**CCS Agency Staffing Assignment Checklist:**

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| **CCS Framework Title** | Non Medical Non Clinical (NMNC) | **CCS Framework Reference** | RM971 |
| **Customer name****(location)** | NHS Trust name | **Customer reference no.** **(if provided)** | 000000000000 |
| **Job Title** | Nurse | **Band or Grade** | AfC Band 5 |
| **Placement date from** | DD/MM/YYYY | **Placement date to** | DD/MM/YYYY |
| **Proposed Working****Pattern** | XXXXXXX | **Total number of hours booked**  | 000 |

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| --- | --- | --- |
| **Temporary Worker’s full name** | Jane Doe Smith | **Recent photograph** |
| **Does the Temporary Worker have the relevant skills and knowledge appropriate for the role?** | Yes / No |  |
| **Hourly Pay Rate** | £00.00 (Pre AWR) | £00.00 (Post AWR) |
| **Hourly Agency fee** | £00.00 |
| **Total hourly charge excl. VAT** | £00.00 | £00.00 |
| **Worker Payment Type** | PAYE / Ltd Co. |
| **IR35 Compliant (if applicable)** | Yes / Not Applicable |

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| **NHS Employment Checks** | **Confirmation checks completed pre-placement / Additional comments** |
| **Identity** | Yes / No |
| **Right to Work** | Yes / No |
| **Professional Registration & Qualifications** | Yes / No / Not Applicable - Regulatory Body & Number  |
| **Employment History & References** | Yes / No |
| **Criminal Record Check** | Yes / No / Not Applicable – Disclosure Type & Number, Date Issued |
| **Work Health Assessment** | Yes / No / Not Applicable – Name of OH Provider & Date Issued |

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| **Additional information** **as required by the** **Customer** | Extra Mandatory Training?Life Support Training level required?Within NHS Improvement price caps? IR35 Compliant? |

The above named worker has been submitted by the Supplier for consideration in the provision of the Services

1. in response to a request from the Authorised Officer of the Customer;
2. has undergone all of the necessary and appropriate pre-employment screening checks as required by the Framework Agreement for the supply of Temporary Workers to ensure their compliance prior to supply; and
3. shall be charged in accordance with the Framework Prices set out in Schedule 3 to the Framework Agreement.

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| **Supplier Name** |  |
| **Name** |  | **Position** |  |
| **Signature** |  | **Date** | DD/MM/YYYY |