**Admin & Clerical / Estates and Facilities Placement Request Form**

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| **Trust and Contact Details** |
| **Placement ID** | Leave blank - ID entered by Non Clincial team |
| **Trust Name** |  |
| **Location/Hospital (including postcode)** |  |
| **Ward/Department** |  |
| **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** |  |
| **Does this request require senior approval?**If yes and has been approved please provide details of senior admin authoriser / panel number. |  |
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| **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 and if mandatory or desirable |  |
| **Assignment Code / Band**e.g. OSB00 or HRC00. 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 |  |
| **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** |
| Please describe the skills required for this placement and include 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 worker suitable for your needs. |
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**Once completed please return to** nonclinicalteam@NHSProfessionals.nhs.uk

Your Non-Clinical Consultant will contact you shortly.

If you have any further enquires please call our dedicated number 03330 144 354