**AHP/HCS Placement Request-**

**Pay Control Panel Form**

**(This form must be completed by a budget holder)**

Please complete both the Pay Control Panel Form and the AHP/HCS Request form and send to PayPanel@boltonft.nhs.uk for review.

|  |  |
| --- | --- |
| Ward/Team/Unit |  |
| Is this post within Budget | [ ]  Yes [ ]  No |
| If to cover a vacancy, how long has the post been vacant? |  |
| Is the post currently being advertised | [ ]  Yes [ ]  No. If yes, add the Recruitment Job Ref Number:***(The format for this should be e.g: 241 - 456FC -23)******(Trust VPD) – (vacancy number and Division) – (Year)***   |
| If not advertised, please details the recruitment plan for this post |  |
| Please explain the impact on Service Delivery of not filling this vacancy? |  |
| What are the financial implications of not filling this vacancy? |  |

**Pay Control Panel Use Only:**

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| Finance Review Decision | [ ]  Approved [ ]  Rejected |
| Decision Made By | Print:Signature: |
| Date of Decision | Click or tap to enter a date. |
| Reason for Rejection (If Applicable) |  |

**Bolton NHS Foundation Trust AHP/HCS Request Form**

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| **Trust and Contact Details** |
| **Location/Hospital (including postcode)** |  |
| **Ward/Team/Unit** |  |
| **Cost Code/Centre** |  |
| **Name of Requestor** |  |
| **Requestor Phone Number** |  |
| **Requestor Email Address** |  |
| **Alternative Contact name and email address** |  |
| **Booking Reason** | Reason for temporary cover (please Tick as applicable)[ ] Sickness [ ] Increased Workload [ ] Vacancy [ ] Maternity [ ] Other (Please Specify): |
| **Name of the person requesting the shift** | Name:Date: |
| **Name of person approving the shift** | Name:Date: |
|  |
| **Placement Requirements** |
| **Current Date** |  |
| **Start Date of Placement** |  | **End Date of Placement** (subject to reviews) |  |
| **Hours per week** |  |
| **Working Pattern** e.g. Mon-Fri |  |
| **Shift Pattern**e.g. Weekdays 9am-17:00pm, Rota’d  |  |
| **Number of Staff Required** |  | **Job Share Suitable?** | Yes [ ]  No [ ]  |
| **System Knowledge** List any system knowledge required  |  |
| Does the worker require access to any of the following systems | [ ] Trust Email Address Required☐Network Access Request [ ] EPR (Electronic Patient Record)[ ] LE2.2[ ] Other (Please Specify):Note: Manager is responsible for ensuring relevant training has been completed as per Trust requirements |
| **Assignment Code / Band**e.g. OTSP00 or PASP00. Please refer to Booking guide if needed. |  | **Can approved agencies****be used?** e.g. If the placement is unable to be filled by an NHSP Bank Worker | Yes [ ]  No [ ]  |
| **Do you Wish to review CVs?** | Yes [ ]  No [ ]  |
| **Do you wish to interview before placement?** | Yes [ ]  No [ ]  |
| **DBS Requirement** | Standard [ ]  Enhanced [ ]  Not Applicable [ ]   |

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| **Job Description** |
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| Please describe the skills required for this placement and attach a job description if possible. Essential skills or experience requirements to be listed as must have. Please add as much information as you are able, this will help us to find a suitable candidate for your needs.  |

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**Once signed off by the Pay Control Panel please send to**

Once completed/ Approved please return ***AHP&HCS@nhsprofessionals.nhs.uk***

A member of the AHP Team will be in contact, the same day if received before 4pm, and the next working day if after 4pm, to discuss your requirements.

The team can be contacted on 03330 144370 Mon – Fri 9am to 5pm