

Clearances Checklist for Agency Workers

Note to Managers:

This checklist should only be used in **exceptional circumstances** where you need to make use of an alternative agency. Preferred suppliers will automatically undertake all required Pre-employment checks. To ensure that you have taken all actions required of you by NHSBT to legitimately use an alternative agency you must have first read and followed the [Guidance Document on use of Alternative Agencies](#). Once you have done this and are sure that you have adhered to those guidelines, send this checklist to the Agency you are using for completion and return to you, prior to the agency worker starting their assignment. If there are any queries during this process please contact HR Direct on 0117 322 7700

To be read and completed by Agency:

As the employment agency supplying this worker it is your responsibility to carry out all pre-employment checks and clearances in line with current NHS Employers and UK Border Agency regulations. No agency worker or contractor should commence an assignment at NHSBT premises prior to full pre-employment checks being successfully completed. Further information regarding the NHS Employment check standards, we require you to have undertaken can be found on the [NHS Employers website](#).

Worker Name:		Department:	
Recruiting Manager Name:			
Job Title:		Start Date:	
			Date Undertaken (If applicable)
			Please tick
Identity check			
Right to work in the UK			
Employment References (covering past most recent 3 years employment history)			
Relevant Qualifications please specify			
Professional Registrations (NMC, HCPC etc.) please specify			
Occupational Health/Risk Assessment			
Unspent Convictions / DBS check (at appropriate level for duties in the Job Description) Standard / Enhanced			
Please ensure that any contractor coming to NHSBT must be deemed as within IR35 and be set up as either PAYE or via an umbrella company. This form must be emailed to tax.assurance@nhsbt.nhs.uk to advise our Finance Department of status.			PAYE/UMBRELLA Delete as applicable
Any other checks appropriate for the role (e.g. Hepatitis B etc.)			
Please State:.....			
I hereby confirm that the above checks and actions have been completed for the above named worker and I would be able to provide evidence of each on request.			
Employment Agency Name:		Agency Representative Name:	
Contact number:	Agency Rep Signature:	Date:	

Please complete the above checklist and sign as a true record before scanning signed copy and returning this to the Recruiting Manager for their Records.