

## DBS RISK ASSESSMENT SAFER RECRUITMENT – EMPLOYEES STARTING WORK BEFORE AN ENHANCED DBS CERTIFICATE IS COMPLETED

## (All other recruitment checks must be completed before submitting this form to the Director)

Name of Manager/Mentor
Full Name of Applicant
Position Applied For
Director

	Questions	Comments
1	Have all necessary pre-employment checks been completed, including where applicable:  DCCR Mandatory Registrations. e.g., HCPC/QTS etc Candidate Interview Notes References Checked and Verified Application Form Checked (Signed & Dated by applicant) Job Description Evidence of Professional Qualifications References Right to work in UK Documentation Proof of Identity Medical Clearance Starter Form Bank & Personal Details Form Candidate Interview Assessment Form	Yes No
2	Has the Recruitment team confirmed they have received all the required above paperwork?	Yes No
3	Has the Disclosure team confirmed a DBS application has been received?	Yes No
4	Is this post in Regulated Activity and therefore eligible for a check of the Barred List(s)?	Yes No



Questions		Comments		
5	Has the relevant Barred List check(s) been undertaken?	DBS Admin Team only		
	CHILDREN'S BARRED LIST	Yes No N/A		
	ADULTS' BARRED LIST	Yes No N/A		
	Is the applicant barred from working with Children/Adults?	Yes No N/A		
	Checked by			
	Signed Date			
6	What level of safeguards can be implemented, e.g., how much			
	supervision is available from an appropriately qualified and			
	experienced member of staff / no unsupervised contact / induction			
	only			
7	Has the applicant advised of any disclosures that the DBS check will			
	show? If so, what is the impact of these?	Yes No		
	Details:			
8	Any questions/additional comments from the applicant?	Yes No		
Declaration by applicant:				
I understand that if I am allowed to start work before my enhanced DBS check is returned, it is				
subject to the information I have supplied and that this is complete and correct. False				
information, or a failure to supply the details required could lead to termination of employment.				
Signature: Date				



Additional Comments by Manager:
Outcome of Risk Assessment (delete as appropriate):
Allow employee to begin before the enhanced DBS is returned?
Yes
No
Please state (if applicable) whether approval is dependent upon conditions being met, such as
recommendations, restrictions or safeguards to be implemented by the employing service:
Name of DSO:
Signature of DSO:
I have considered the content of this risk assessment and give approval for the applicant to start in
position, with the safeguards set out above put in place, prior to the return of an enhanced DBS
check.
Name of Director
Signature of Director
Date