**Non-Clinical Request Form**

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| **Trust and Contact Details** |
| **Trust / Client Name** |  |
| **Location/Hospital (including postcode)** |  |
| **Ward/Department** |  |
| **Cost Code/Centre** |  |
| **1st Contact Person** |  |
| **1st Contact Phone Number** |  |
| **1st Contact Email Address** |  |
| **2nd Contact Person** |  |
| **2nd Contact Phone Number** |  |
| **2nd Contact Email Address** |  |
| **Does this request require senior approval?**If yes and has been approved, please provide details of senior admin authoriser / panel number. |  |
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| **Placement Requirements** |
| **Current Date** |  |
| **Start Date of Placement** |  | **End Date of Placement** (subject to reviews) |  |
| **Hours per week** |  |
| **Working Pattern** e.g., Mon-Fri |  |
| **Shift Pattern**e.g., Weekdays 9am-17:00pm, Rota’d  |  |
| **Number of Staff Required** |  | **Job Share Suitable?** | Yes / No? |
| **System Knowledge** List any system knowledge required and if mandatory or desirable |  |
| **Assignment Code / Band**e.g., OSB00 or HRC00. Please refer to the Booking guide if needed. |  | **Can approved agencies****be used?** e.g. If the placement is unable to be filled by an NHSP Bank Worker |  |
| **Do you Wish to review CVs ?** | Yes / No? |
| **Do you wish to interview before placement?** | Yes / No? |
| **DBS Requirement** |  |

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| **Job Description** |
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**Once completed please return to** Nonclinicalteam@nhsprofessionals.nhs.uk

Your Non-Clinical Consultant will contact you shortly.

If you have any further enquiries, please call our dedicated number 0203 006 8113