Personnel File Checklist

| Name | | |
|---|--|--|
| Date of Birth | | |
| Address | | |
| | | |
| Telephone Number | | |
| Occupational Health Check | Date: Outcome: | |
| Reference Check Minimum 2 covering last 3 years employment | Ref1 Ref2 | |
| Professional registration check www.gmc-uk.org www.nmc-uk.org www.hpc-uk.org | Date of check: Reg number: Outcome: | |
| Qualification verification | Qualification verified | |
| Identity Check 2 forms of photo ID and 1 address OR 1 photo and 2 address See NHS employers verification of ID Check suitable documents | Documents checked inc numbers i.e. passport number | |
| CRB Check | Date applied for: Outcome: | |
| Performers list check for GPs | CCG Status Signed | |
| Right to work in the UK check See NHS Employers Right to Work in the UK for suitable documents | Document checked: | |
| Contract Issued date | Issued: Signed: | |
| HEP B Status – clinicians only | | |
| MDU Cover | Policy number: Renewal date: | |