

Date: 27/05/20	<h2 style="text-align: center;">Pre-placement Work Assessment</h2>	
Version: 1		
Responsibility: CG		
Document No: F-CG-207b		

This form must be completed by HR/Recruitment and attached to the pre-placement portal before you send the link to your candidate. If this is not received by Optima Health the Pre-Placement Assessment cannot be undertaken

SECTION 1 – To be completed by HR/Recruitment. Please note the line managers name and email must be supplied so that they can be made aware of required blood tests/immunisations. We cannot screen without this information.

Candidates name:	Date of Birth:
Directorate:	Work Location:
Job Title (Line Manager to complete):	Application Number:
Line Manager's name:	Line Manager's email:
<i>Please provide contact name & telephone number in case we have any queries and need to contact you</i>	
Recruitment contact:	Trust/organisation:
Recruitment Telephone:	Other info:
<i>The fitness clearance letter will be sent to the email address that has been supplied by the organisation</i>	

SECTION 2 – To be Completed by the Line Manager

Will this person have direct patient contact?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will this person have exposure to blood / body / tissue	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Job Hazards Associated with the Post – tick all that apply

Control & Restraint <input checked="" type="checkbox"/>	Work Using Display Screens <input checked="" type="checkbox"/>	Work involving driving <input checked="" type="checkbox"/>
Work using skin irritants/allergens <input type="checkbox"/>	Work can be Stressful at Times <input checked="" type="checkbox"/>	Shift Work/Night Work <input checked="" type="checkbox"/>
Work using lung irritants/allergens <input type="checkbox"/>	High Noise Exposure <input type="checkbox"/>	Work Involving Food Handling <input type="checkbox"/>
Manual Handling <input type="checkbox"/>	Hazardous Machinery <input type="checkbox"/>	Lone Working <input checked="" type="checkbox"/>
Actually or Potentially performs Exposure Prone Procedures (EPPS) <input type="checkbox"/>	Exposure to Hazardous Chemicals <input type="checkbox"/>	Exposure to ionising radiation <input type="checkbox"/>
Work with Natural Latex products <input type="checkbox"/>	Confined spaces <input type="checkbox"/>	Work at Heights <input type="checkbox"/>
Use of Vibrating Tools/Equipment <input type="checkbox"/>	Food Handler <input type="checkbox"/>	Other. Please state