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**Primary Care New Starter Checklist**

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| --- | --- | --- | --- |
| INFORMATION REQUIRED | DATE  REQUESTED | DATE RECEIVED | INFORMATION |
| Name |  |  |  |
| Date of birth |  |  |  |
| National Insurance number |  |  |  |
| Address |  |  |  |
| Mobile telephone number |  |  |  |
| Email address |  |  |  |
| Bank account details |  |  |  |
| P45 |  |  |  |
| Driving licence/insurance details |  |  |  |
| DSB check & request new |  |  |  |
| Immunisation status |  |  |  |
| Regulatory body membership number |  |  |  |
| Indemnity membership |  |  |  |
| Name plate, badge, keys ordered |  |  |  |
| Smart card/NHS mail/log-in organised |  |  |  |
| Path links code |  |  |  |
| INFORMATION REQUIRED | DATE  REQUESTED | DATE RECEIVED | INFORMATION |
| Hours of work FT/LTFT  Day requests for LTFT |  |  |  |
| Any booked leave |  |  |  |
| Mandatory training up to date |  |  |  |
| Any relevant health problems declared |  |  |  |
| Obtain specimen signature |  |  |  |
| Parking info supplied |  |  |  |
| Stage 1 Roadmap signed off |  |  |  |
| Stage 2 Roadmap signed off |  |  |  |
| FCP Verification |  |  |  |
| Advanced Practice signed off |  |  |  |
| Advanced Practice Verification |  |  |  |
| Roadmap Supervisor allocated |  |  |  |
| Prepare contract |  |  |  |
| Rota |  |  |  |
| Prepare induction programme & share |  |  |  |
| Info re first day shared with employee |  |  |  |