



## Pre-Employment Identity Check Consent Form

### Transfer of Documents & Checks from Local Health Board / NWSSP to Cardiff & Vale UHB

This consent form is required in order for Cardiff & Vale UHB to request your completed pre-employment check documentation from your current NHS Wales employer. Please read carefully and complete fully. When complete, please return to the Workforce Officer who sent the form. If you have any questions, please contact us.

Appointee Details			
Full Name:		Current Employer:	

#### **Appointee Declaration** *(Please tick all boxes to confirm as read)*

I confirm that I have provided original documentation, including those required to prove I have the right to work in the UK; provided identity for employment; identity for DBS\*; proof of qualifications\* and professional registration\*. I understand that all relevant documents will be retained on my personal file. \*I also consent to Recruitment Services undertaking a check of the relevant Regulatory Bodies Register.

\*I understand a satisfactory DBS check forms part of my conditional offer of employment, and I will provide Recruitment Services with the original Disclosure certificate upon receipt and agree to them retaining the certificate, should it contain information, until a recruitment decision is made.

I acknowledge that some elements of my Electronic Staff Record (ESR) information will interface with other NHS Wales workforce systems in order to support and manage my employment within the Organisation. In order to facilitate the NHS Wales Internal Fast Track Process, I hereby give permission for my information/documents to be retained for future NHS Wales recruitment purposes.

\*DBS Update Service Subscribers only – I hereby give permission for the Health Board/Trust to automatically update my Electronic Staff Record via the DBS Update Service every 60 days.

I can confirm that the documentary evidence provided is a true copy of the original and that I will provide the original documents upon request. I understand that if it is subsequently found that I have provided false and/or misleading information then the matter will be referred to the NHS Counter Fraud Service for investigation which could then result in a criminal prosecution being taken against me in addition to withdrawal of the offer or disciplinary action being taken.

*\* where applicable*

**Appointee Consent to Share Information with Health Boards**

As part of this process, it is necessary to share information regarding your application between Cardiff & Vale UHB and the local health boards in order to coordinate new starters into their respective workforce. This information is shared solely for the purpose of completing the recruitment and employment process. This information includes (but is not limited to):

- Identifying Details (Name, address, etc.)
- Contact Details (Email Address, Mobile, etc.)
- Photographic ID
- Address Proof Documents
- Occupational Health Check Questionnaire
- DBS Details including any current entries on DBS certificate
- Any other relevant documents relating to your employment & recruitment

By signing below, I confirm that I have given my permission for Cardiff & Vale UHB share my personal details with the Local NHS Health Board that I will be going to as part of my placement.

By signing below, I confirm that I have given my permission for my personal information to be shared with Cardiff & Vale UHB by my current employing Health Board as part of my pre-employment checks.

**Please hand or e-sign. We cannot accept typed signatures.**

<b>Appointee Signature:</b>		<b>Dated:</b>	
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When completed, please email this form to  
[Medical.Personnel3@wales.nhs.uk](mailto:Medical.Personnel3@wales.nhs.uk).