**LH CARE STSFF PRO-FORMA**

*This form must be completed by the temporary worker – LH Care require consistency of information to evidence satisfactory checks*

|  |  |  |
| --- | --- | --- |
|  | Mr/Mrs/Miss/Ms: Mr | |
|  | Surname: Antony | |
| AFFIFX PHOTO | Forename(s): Shaju | |
| HERE | DOB: | |
|  | Contact Number: | |
|  | Parts Of The Register: | RMN |
|  | PIN (if RN):05E02870 | Expiry Date:05/16 |

|  |  |  |
| --- | --- | --- |
| DBS Date of Issue: | | Clear |
| DBS Disclosure Number: | |  |
| Declaration Of Convictions: | Yes / No | *No* |
| Nationality: | | British |
| Right To Work In The UK: | Yes/No/NA | *Yes* |

|  |  |  |
| --- | --- | --- |
| **Training:** |  | **Valid For:** |
|  |  |  |
| Manual Handling Training | YES |  |
| Fire Safety Training | YES |  |
| Safeguarding Adults Training | YES |  |
| Infection Control Training | YES |  |
| Health and Safety Training | YES |  |
| COSHH Training | YES |  |
| Food Safety Training | YES |  |
| Mental Capacity / DOLS | YES |  |
| First Aid inc BLS Training | YES |  |
| Dementia Care Training | YES |  |
| Medicines Training | YES |  |

|  |  |  |
| --- | --- | --- |
| **Specialist Skills Experience:** | **Confirm:** | **Comment:** |
| *Example -* | *Yes / No / NA* | *2 years in NHS* |
| Dementia Care | Yes / No / NA | YES |
| End of Life Care | Yes / No / NA | YES |
| Tissue Viability | Yes / No / NA | YES |
| Catheter Care | Yes / No / NA | YES |
| PEG | Yes / No / NA | YES |
| Syringe Driver | Yes / No / NA | NO |

|  |
| --- |
| Any other relevant information: |

|  |  |  |
| --- | --- | --- |
| Name: | Signature: | Date: |
| Shaju Antony |  | 10/09/15 |
|  |  |  |
| Checked by: | JOBY SIMON | 10/09/2015 |