# Manager’s Authorisation Form

**Substantive Assignment Amendment Form - Nursing & Midwifery**

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|  Once completed, the Trust Authorised Manager must send this form to the local Client Services Team.**If we do not receive the form from the Trust Authorised Manager, we cannot complete the request** Bank Member Information   Name of Bank Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   NI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth/ ESR Assignment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorising Manager’s Details:All sections to be completed by Ward/Line Manager  Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Trust: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Authorising Manager’s E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NHS Account Only)  By signing I confirm that the person named above as a Substantive Employee has an NHS contract with the Trust and that the following checks were completed on their appointment/registration:    Two Satisfactory References    Occupational Health Screening Completed   Enhanced CRB Disclosure carried out   Mandatory Training completed in the last 12 months  (Fire, Moving & Handling, Infection Control and CPR)    Proof of Home Address    I can confirm that the assignment codes selected are correct and that I have appropriate experience in the area in which I am authorising this Bank Member to have an additional assignment code(s).  I confirm that I understand that by authorising this amendment this Bank Member will be able to work at any location within this Trust at this assignment code.  I am therefore verifying that they are competent to work at this assignment code  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(An electronic signature is only acceptable with an appropriate email chain from the Trust Authorised Manager)*  |

# Manager’s Authorisation Form

 **Substantive Assignment Amendment Form - Nursing & Midwifery**

**Nursing & Midwifery Staff Group – *to be completed by Line Manager***

**Please select the assignment type/s from Box 1 and then all appropriate codes in Box 2, including General Acute (00) if the Substantive Worker has the relevant experience/qualifications.**

 **Substantive Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Line Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Line Manager Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Box 1 Assignment Type**  | **√**  |  | **√**  |  | **√**  |
| Care Support Worker (CSW)  |   | Nurse Advanced (NAD)  |   | Registered Midwife (RM)  |   |
| Care Support Worker Higher (CSWH)  |   | Nurse Associate Practitioner (ASP)  |   | Registered Nurse (RN)  |   |
| Community Psychiatric Nurse (CPN)  |   | Nurse Associate Practitioner Higher (ASPH)  |   | RM Preceptorship (RMP)  |   |
| Dental Nurse (DN)  |   | Nurse Consultant (NC)  |   | RN Preceptorship (RNP)  |   |
| Dental Nurse Team Leader (DNTL)  |   | Nurse Modern Matron (NMM)  |   | Senior Community Support Worker (SCW)  |   |
| Emergency Nurse Practitioner (ENP)  |   | Nurse Team Leader (NTL)  |   | Theatre Practitioner (TP)  |   |
| Health Visitor (HV)  |   | Nurse Team Manager (NTM)  |   | Theatre Practitioner Entry Level (TPEL)  |   |
| Health Visitor Specialist (HVSP)  |   | Nursery Nurse (NN)  |   | Theatre Practitioner Higher (TPHL)  |   |
| Midwife Modern Matron (MMM)  |   | Project Worker (PW)  |   | Theatre Practitioner Team Manager (TPTM)  |   |
| Midwife Team Manager (MTM)  |   |  |   |  |   |

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| **Box 2 Area of Work**  |  |  |  |  |
|  |  | **Acute**  |  |  |
|   | Code  | **√**  |   | Code  | **√**  |
| Accident & Emergency  | 04  |   | Neurosurgery  | 48  |   |
| Cardiology  | 13  |   | NICU  | 62  |   |
| CATS Recovery  | 135  |   | Oncology  | 24  |   |
| Child Health (Hospital)  | 60  |   | Ophthalmology  | 49  |   |
| Coronary Care Unit  | 05  |   | Orthopaedics  | 54  |   |
| Day Surgery  | 43  |   | Paeds A&E  | 63  |   |
| Elderly Care  | 17  |   | PICU  | 61  |   |
| Endoscopy  | 16  |   | Plastic Surgery & Burns  | 51  |   |
| ENT  | 44  |   | Prisons  | 131  |   |
| Family Planning  | 68  |   | Renal  | 29  |   |
| General  | 00  |   | Sexual Health  | 95  |   |
| Genitourinary  | 19  |   | Theatre Anaesthetics  | 40  |   |
| Gynaecology  | 45  |   | Theatre Circulator  | 57  |   |
| High Dependency Unit  | 07  |   | Theatre Recovery  | 52  |   |
| Infection Control  | 36  |   | Theatre Scrub  | 55  |   |
| Intensive Care Unit  | 08  |   | Theatres General  | 59  |   |
| Liver Unit  | 22  |   | Trauma & Outpatients  | 94  |   |
| Maternity  | 66  |   | Urology  | 56  |   |
| Neurology  | 23  |   |   |   |   |
| **Community**  |  |  |  |  |
| General  | 102  |   | Child Health (Community)  | 100  |   |
| Schools  | 111  |   |   |   |   |
| **Mental Health**  |  |  |  |  |
| General  | 03  |   | Older Persons Learning  | 79  |   |
| Adult – Rehab  | 72  |   | Disabilities  | 77  |   |
| Adult - Continuing Care  | 71  |   | Forensic  | 76  |   |
| Adult – Acute  | 70  |   | Substance Misuse/Addictions  | 74  |   |
| Child & Adolescent  | 73  |   | Community Mental Health  | 120  |   |