## APPENDIX 2: Agency Workers Pre-Employment Checks

A copy of our “Agency Workers Pre-Employment Checks” can be downloaded from our HR Recruitment intranet pages available here:

<https://ourpeople.carmarthenshire.gov.wales/our-people/hr/recruitment/>

**TO BE COMPLETED BY THE AGENCY SUPPLYING THE STAFF**

|  |  |
| --- | --- |
| Agency Name:  |   |
| Name of Agency Administrator responsible for completing this form: |   |
| Telephone Number:(to be used in the event of a query)  |   |
| Date of Submitting Form to Carmarthenshire CountyCouncil: |   |

**AGENCY WORKER’S PERSONAL DETAILS**

|  |  |
| --- | --- |
| Full Name  |   |
| Date Of Birth  |   |
| Gender Pronouns to be used at work  |   |
| Contact Telephone Number  |   |

**RECORD OF PRE-EMPLOYMENT CHECKS**

|  |  |  |  |
| --- | --- | --- | --- |
| Pre-Employment Check (appropriate to the role):  | Date of Check: | Checked by:(Signature) | Satisfactory Result of Check: **YES / NO**  |
| Identity document – specify:   |   |   |   |
| Professional Qualifications – specify:   |   |   |   |
| Right to Work in UK:  |   |   |   |
| Enhanced DBS Check with Barring List **Tick relevant Workforce:** * Child Workforce ☐
* Adult Workforce ☐
* Child & Adult Workforce ☐
 |   |   |   |
| Health Assessment  |   |   |   |
| Professional Registration **Tick relevant Registration Body:** * Education Workforce Council ☐
* Social Care Wales ☐
* Health and Care Professions

Council ☐  |   |   |   |
| - Other (specify):   |  |  |  |
| Category of Professional Registration **Tick relevant Category:** * School Teacher ☐
* School Learning Support Worker

☐ * Social Worker ☐
* Social Worker ☐
* Social Care Manager ☐
* Social Care Worker ☐
* Occupational therapist ☐
* Other (specify):

  |   |   |   |
| Employment Reference 1  |   |   |   |
| Employment Reference 2  |   |   |   |
| Additional Checks on Workers who have lived or worked outside UK. Please specify checks carried out:    |   |   |   |

**TO BE COMPLETED BY THE MANAGER OR HEADTEACHER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Form of Identity Checked: (e.g. Passport, Photo Driving Licence)  | Date of Check: | Checked by: (Signature)  | Does the name and date of birth match the details provided by the agency on this form? **YES / NO**  | Does the photographic image resemble the person presenting for work? **YES / NO**  |