

SUPERVISION, DIRECTION AND CONTROL (SDC) CHECK

ASSIGNMENT DETAILS

Employee Name

Employee ID

Agency Name

Branch Name

Client Name

Site Name

Site Address 1

Site Town

Site County

Site Postcode

If your assignment covers multiple sites, please provide details

Assignment Job Title

Agreed Rate for the Assignment

Assignment Start Date

Approximate Assignment End Date

OR Approx. Length of Assignment

SDC ASSIGNMENT QUESTIONS

Please describe the role to be undertaken for the assignment

Please describe any relevant qualifications held for this role and the length of work experience

Will you be under constant supervision by anyone whilst undertaking your role?

Yes

No

Please provide details

Once given basic instructions of what to do for your day, will anyone else advise you how to complete these tasks?

Yes

No

Please provide details

Will you be moved around by anyone regularly during your working day to perform different tasks?

Yes

No

Please provide details

DECLARATION

Please tick to confirm all the information provided is correct to the best of your knowledge

Date

If you print to return this form by post, please provide your signature

X

For Completion by Sterling Umbrella only

Completed By

Date

Under SDC

Yes

No

Reasons for decision