**Statement of Competency & Consent – Bank Introduced Flexible Worker**

**By completing this form you are confirming that the named individual is experienced and competent in the areas listed below and is suitable to work at the Trust via NHS Professionals.**

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| **Nominating Manager’s Details** | | | |
| Name: | | Registration Number (if applicable): Expiry: | |
| Trust: | | Position: | |
| Email Address: | | Contact Phone Number: | |
| Is the worker named below known to you in a professional capacity? | | | Yes No |
| Do you consent to NHS Professionals supplying the worker as a Bank Introduced\* Flexible Worker to your Trust? | | | Yes No |
| **Flexible Worker Details and Competency to Work** | | | |
| Worker Name: |  | | |
| Please confirm the NHS Professionals Assignment Code(s) that the Worker is competent to work at? | | | |
| Assignment Code |  | | |
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| **Worker’s Details** | | | |
| Are you aware of any current warnings on the worker’s record whether at the Trust or elsewhere? | Yes No  If yes, please give details: | | |
| Are you aware of the worker being under investigation for any matter (including conduct, capability or performance)? | Yes No  If yes, please give details: | | |
| Are you aware of any recent/outstanding allegations that were made against the worker that relate to safeguarding issues or referrals (including referrals to the Disclosure and Barring Service)? | Yes No  If yes, please give details: | | |
| Declaration: I understand that   1. Any information given will be covered by the Rehabilitation of Offenders Act 1974 and the Data Protection Act 1998 and will be completely confidential. 2. In certain circumstances, NHS Professionals may wish to discuss the contents of the above Statement of Competency and Consent form with the worker in question. 3. Please sign and date below to confirm your understanding that the contents of this form may be shared with the individual concerned.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (electronic signature acceptable)  Print Name: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

\*As defined in the Bank Introduced Flexible Worker Change Control Notice or relevant Contractual Clause