**AHP/HCS Placement Request-**

**Pay Control Panel Form**

This form must only be signed off at DDO level

Process:

1. Table the request at Executive Pay Panel (EPP) on the ‘long line AFC’ tab in the relevant Divisional sheet

2. Once approval is given complete this form and forward it to the email address provided at the end of the form

3. Requests will be cross-checked against EPP approval logs

|  |  |
| --- | --- |
| 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? |  |

**Confirmation of Pay Control Panel Approval:**

|  |  |
| --- | --- |
| Date request considered by EPP | Click or tap to enter a date. |
| EPP Reference number |  |
| Approval given (Y/N?) |  |

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

**IR35 Assessment Requirements:**

**Please note that it is the recruiting manager’s responsibility to ensure that an IR35 assessment is carried out for agency staff working with us. HMRC have enforced under IR35 Off Payroll worker rules to ensure correct accounting for Tax and National Insurance implications are in place.**

**Please see the link below to determine the IR35 status of your worker. Once completed please keep a copy of the assessment outcome on file as this may be needed for audit purposes.**

[Check employment status for tax - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/check-employment-status-for-tax)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | |

|  |
| --- |
| **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 signed off by the Pay Control Panel please send to**

Once completed/ Approved please return [***AHP&HCS@nhsprofessionals.nhs.uk***](mailto:AHP&HCS@nhsprofessionals.nhs.uk) ***and*** [***Workforce.Deployment@boltonft.nhs.uk***](mailto:Workforce.Deployment@boltonft.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