

## Document Completion

|                                      |                          |
|--------------------------------------|--------------------------|
| Employee's Handbook - Employed       | <input type="checkbox"/> |
| Employee's Handbook - Self Employed  | <input type="checkbox"/> |
| Continuous Quality Improvement       | <input type="checkbox"/> |
| Complaints, Concerns & Compliments   | <input type="checkbox"/> |
| Equality, Diversity & Human Rights   | <input type="checkbox"/> |
| Privacy, Dignity & Respect           | <input type="checkbox"/> |
| Compliance & Notifications           | <input type="checkbox"/> |
| Clients' Consent To Care & Treatment | <input type="checkbox"/> |
| Business Continuity Plan             | <input type="checkbox"/> |
| Enhanced Disclosure Check            | <input type="checkbox"/> |
| Working Time Regulations             | <input type="checkbox"/> |
| Disability Discrimination            | <input type="checkbox"/> |
| Care Planning                        | <input type="checkbox"/> |
| Proper & Fit Persons                 | <input type="checkbox"/> |
| Accidents & Incidents                | <input type="checkbox"/> |
| Good Governance                      | <input type="checkbox"/> |
| Lone Working                         | <input type="checkbox"/> |
| On Call                              | <input type="checkbox"/> |
| Duty of Candour                      | <input type="checkbox"/> |
| Care Certificate                     | <input type="checkbox"/> |
| Mental Capacity & Best Interests     | <input type="checkbox"/> |

I confirm that I have read and understood the documents listed above, and will abide by the policies outlined in them.

**Signature:** \_\_\_\_\_