Bank Member Information: -

Name of Bank Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth / ESR Assignment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Assignment Code(s) – also known as job roles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work History: Please provide details of work experience (within the last 2 years) relevant to the area(s) of work / code(s) requested.

|  |
| --- |
| 1. Requested area of work.
 |
| Hospital and ward speciality: |  |
| Number of shifts worked: |  |
| Start date: |  |
| End date: |  |

|  |
| --- |
| 1. Requested area of work.
 |
| Hospital and ward speciality: |  |
| Number of shifts worked: |  |
| Start date: |  |
| End date: |  |

Referee Details: Please provide details below of a clinical manager in each of the areas above from whom we can obtain a reference

|  |
| --- |
| Area of Work 1. |
| Clinical Manager: (print name) |  |
| Position in Trust and Ward / Unit: |  |
| Email Address: |  |
| Telephone Number: |  |

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| --- |
| Area of Work 2. |
| Clinical Manager: (print name) |  |
| Position in Trust and Ward / Unit: |  |
| Email Address: |  |
| Telephone Number: |  |

Bank Member/ Trust Services Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by Line Manager: -

**Nursing & Midwifery or Allied Health Professionals / Health Care Scientists staff group**

**Bank Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ward/Department Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ward/Department Manager Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ward/Department Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please note we cannot accept Typed Signatures)**

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| --- |
| **Assignment Code(s) requested (i.e., CSW00, RN03) – these are also known as job roles** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Please send completed code amendment form along with an up-to-date CV, to your Local Trust Services Partner.**

**If successful, you may be invited to interview for the code requested.**

**Checked By Trust Services: -**

|  |  |
| --- | --- |
| **Authoriser: -** (Appropriate to approve codes or job roles requested) |  |
| **Checked by: -** (Insert Name)  |  |
| **Date Checked: -** |  |