**Statement of Service, Competency & Consent (SOSCC): Bank Exclusive Applicant**

**By completing this form, you are confirming that the named individual is experienced and competent in the areas listed below and it is suitable for NHS Professionals continuing to supply this individual.**

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| Once completed, the Trust Authorised Manager must send this form to the local Client Services Team.  **If we do not receive the form from the Trust Authorised Manager, we cannot complete the request** | | | | | |
| **Referee Details – Trust Authorised Managers** | | | | | |
| Name: | | | NMC PIN: Expiry: | | |
| Trust and Position: | | | Ward: | | |
| Email Address: | | | Ward Phone Number: | | |
| Is the worker named below known to you in a professional capacity? | | | | | Yes No |
| You consent to NHS Professionals supplying the named worker as a Bank Exclusive Bank Member\*. | | | | | Yes No |
| **Bank Member Details and competency to work in the following areas** | | | | | |
| Name: |  | | | | |
| Job Title: |  | | | | |
| Is the applicant competent in the following area(s) of work | | | | | |
| Primary Area of work & code |  |  | | Yes No | |
| Second area of work & code |  |  | | Yes No | |
| Third area of work & code |  |  | | Yes No | |
| **Worker’s Employment Details** | | | | | |
| Employment Dates: | | | | From: To: | |
| Are you aware of any current warnings on the applicant’s record? | | | | Yes No If yes, please give details: | |
| Are you aware if the applicant is currently under investigation for any matter (including conduct, capability, or performance) under any employment policies? | | | | Yes No If yes, please give details: | |
| Are you aware of any recent/outstanding allegations that were made against the applicant 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 General Data Protection Regulation (GDPR) and will be completely confidential. 2. In certain circumstances, NHS Professionals may wish to discuss the contents of the above reference form with the subject of the reference. 3. Please sign and date below to confirm your understanding that the contents of this reference form may be shared with the individual concerned.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(An electronic signature is only acceptable with an appropriate email chain from the Trust Authorised Manager)*  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

\*As defined in the Bank Exclusive Change Control Notice