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

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

Manager sign off

|  |  |
| --- | --- |
| SignatureName: 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

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

Manager sign off

|  |  |
| --- | --- |
| SignatureName: 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.

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

Decision Notes

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

Manager sign off

|  |  |
| --- | --- |
| SignatureName: 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?

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

Decision Notes

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

Manager sign off

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