# 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 |  |