|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Ward/Dept/Service |  |
| Date |  | Review Date |  |

**This completed form should be reviewed as appropriate**

The person in charge / supervisor of the service area utilising the temporary worker must confirm the following with the temporary worker prior to commencement of the shift.

|  |  |
| --- | --- |
| 1. Identity checked using photographic ID (NB Worker cannot commence work without ID)
 | YES |
| 1. Contact and Emergency contact details for worker
 |  |
| 1. Does the temporary worker have any specific requirements related to, for example, allergies (latex), pregnancy?
 | YES / NO |
| If yes please state: |
| 1. Has been made aware of ward / department layout, including, emergency procedures & equipment and local alarm systems
 | YES / NO |
| 1. Knows the immediate response number, for example, 2222 and / or 999
 | YES / NO |
| 1. Has been shown how to access Health & Safety Policies on [HRConnect](http://www.nhsggc.org.uk/working-with-us/hr-connect/health-safety/policies-guidance-documents-forms/restraint/) and the Health & Safety Management Manual
 | YES / NO |
| 1. Is familiar with the reporting procedures for incidents (Datix) and the requirement to inform person in charge / supervisor of incidents
 | YES / NO |
| 1. Is familiar with how to use work equipment and fault reporting procedures, for example, sharps, patient hoists, clinical waste and the requirement to inform person in charge / supervisor of any issues
 | YES / NO |
| 1. Has had instruction on the use of the telephone & paging systems
 | YES / NO |
| 1. Will receive a verbal hand over report for patients to be cared for during shift
 | YES / NO / NA |
| 1. The temporary worker confirms that they have the appropriate skills / knowledge to undertake work activities involved during their shift
 | YES / NO |
| 1. Has been instructed not to undertake work that they have not been trained for or are unsure of, for example, activities involving manual handling
 | YES / NO |
| Temporary worker / local manager has identified the following training gaps below. These have been brought to the attention of temporary worker provider: |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by person in charge / Supervisor |  | Date |  |
| Signed by temporary worker |  | Date |  |