##### Appendix 3 to Annex 2 of Schedule 2

Competency Statement and Reference Form (CSRF) **(“the Introduction Form”).**

**Competency Statement and Reference Form – Bank Introduced** **Member**

**By completing this form, you are confirming that you believe the named individual is**

**experienced and competent in the areas listed below and is suitable to work at the Trust via NHS Professionals.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Nominating Manager’s Details** | | | |
| Name : | | Registration Number (if applicable): Expiry: | |
| Trust: | | Position: | |
| Email Address: | | Contact Phone Number: | |
| Do you consent to NHS Professionals supplying the worker as a Bank Introduced\* Member to your Trust? | | | Yes No |
| **Bank Member Details and Competency to Work** | | | |
| Worker Name: |  | | |
| Please confirm the NHS Professionals Assignment Code(s) that the Member is competent to work at? | | | |
| Assignment Code |  | | |
| Assignment Code |  | | |
| Assignment Code |  | | |

|  |
| --- |
| Declaration:  I understand that   1. Any information given will be covered by the Rehabilitation of Offenders Act 1974 and the Data Protection Act 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.   7.  Signature: Date:  (electronic signature acceptable)  Print Name: |

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