**Non-Clinical Placement Request-**

**Pay Control Panel Form**

This form must only be completed by a budget-holder

Please complete both the Pay Control Panel Form and the Non-Clinical Request form and send to [PayPanel@boltonft.nhs.uk](mailto:PayPanel@boltonft.nhs.uk) for review.

|  |  |
| --- | --- |
| Name of Requestor |  |
| Ward/Team/Unit |  |
| Is this post within Budget | Yes  No |
| If to cover a vacancy, how long has the post been vacant? |  |
| Is the post currently being advertised | Yes  No.  If yes, add the Recruitment Job Ref Number: |
| If advertised, please add the job reference number  Format: (Trust VPD) – (vacancy number and Division) – (Year) e.g.  241 - 456FC -23 |  |
| If not advertised, please details the recruitment plan for this post |  |
| Please explain the impact on Service Delivery of not filling this vacancy? |  |
| What are the financial implications of not filling this vacancy? |  |

**Pay Control Panel Use Only:**

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| --- | --- |
| Finance Review Decision | Approved  Rejected |
| Decision Made By | Print:  Signature: |
| Date of Decision | Click or tap to enter a date. |
| Reason for Rejection (If Applicable) |  |

**Non-Clinical Request Form**

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| Trust and Contact Details | | | |
| Trust / Client Name |  | | |
| Location/Hospital (including postcode) |  | | |
| Ward/Team/Unit |  | | |
| 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 |  | | |
|  | | | |
| Placement Requirements | | | |
| Current Date |  | | |
| Reason for Request | Sickness Increased Workload Vacancy Maternity  Other (Please Specify): | | |
| 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? |
| Does the worker require access to any of the following systems | Trust Email Address Required  Network Access Request  CRIS (Radiology Reports)  ICE (lab reports for viewing Pathology Results)  EPR (Electronic Patient Record)  LE2.2  Other (Please Specify):  *Note: Manager is responsible for ensuring relevant training has been completed as per Trust requirements* | | |
| 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 signed off by the Pay Control Panel please send to** [Nonclinicalteam@nhsprofessionals.nhs.uk](mailto: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