|  |  |  |
| --- | --- | --- |
| **Personal Details** | Details | Comments / Notes |
| **Name of employee** |  |  |
| **Is employee known by any previous names?  If yes, pls state** |  |  |
| **Address** |  |  |
| **Position held** |  |  |
| **Date employment commenced** |  |  |
| **Dates of induction period** |  |  |
| **Date employment ceased** |  |  |
| **Recruitment** |  |  |
| **Fully completed application form and required declarations signed by applicant** |  |  |
| **Evidence of interview questions and responses** |  |  |
| **Identity checks** |  |  |
| **Details of original documents seen (e.g. passport, driving license)** |  |  |
| **Date checked** |  |  |
| **Full name of person checking evidence and job role** |  |  |
| **DBS Checks** |  |  |
| **Enhanced DBS number** |  |  |
| **DBS date of Issue** |  |  |
| **Registered for the update service** |  |  |
| **Barred list check complete?** |  |  |
| **Date certificate seen** |  |  |
| **Full name of person checking evidence and job role** |  |  |
| **Right to work in UK** |  |  |
| **Is employee eligible to work in UK?** |  |  |
| **Original evidence seen and copy taken?** |  |  |
| **Date and Checked by:** |  |  |
| **Further checks on those previously living/working outside UK** |  |  |
| **Has individual lived or worked outside of the UK?** |  |  |
| **Date checked** |  |  |
| **Other relevant check(s) completed? (Include details of checks)** |  |  |
| **Date(s) checked** |  |  |
| **Checked by:** |  |  |
| **Childcare Disqualification Checks** |  |  |
| **Disqualification by Association checks complete?** |  |  |
| **Date and Checked by:** |  |  |
| **Full name of person checking evidence and job role** |  |  |
| **References** |  |  |
| **First reference verified and checked?** |  |  |
| **Second reference verified and checked?** |  |  |
| **Date(s) and checked by:** |  |  |
| **Risk Assessment completed for staff without 2 satisfactory references?** |  |  |
| **Further reference sought? Verified and checked?** |  |  |
| **Employment history checked for gaps** |  |  |
| **Date and checked by:** |  |  |
| **Safeguarding Training** |  |  |
| **Level 1 Safeguarding training (date last completed), name of training provider** |  |  |
| **Date Safeguarding Policy shared and discussed** |  |  |
| **Date managing allegations shared and discussed** |  |  |
| **Qualifications** |  |  |
| **Full name of qualification** |  |  |
| **Level of qualification** |  |  |
| **Date qualification awarded** |  |  |
| **Is qualification relevant to meet legal requirements of Ofsted** |  |  |
| **Checked original certificate to ensure qualification was completed** |  |  |
|  |  |  |