

# Codladh Sámh Personnel File Checklist

**Employee Name:** \_\_\_\_\_  
**Employee Phone No:** \_\_\_\_\_  
**Employee Email:** \_\_\_\_\_  
**Employee No:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_  
**Job Role/Title:** Healthcare Assistant

**Register with Revenue:** www.revenue.ie - My Account – Register – ROS will send you a password. Access using your own name – Phone No: 01 7383636. Codladh Sámh tax number which is 9802967V

DOCUMENTATION REQUIRED	DATE	RECEIVED BY:
<b>To be submitted to Codladh Sámh by Applicant</b>		
Curriculum Vitae		
2 Written References		
Copy of Passport/Driving Licence		
Proof of Address within past 3 months		
Work Permit - if applicable		
Emergency Contact Persons Form		
Garda Vetting NVB1		
Fit for Work Evaluation Form		
PPSN		
Date of Birth for Revenue		
<b>Bank Account Details for payment of wages</b>		
Name on Bank Account		
Address and Eircode		
Name of Bank		
Address and Eircode		
IBAN		
BIC		
<b>Codladh Sámh to advise:</b>		<b>DATE</b>
Date of Induction Training		<b>Given By:</b>
Start Date		
Date of Shadow Training		
Welcome email from Codladh Sámh		
Contract of Employment		
Payroll Number and Password		
Codladh Sámh Handbook		
Codladh Sámh Uniform Size		
<b>Certificates Required:</b>		
FETAC Level 5/QQI or equivalent Nursing Certificate		
Patient Moving and Handling		
Children First - HSELand		
Infection Control – HSELand		
Breaking the Chain of Infection - HSELand		
Hand Hygiene – HSELand and Inhouse Training		
Flu Vaccine Course		
Other as notified by HSE		