**Buckinghamshire Healthcare**

**AHP/HCS Request Form**

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| **Trust and Contact Details** | | | |
| **Placement ID** | Leave blank - ID entered by AHP team | | |
| **Trust Name** |  | | |
| **Location/Hospital (including postcode)** |  | | |
| **Ward/Department** |  | | |
| **Cost Code/Centre** |  | | |
| **Contact Person** |  | | |
| **Contact Phone Number** |  | | |
| **Contact Email Address** |  | | |
| **Alternative Contact name and email address** |  | | |
| **Booking Reason** | Reason for temporary cover (please Tick as applicable)  Sickness  Training  Acuity  Waiting List  Vacancy  Other (Please Specify)  ……………………………………………………………………………… | | |
| **LOW Approval Number:** |  | | |
| **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 |

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| --- | --- | --- | --- |
| **System Knowledge**  List any system knowledge required and if mandatory or desirable |  | | |
| **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** |
| |  | | --- | | 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. | |

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