# 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  |   |   |   |   |