

**NMNC – NURSE ASSESSORS**  
**CHECKLIST FOR TRAINED STAFF**  
**Version 01/2026**

|                        |                       |
|------------------------|-----------------------|
| <b>NAME:</b>           | <b>QUALIFICATION:</b> |
| <b>DATE:</b>           | <b>TEAM:</b>          |
| <b>INTERVIEWED BY:</b> | <b>RECRUITER:</b>     |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ID</b>                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Right to Work - (Passport stamped or Online RTW check in company name) <b>*Trust ID for British*</b><br><input type="checkbox"/> Proof of National Insurance<br><input type="checkbox"/> POA 1 and POA 2 - Bank statement, DVLA, Utility Bill, Council Tax, HMRC Letter <b>*Can be in house*</b><br><input type="checkbox"/> Statement of Entry <b>*Can be in house*</b> |
| <b>TRAINING</b>                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Mandatory Training Certificate – <b>*Optional as per client email*</b>                                                                                                                                                                                                                                                                                                   |
| <b>QUALIFICATIONS</b>                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> NMC Pin Check – Dated within 14 days                                                                                                                                                                                                                                                                                                                                     |
| <b>FITNESS TO WORK/DBS</b>                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Fitness to Work Certificate - <b>NON EPP or Non-Clinical/Non-Patient</b><br><input type="checkbox"/> DBS Certificate Internal Child and Adult Workforce (Enhanced) or DBS Certificate External Child and Adult Workforce (Enhanced) with Update Service Check dated within 14 days of pack clearance                                                                     |
| <b>APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Application Form – 5-yr address history/PAYE bank details/reference details/Consent form questions<br><input type="checkbox"/> CV - Covering last 10 years<br><br><input type="checkbox"/> Professional References from a Senior position (Verified) – Minimum of two required to cover 3 years of employment - <b>*details on app form is fine*</b>                     |

## **APPLICATION**

I agree that this candidate is compliant and ready to put on panther :

Compliance Officer:

Signature:

Date:

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