# Managers Authorisation Form

**Substantive Assignment Amendment Form – Non-Clinical**

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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)* |

# Managers Authorisation Form

**Substantive Assignment Amendment Form- Admin & Clerical**

**Please select all the codes that apply.**

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

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

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

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

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| **Assignment Type** | **Code** | **√** | **Assignment Type** | **Code** | **√** |
| A&E Band 2 | AEAB00 |  | Medical Secretary (MSE) Band 4 | MSED00 |  |
| A&E Band 4 | AEAD00 |  | Office Services Band 1 | OSA00 |  |
| Accounts Payable Administrator (AP) | APC00 |  | Office Services Band 2 | OSB00 |  |
| Accounts Receivable Administrator (AR) | ARC00 |  | Office Services Band 3 | OSC00 |  |
| Audio Typist (AT) Band 3 | ATYC00 |  | Office Services Band 4 | OSD00 |  |
| Audio Typist (AT) Band 4 | ATYD00 |  | Office Services Band 5 | OSE00 |  |
| Business Admin and Projects (BA) Band 3 | BAC00 |  | Office Services Band 6 | OSF00 |  |
| Business Admin and Projects (BA) Band 4 | BAD00 |  | Office Services Band 7 | OSG00 |  |
| Business Admin and Projects (BA) Band 5 | BAE00 |  | Office Services Band 8a | OSH00 |  |
| Business Admin and Projects (BA) Band 6 | BAF00 |  | Patient Services (PS) Band 1 | PSA00 |  |
| Clinical Coding Officer (CCO) Band 3 | CCOC00 |  | Patient Services (PS) Band 2 | PSB00 |  |
| Clinical Coding Officer (CCO) Band 4 | CCOD00 |  | Patient Services (PS) Band 3 | PSC00 |  |
| Clinical Coding Officer (CCO) Band 5 | CCE00 |  | Patient Services (PS) Band 4 | PSD00 |  |
| Cook Band 2 | CKB00 |  | Patient Services (PS) Band 5 | PSE00 |  |
| Cook/Chef - Band 2 | CHSB00 |  | Payroll Clerk (PC) | PCC00 |  |
| Domestic | DM00 |  | Personal Assistant Band 4 | PAD00 |  |
| Domestic Higher | DMH00 |  | Porter | PORT00 |  |
| Driving & Logistics Porters - Band 2 | DLPB00 |  | Porter Band 2 | PORB00 |  |
| Estate Maintenance Worker | EMW00 |  | Project Worker (PW) Band 2 | PWB03 |  |
| Estate Support Worker Higher | ESWH00 |  | Project Worker (PW) Band 3 | PWC03 |  |
| Human Resources (HR) Band 3 | HRC00 |  | Project Worker (PW) Band 4 | PWD03 |  |
| Human Resources (HR) Band 4 | HRD00 |  | Project Worker (PW) Band 5 | PWE03 |  |
| Information Services (IS) Band 4 | ISD00 |  | Project Worker (PW) Band 6 | PWF03 |  |
| Information Services (IS) Band 5 | ISE00 |  | Public Relations (PR) Band 3 | PRC00 |  |
| Information Technology (IT) Band 3 | ITC00 |  | Receptionist | REC00 |  |
| Information Technology (IT) Band 4 | ITD00 |  | Security - Band 2 | SCOB00 |  |
| Interpreter Band 4 | INTD00 |  | Sterile Services Worker | SSW00 |  |
| Interpreter Band 5 | INTE00 |  | Switchboard Operator | SBO00 |  |
| Learning and Development (LD) Band 4 | LDD00 |  | Switchboard Operator Band 4 | SBOH00 |  |
| Medical Secretary (MSE) Band 3 | MSEC00 |  |  |  |  |