

**REGISTER OF PROPERTY RETURNED**

Name of employee:

ESR Assignment Number:

Termination Date:

Date of Last Day at Work:

Name of Manager:

Contact Number for Manager:

I confirm that I am the manager for the above named member of staff and that the property detailed and signed for below has been returned to me. Please note this is not an exhaustive list, all Trust property must be returned to the Trust before the member of staff leaves.

ITEM RETURNED	MANAGER'S SIGNATURE (please sign against each item returned)
Uniform	
Photograph ID badge	
Other ID badge	
Registration Authority Smart Card <i>NB: only return if you are leaving the NHS; if you are remaining in the NHS keep your Smart Card and ensure an RA02 form is completed terminating your organisational role with the Trust..</i>	
Swipe Card(s)	
Laptop / other computer and accessories	
Prescription Pad	
NHS Parking Permit	
Keys (to buildings, vehicles, cupboards, drawers, filing cabinets, etc)	
Mobile Telephone and accessories	
Pager	
Dictaphone	
Official Unit Stamp	
Patient Notes	
Documentation / files owned by the Trust	
Petty Cash	
Lease Car	

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I **[NAME OF EMPLOYEE]** confirm that I have returned all Trust property held by me .

By signing this form I declare that the information given is correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the PCT and the NHS Counter Fraud and Security Management Service for the purpose of verification, prevention, detection and prosecution of fraud and to the retention of this form for a minimum period of two years.

Signature of employee: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Once all property has been returned, please send the above completed form to Personnel, Trust Headquarters, Willerby Hill, Willerby HU10 6ED for placing on the employee's personal file and ensure that all property has been returned to the appropriate department/individual.