## 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 County  Council: |  |

**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** |