

# DSP/Nurse Trainer/HCP Referral Form

NHS Employee/HCP Name: \_\_\_\_\_ Date \_\_\_\_\_

NHS Employee/HCP Signature: \_\_\_\_\_

DSP/Nurse Trainer/HCP Referral Name: \_\_\_\_\_

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**For OM/Supervisory use only:**

DSP/NT/HCP Interview Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

NHS employee/HCP will be notified if referral has been hired or not. No other information is shared.

Hire/ Contract date of DSP/NT/HCP : \_\_\_\_\_

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90 Days-still employed/contracted: \_\_\_\_\_ yes \_\_\_\_\_ No

If yes, SIS approval/submission or Voucher date: \_\_\_\_\_

OM/Housing Coord. Initials: \_\_\_\_\_

6 Months-still employed/contracted: \_\_\_\_\_ yes \_\_\_\_\_ No

If yes, SIS approval/submission or Voucher date: \_\_\_\_\_

OM/Housing Coord. Initials: \_\_\_\_\_

\_\_\_\_\_  
OM/Housing Coord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Supervisor Signature

\_\_\_\_\_  
Date

\$750 will be paid after 90 days of the DSP/Nurse Trainer/HCP being actively employed or contracted  
\$750 will be paid after 6 months of the DSP/Nurse Trainer/HCP being actively employed or contracted