



# Allied Health Professionals Healthcare Scientists

## AHP/HSS Request Form Berkshire Healthcare NHS Foundation Trust

Trust and Contact Details	
Placement ID	
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	<p>Reason for temporary cover (please 'x' as applicable)</p> <p> <input type="checkbox"/> Sickness    <input type="checkbox"/> Training    <input type="checkbox"/> Acuity    <input type="checkbox"/> Waiting List  <input type="checkbox"/> Vacancy  <input type="checkbox"/> Other (please specify)            .....         </p>
Name of the person requesting the shift	<p>Name: _____</p> <p>Signature: _____ Date: _____</p>
Name of person approving the shift	<p>Name: _____</p> <p>Signature: _____ Date: _____</p>

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



## Allied Health Professionals Healthcare Scientists

<b>System Knowledge</b> List any system knowledge required and if mandatory or desirable			
<b>Assignment Code / Band</b> e.g. OSB00 or HRC00. Please refer to Booking guide if needed.		<b>Can approved agencies be used?</b> e.g. If the placement is unable to be filled by an NHSP Bank Worker	Yes No
<b>Do you Wish to review CVs?</b>	Yes    No		
<b>Do you wish to interview before placement?</b>	Yes    No		
<b>DBS Requirement</b>	Standard    Enhanced    Not Applicable		

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

Please send this form in the first instance to your line manager for approval. Once approved it should be sent to [ahp&hcs@nhsprofessionals.nhs.uk](mailto:ahp&hcs@nhsprofessionals.nhs.uk) and a member of the team will be in contact.

The team can be contacted on 01344 415824 Mon - Fri 8am to 5pm