



EMPLOYER FORMS PACK

1. NEW CLIENT REGISTRATION FORM

This form must be completed before staffing services can be provided.

Organisation Name:

CQC Registration Number (if applicable):

Type of Service (tick all that apply):

Residential Home Nursing Home Supported Living

Hospital Domiciliary Care Provider

Other (please specify): _____

Service Address:

Postcode: _____

Main Contact for Staffing Requests:

Name: _____

Job Title: _____

Direct Phone Number: _____

Email (for bookings): _____

Accounts Department Details (if different):

Email for invoices: _____

Phone: _____

Preferred Communication Method:

Email Telephone WhatsApp Online Portal (if available)

2. SERVICE REQUIREMENTS & EXPECTATIONS FORM

Types of Staff Required: (tick all applicable)

- Healthcare Assistants
- Support Workers
- Senior Care Staff
- Nurses (RGN/RMN/RNLD — circle if applicable)



DIGNIFIED HEALTH LIMITED

CARE SERVICES

- 1:1 Support Worker
- Complex / Specialist Support

Expected Skills and Responsibilities (tick applicable):

- Personal Care Companionship
- Medication Assistance/Administration
- Moving & Handling / Hoist Use
- PEG Feeding
- Challenging Behaviour / PBS Support
- Domestic Duties
- Record Keeping
- Observations / Engagement

Experience Required (tick all that apply):

- Dementia Care
- Learning Disabilities
- Autism Spectrum Conditions
- Mental Health Support
- End-of-Life Care
- Complex Physical Needs
- No Specific Experience Required

Additional Notes / Service Preferences:

3. SHIFT REQUEST / BOOKING FORM

Date of Request: _____

Date of Shift Start Time Finish Time Role Requested Number of Staff Required Notes

Requested by: _____

Signature: _____ Date: _____

4. STAFF PERFORMANCE & FEEDBACK FORM

(To be completed by employer following shifts if feedback is required.)

Staff Member Name: _____

Date(s) Worked: _____

Rate the following areas:



DIGNIFIED HEALTH LIMITED

CARE SERVICES

Category	Excellent	Good	Satisfactory	Needs Improvement	Comments
Timekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attitude & Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitability to Role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competence & Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Would you request this staff member again?

Yes No Yes with conditions (details below)

Comments/Recommendations:

Completed by (Name): _____

Role: _____

Signed: _____ Date: _____

5. INCIDENT / CONCERN REPORTING FORM

(To be completed when there is a safeguarding, performance, or conduct concern.)

Type of Concern (tick):

- Safeguarding Alert
- Professional Misconduct
- Medication Error
- Health & Safety Issue
- No Show / Late Attendance
- Other: _____

Details of Incident:

Immediate Actions Taken:



DIGNIFIED HEALTH LIMITED

CARE SERVICES

Reported to Manager On Site:

Yes No If yes, who: _____

Reported by (Name & Role): _____

Signature: _____ Date: _____

6. SERVICE AGREEMENT CONFIRMATION

I confirm the following on behalf of the organisation:

- All agency workers will receive a **site induction** on arrival.
- The environment is compliant with **health & safety and safeguarding regulations**.
- Placement expectations will be communicated clearly.
- Any concerns will be reported promptly to Dignified Health Limited.
- Invoices will be processed in accordance with agreed payment terms.

Organisation Name: _____

Name of Authorised Signatory: _____

Job Title: _____

Signature: _____

Date: _____

Final Step:

Would you like these:

- A. Turned into a fillable PDF pack
- B. Made into a branded printed booklet
- C. Uploaded as downloadable forms for your website
- D. All three

Reply:

👉 A, B, C, or D