

## CONSENT FORM

Please do you consent to the request for your reference?

Candidates First Name:

Candidates Last Name:

Signature:

### Employee check list.

Degree/Diploma certificates	
Copy of resume/ references	
Police clearance	
Vulnerable sector check (Health care staff)	
Work permit	
Direct deposit form	
Social Insurance number	
Form of identification	
Are you currently working?	
Name of Employer	
Years worked with employer	
Start date with previous employer	

### List of Vaccines (Health care staff)

Tuberculosis Test	
BCG	
Diphtheria Tetanus	
Hepatitis	
Influenza	
Measles	
Meningococcal	
Mumps	
Pertussis	
Polio	
Rubella	
Varicella	

Mandatory training during staff orientation

CPR/First aid	
Staff Safety	
WHIMIS- <a href="https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php">https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php</a>	
Health and safety awareness	
Communication and documentation	
Non-crisis intervention	
Orientation	
Infection prevention and control	
Medication safety and practices	
Home and personal safety	
Client safety	