



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:



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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