|  |
| --- |
| **Please fill all the details and send it to the below email IDs****info@teqhealthcare.co.uk****teqcareservices@yahoo.com** |
| **STAFF NAME:** | **FIRST NAME** | **MIDDLE NAME** | **LAST NAME** |
|  |  |  |  |
| **KNOWN AS** |  |  |
| **ADDRESS:** |  | **CONTACT NUMBER** |  |
| **DATE OF LAST DBS CHECK AND DBS:** |  | **ENHANCED DBS?** |  |
| **DBS NUMBER:** |  |  |  |
| **JOB ROLE TO BE UNDERTAKEN:** |  | **DBS UPDATE SERVICE?** |  |
| **CHECKS:** |  | **DBS REFERENCE NUMBER** |  |
| **STAFF ELIGIBILITY TO WORK IN THE UK:** |  |  |
| **VISA: [ ]** |  |
| **EXPIRY DATE** |  |
| **CONFIRMATION OF IDENTIFY:** |  |
| **PROOF OF ADDRESS:** |  |
| **2 X REFERENCES RECEIVED:** |  |
| **FULL DRIVING LICENCE:** |  |
| **MANDATORY TRAINING UP TO DATE:** |  |
| **MANDATORY TRAINING UP TO DATE:** |  |
| **APPLICATION** |
| **COMPLETED FORM:** |  | **SIGNED JOB DESCRIPTION** |  |
| **HEALTH QUESTIONNAIRE:** |  | **INTERVIEW QUESTION** |  |
| **SIGNED CONTRACT:** |  | **NOK DETAILS** |  |
| **TRAINING** | **DATE COMPLETED** | **TRAINING** | **DATE COMPLETED** |
| **HEALTH & SAFETY:** |  |  |  |
| **FIRE SAFETY:** |  |  |  |
| **MANUAL HANDLING THEORY & PRACTICE:** |  |  |  |
| **FIRST AID / BLS:** |  |  |  |
| **ENQUALITY & DIVERSITY:** |  |  |  |
| **COSHH:** |  |  |  |
| **DEMENTIA AWARENISS:** |  |  |  |
| **SAFEGUARDING OF VULNERABLE ADULTS:** |  |  |  |
| **MEDICATION AWARENESS:** |  |  |  |
| **INFECTION CONTROL:** |  |  |  |
| **DEMENTIA AWARENESS:** |  |  |  |
| **EPILEPSY AWARENESS:** |  |  |  |
| **COMPLAINTS HANDLING:** |  |  |  |
| **CARE UK CERTIFICATE:** |  |  |  |

**Thank you for filling all the details. Once we receive the application, one of our staff will get back to you after reviewing all your details provided.**

**Have a great day!**

**TEQ Healthcare Services**