|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Framework Title** | Non Clinical Temporary and Fixed Term Staff | **Framework Reference** | | RM6160 | |
| **Contracting Authority name**  **(location)** | NHS Trust name | **Contracting Authority reference no.**  **(if provided)** | | 000000000000 | |
| **Job Title** | Porter | **Band or Grade** | AfC Band 3 | | |
| **Placement date from** | DD/MM/YYYY | **Placement date to** | DD/MM/YYYY | | |
| **Proposed Working**  **Pattern** | XXXXXXX | | **Total number of hours booked** | | 000 |

**RM6160 Agency Staffing Assignment Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Temporary Worker’s full name** | Jane Doe Smith | | **Recent photograph** |
| **Does the Temporary Worker have the relevant skills and knowledge appropriate for the role?** | Yes / No | |  |
| **Hourly Pay Rate** | £00.00 (Pre AWR) | £00.00 (Post AWR) |
| **Hourly Agency fee** | £00.00 | |
| **Total hourly charge excl. VAT** | £00.00 | £00.00 |
| **Worker Payment Type** | PAYE / Ltd Co. | |
| **IR35 Compliant (if applicable)** | Yes / Not Applicable | |

|  |  |
| --- | --- |
| **NHS Employment Checks** | **Confirmation checks have been completed, in line with current NHSE check standards or other standard as applicable, pre-placement / Additional comments** |
| **Identity** | Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Right to Work** | Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Professional Registration & Qualifications**  **All mandatory training completed** | Yes / No / Not Applicable - Regulatory Body & Number Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes / No  List Mandatory training undertaken and confirm practical training given where applicable: |
| **Employment History & References** | Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Criminal Record Check** | Yes / No / Not Applicable – Disclosure Type & Number, Date Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If the DBS update service has been used, date of last check: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Work Health Assessment** | Yes / No / Not Applicable – Name of SEQOHS accredited OH Provider & Date Issued |

**If any of the above checks have been answered no, please ensure that evidence of Contracting Authority acceptance has been gained and retain this evidence with the Temporary Worker’s file.**

|  |  |
| --- | --- |
| **Additional information**  **as required by the**  **Contracting Authority** | Extra Mandatory Training?  Life Support Training level required? Within NHS Improvement price caps?  IR35 Compliant? |

The above named worker has been submitted by the Supplier for consideration in the provision of the Services

1. in response to a request from the Authorised Person of the Contracting Authority;
2. has undergone all of the necessary and appropriate pre-employment screening checks as required by the Framework Contract for the supply of Temporary Workers to ensure their compliance prior to supply; and
3. shall be charged in accordance with the Framework Prices set out in Framework Schedule 3 (Framework Prices).

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplier Name** | |  | |
| **Name** |  | **Position** |  |
| **Signature** |  | **Date** | DD/MM/YYYY |