|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surgery Information** |  | | | |
| **Order ref. no.** |  |  |  | |
| **Clinical Role** |  | | **Assignment: From** |  |
| **Assignment: To** |  |
| **Requested Working Schedule** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person’s full name** |  | | | **Professional Body registration no.** |  |
| **Available for full Assignment?** |  | **Worked previously with the Contracting Authority?** |  | **If yes, date last worked with the Contracting Authority?** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Validated documents attached** | | Verification of identity checks | | |  | Right to work check | | |  |
| Employment history (CV) | | |  | Recent photograph | | |  |
| Reference checks | | |  | Certificate of Fitness for Assignment | | |  |
| **Enhanced criminal DBS certificate** | | | | **DBS update service** | | | | | |
| **No.** | |  | | **Status** |  | | | | |
| **Issue date** | |  | | **Date Checked** |  | | | | |
| **Professional Body registration**  **GMC Number** | | | |  | | | | **Any restrictions?** |  |
| **Registration last checked?** | | | |  | | | | **Subject to an Alert notice?** |  |
| **Competence in understanding and using both written and spoken English?** | | | | | | |  | **Compliance cleared?** |  |
| **Life support training** | |  | | | | | | **Expiry date** |  |
| **All other Statutory & Mandatory and Clinical/Care core skills training held and in date?** | | | | | | | | |  |
| **Appraisal & Revalidation** | **Date of last appraisal** | |  | | | **Date of revalidation** | | |  |
| **Confirmer / RO name** | |  | | | **Performers List Check** | | |  |

|  |  |
| --- | --- |
| **Other information**  **as required by the**  **The Surgery** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agreed Contract Prices applied to the**  **Assignment** |  | **£ excl. VAT per hour** |  |  |  |

**Completed by on behalf of Commisceo Primary Care Solutions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Role** |  |
| **Signature** |  | **Date** |  |
|  |  |  |  |

**By signing and returning this Assignment checklist (which may be done by electronic means) Your Name : agrees to enter into a contract with**

**Commisceo Primary Care Solutions**