revert back to our terms should you subsequently work in a non-DE placement.

Signed:	Date:	
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Equal Opportunities Monitoring Form

Pathology Group has an equal opportunities policy that complies with the provisions of anti-discrimination legislation and means that candidates are selected without discrimination.

In order to measure the impact of this policy, we would appreciate it if you could complete the following questions and return your response in the envelope provided to the Pathology Group business unit where you are registering. You are under no obligation to provide this information, however it will greatly assist us in monitoring adherence to policy.

Please note that all responses will be handled in strictest confidence. They will only be used for statistical monitoring and will not form part of any job application. We may provide summary data to our clients to assist them with their own equal opportunity policies. However, this data will remain anonymous and will be independent to any recruitment activity. In line with legislation, data is retained in accordance with the Data Protection Act.

PERSONAL DETAILS	
Surname	
First Name	
Date of Birth	

ETHNIC ORIGIN			
<input type="checkbox"/> White British	<input type="checkbox"/> White – Irish	<input type="checkbox"/> White – other	<input type="checkbox"/> Black / Black British - African
<input type="checkbox"/> Black / Black British - Other	<input type="checkbox"/> Black / Black British - Caribbean	<input type="checkbox"/> Mixed – White & Black Caribbean	<input type="checkbox"/> Mixed – White and Black African
<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Mixed – Other	<input type="checkbox"/> Chinese	<input type="checkbox"/> Asian / Asian British - Indian
<input type="checkbox"/> Asian / Asian British – Pakistani	<input type="checkbox"/> Asian / Asian British - Bangladeshi	<input type="checkbox"/> Asian – Other	<input type="checkbox"/> Any other Ethnic Group

GENDER	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

MARITAL STATUS		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	

SEXUALITY		
<input type="checkbox"/> Gay woman/ Lesbian	<input type="checkbox"/> Gay Man	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

RELIGION			
<input type="checkbox"/> Baha'i	<input type="checkbox"/> Hindu	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Jewish
<input type="checkbox"/> Zoroastrian (Parsi)	<input type="checkbox"/> Jain	<input type="checkbox"/> Rastafarian	<input type="checkbox"/> Christian
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion	<input type="checkbox"/> Other

Do you consider yourself to have a disability?

Yes No

Are you registered disabled?

Yes No

CONFIDENTIAL

OCCUPATIONAL HEALTH QUESTIONNAIRE

Consultant Name	
Business Unit	
Tel Number	
Email	
Level of Clearance	EPP <input type="checkbox"/> Non EPP <input type="checkbox"/>

The purpose of the questionnaire is to review whether you have any health problems that could affect your ability to undertake the duties of the placements you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to undertake the role. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for placement you may be contacted by the Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician

SECTION 1

Personal Information			
Title:	Surname:	First names:	DOB:
Job Role:		Speciality:	
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Medical Screening			
All staff groups complete this section		Yes	No
1.	Do you have any current illness/impairment/disability (physical or psychological), which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you currently having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2

Medical Screening (continued)			
Have you suffered from any of the following?	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)			
clostridium difficile (C-Diff)			

If you have indicated YES to any of the *medical screening* (section 2) questions you MUST provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information (If you have answered yes to any questions above please provide additional information below)

SECTION 3

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006).	Yes	No
1. Have you lived continuously in the UK for the last year? (Include Holidays/ Vacations)	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered NO to the above, please list all of the countries that you have lived in/visited in the last 12 months including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.</p>		

Tuberculosis Signs & Symptoms		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (If you have answered yes to any questions above please provide additional information below)		

SECTION 4

EVD (Ebola Virus Disease)	
Any person who has been in West Africa in the previous 21 days or those wishing to visit the affected areas must ensure that those deemed the employer are made aware prior to travel and return. You will be provided with a separate Ebola Screening Questionnaire to complete as applicable.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you travelled to any countries affected by Ebola?	<input type="checkbox"/> <input type="checkbox"/>
If you answered YES to the above, please list all of the countries that you have lived in/visited over the last 21 days , including holidays and vacations. This <u>MUST</u> include duration of stay and dates or this form will be rejected.	

SECTION 5

Chicken Pox or Shingles	
Have you ever had chicken pox or shingles?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give the date:	

SECTION 6

BBV (Blood Borne Virus)	
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 7

Proof of Immunity Required (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing Varicella immunity
Tuberculosis	We require verification of a BCG scar, a record of a positive skin test (Heaf or Mantoux) result (do not Self Declare) or evidence of a BCG vaccination
Rubella & Measles	Certificate of two MMR vaccinations or proof of a positive antibody for Rubella <u>and</u> Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above

EPP CANDIDATES ONLY Proof of Status (Please send the following)	
Hepatitis B Surface Antigen	Evidence of a negative Surface Antigen Test Report must be an identified validated sample (IVS)
Hepatitis C	Evidence of a negative antibody test Report must be an identified validated sample (IVS)
HIV	Evidence of a negative antibody test Report must be an identified validated sample (IVS)

Important Information - IVS

An IVS report is defined according to the following criteria:

The healthcare worker should show proof of identity with a photograph – NHS trust identity badge, new driver’s licence, passport or national identity card – when a sample is taken. IVS samples should also be from a UK laboratory.

SECTION 8

Declarations

- I declare that in signing this questionnaire that to the best of my knowledge and belief all of the information I have provided in relation to this health screen is true and correct and that I have not knowingly withheld any information.
- I understand that if it is later found that I have been untruthful, or that I have knowingly omitted any relevant information, disciplinary proceedings may be introduced against me that might lead to my dismissal from the post to which I have been placed. I agree that in the event of a work issue that may be attributed to my health (or vice versa) Healthier Business UK Limited may confirm to my employer, upon their request, whether relevant medical information has been disclosed by me on this questionnaire.
- I understand and agree that if there are any significant changes in my health status after signing this declaration, that it is my duty to inform Pathology Group, as a further screening of my health may be appropriate. I understand that I must declare symptoms of vomiting, diarrhoea or rash during or two weeks prior to commencement of any assignment.
- I understand that where I may undertake an exposure prone procedure, I have an ethical duty to consider if I am placing others at risk of acquiring an infection and must seek appropriate advice and not rely upon my own assessment of risk.
- I understand that although this form will be treated in medical confidence, further medical information may be requested from my doctor/treating practitioner(s), if it is considered necessary. Should there be insufficient information available to Healthier Business UK Limited, I understand that they may recommend that I attend for a consultation/physical examination with an occupational health nurse/doctor.
- I understand that where the employing organisation requires sight of the information gathered within this document and supporting documentary evidence for the purpose of the placement, Healthier Business UK Limited may share this information with an appropriately qualified individual. In signing this, I confirm that I am giving my explicit consent for Healthier Business UK Limited to assess the information disclosed by me, in relation to this health screen.
- I am not aware of any health conditions or disability, which might impair my ability to undertake effectively the duties of the position, which I have been offered.
- I will inform Pathology Group if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.

Name	Signature	Date