**Non-Clinical Placement Request-**

**Pay Control Panel Form**

This form must only be completed by a budget-holder

Please complete both the Pay Control Panel Form and the Non-Clinical Request form and send to PayPanel@boltonft.nhs.uk for review.

|  |  |
| --- | --- |
| Name of Requestor |  |
| 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: |
| If advertised, please add the job reference number Format: (Trust VPD) – (vacancy number and Division) – (Year) e.g.  241 - 456FC -23 |  |
| 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:**

|  |  |
| --- | --- |
| 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) |  |

**Non-Clinical Request Form**

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| Trust and Contact Details |
| Trust / Client Name |  |
| Location/Hospital (including postcode) |  |
| Ward/Team/Unit |  |
| Cost Code/Centre |  |
| 1st Contact Person |  |
| 1st Contact Phone Number |  |
| 1st Contact Email Address |  |
| 2nd Contact Person |  |
| 2nd Contact Phone Number |  |
| 2nd Contact Email Address |  |
|  |
| Placement Requirements |
| Current Date |  |
| Reason for Request | [ ] Sickness [ ] Increased Workload [ ] Vacancy [ ] Maternity [ ] Other (Please Specify): |
| Start Date of Placement |  | **End Date of Placement** (subject to reviews) |  |
| Hours per week |  |
| Working Pattern e.g., Mon-Fri |  |
| Shift Patterne.g., Weekdays 9am-17:00pm, Rota’d  |  |
| Number of Staff Required |  | **Job Share Suitable?** | Yes / No? |
| Does the worker require access to any of the following systems | [ ] Trust Email Address Required[ ] Network Access Request [ ] CRIS (Radiology Reports) [ ] ICE (lab reports for viewing Pathology Results) [ ] 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 / Bande.g., OSB00 or HRC00. Please refer to the Booking guide if needed. |  | **Can approved agencies****be used?** e.g. If the placement is unable to be filled by an NHSP Bank Worker |  |
| Do you Wish to review CVs ? | Yes / No? |
| Do you wish to interview before placement? | Yes / No? |
| DBS Requirement |  |

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| **Job Description** |
|  |
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**Once signed off by the Pay Control Panel please send to** Nonclinicalteam@nhsprofessionals.nhs.uk

Your Non-Clinical Consultant will contact you shortly.

If you have any further enquiries, please call our dedicated number 0203 006 8113