CONFIDENTIAL – store separately from personnel file

IDENTIFIED CONCERN(S)

DBS outcome

No evidence of conduct in previous care/health/other relevant work  No evidence of end reason(s)

No references or character testimonials available  No documentary evidence of qualifications

Health conditions which could affect ability to perform essential care tasks

DBS OUTCOME

Is the outcome of such a nature that the applicant should be automatically excluded?  Yes  No

If yes, do not proceed. If no: Summary of DBS outcome

|  |
| --- |
| Click or tap here to enter text. |

Was this correctly declared in the candidate’s application form?  Yes  No

If no, what explanation did they give for this incorrect declaration?

|  |
| --- |
| Click or tap here to enter text. |

Decision Notes

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| --- |
| Click or tap here to enter text. |

Manager sign off

|  |  |
| --- | --- |
| Signature  Name: Click or tap here to enter text. | Date:  Click or tap to enter a date. |

LACK OF EVIDENCE FROM PREVIOUS CARE WORK / OF QUALIFICATIONS

Why is this evidence not available?

|  |
| --- |
| Click or tap here to enter text. |

What action has been taken to try and get it? Include time of call, name, and position of anyone spoken to. Attach completed email trails.

|  |
| --- |
| Click or tap here to enter text. |

Decision Notes

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| Click or tap here to enter text. |

Manager sign off

|  |  |
| --- | --- |
| Signature  Name: Click or tap here to enter text. | Date:  Click or tap to enter a date. |

LACK OF REFERENCES / CHARACTER TESTIMONIALS

Why are these not available?

|  |
| --- |
| Click or tap here to enter text. |

What action has been taken to try and get them? Include time of call, name, and position of anyone spoken to. Attach completed email trails.

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| Click or tap here to enter text. |

Decision Notes

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| Click or tap here to enter text. |

Manager sign off

|  |  |
| --- | --- |
| Signature  Name: Click or tap here to enter text. | Date:  Click or tap to enter a date. |

POTENTIAL HEALTH CONCERNS

Is there an impact on the applicant’s ability to…

Attend work reliably  Carry out moving & handling tasks  Keep proper records

Communicate with people  Otherwise keep people safe (describe)  Other (describe)

|  |
| --- |
| Click or tap here to enter text. |

Can reasonable adjustments or any other support be provided to reduce the impact of these and enable the applicant to proceed?  Yes  No

If yes, describe action to be taken. If no, a detailed explanation, considering relevant legislation, must be given.

|  |
| --- |
| Click or tap here to enter text. |

If no, are there other roles available that would suit this applicant?

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| --- |
| Click or tap here to enter text. |

Decision Notes

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| Click or tap here to enter text. |

Manager sign off

|  |  |
| --- | --- |
| Signature  Name: Click or tap here to enter text. | Date:  Click or tap to enter a date. |