**Employment Check & Induction Risk Assessment**

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| In exceptional circumstances it may be necessary for an individual to commence employment with the Trust prior to the completion of all employment checks eg due to immediate service need. If this situation arises the Lead Service Manager is required to complete this risk assessment, taking account of the role, responsibilities and risks attached. **Please complete the attached and send to your HR Business Partner to obtain approval. Once you have the approval, please send a copy to the Recruitment Team to progress the Recruitment and retain on file.** |
| **Name of Candidate:** |

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 | **Trac Job Ref:** |  |
| **Job Title:** |  | **Department:** |  |

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| 1. **ASSESSING THE INDIVIDUAL (For completion by the Recruitment team in all cases)**
 |
| **Is the candidate an internal/external candidate?** | **Internal**  |[ ]  **External**  |[ ]
| **Details of Employment Checks returned to date:***Please note:* *Employment checks marked with an* ***\**** *must be received prior to employment; there are no exceptions.* | *Detail as applicable:* | Received? |
|  | **\***Alert: |[ ]
|  | **\***Right to Work: |[ ]
|  | **\***Identity: |[ ]
|  | **\***Qualifications: |[ ]
|  | **\***Professional Registration: |[ ]
|  | 3 Year Employment History (Referees): |[ ]
|  | Occupational Health:  |[ ]
|  | DBS: |[ ]
|  | Overseas Police Check: |[ ]
| **Has the candidate disclosed previous convictions / cautions / warnings / reprimands? (as outlined on the Application/Declaration Forms)** |  |

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| 1. **ASSESSING THE IMPACT (to be completed by Recruiting Manager/Service Lead )**
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| ***Why does the individual need to start without full employment checks?*** |
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| **What is the impact on the service if the individual is not allowed to start?**  |
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| **What is the full reason why the shift/rota is not currently covered?**  |
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| **How will you cover the shift/rota if the individual is not able to start?** |
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| 1. **ASSESSING THE ROLE**
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| **Does the role involve contact with patients?** | **Yes** |[ ]  **No** |[ ]
| **Does the role contain unsupervised contact with patients?** | **Yes** |[ ]  **No** |[ ]
| **Does the role contain a clinical element?** | **Yes** |[ ]  **No** |[ ]

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| 1. **ASSESSING THE RISK**
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| **For each employment check that is not completed you must state what the risk would be to patients and the Trust** |
|  | **Detail Risk:** | **Detail how the risk will be managed and by who** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

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| 1. **SAFEGUARDING**
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| **Please clarify what measures will be implemented to safeguard (e.g. level of supervision, placement in non-clinical area / back office)***Please note:**In occurrences of outstanding work health assessment, the candidate must not undertake a clinical or patient-facing role.**In occurrences of outstanding DBS / Overseas Police Check the candidate must not have unsupervised access to children and / or vulnerable adults.* |  |

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| 1. **INDUCTION**
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| **Do you require the individual to start prior to Corporate Induction? If yes, you are agreeing to ensure a full local/rapid induction takes place in the department before the individual undertakes duties.** | **Yes** |[ ]  **No** |[ ]
| **The individual must attend the next available Corporate Induction.** **Please ensure rotas allow for this**  |

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| 1. **APPROVAL**
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| **Do you consider the risk(s) and the way in which they will be managed acceptable?** | **Yes** |[ ]  **No** |[ ]
| **Do you accept responsibility for managing the risk(s)?** | **Yes** |[ ]  **No** |[ ]

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| **Line Manager Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **Please Print Name:** |  |  |  |  |  |  |  |  |  |

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| ***I take full accountability and responsibility for any risks associated with this individual commencing prior to receipt of all employment checks.*** |
| **Directorate Manager / Director/Head of Service Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **Please Print Name:** |  |  |  |  |  |  |  |  |  |

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| 1. **HR**
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| **Authorised HRBP Signature:** |  | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **Please Print Name:** |  |  |  |  |  |  |  |  |  |
| **Authorised Deputy CPO Signature:** |  |

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| **Please Print Name:** |  |