

**Recommendation Form (Existing Substantive Staff/Additional Assignment)**

For use by managers recommending an existing substantive member of staff to take on Bank shifts.

This form is only applicable to current substantive employees.

**Completing the Form**

This form should be completed by the recommending manager, then by the recommended employee, before being scanned and emailed through (with all relevant attachments) to: [elft.join-bank@nhs.net](mailto:elft.join-bank@nhs.net)

Please note that requests will not be actioned unless all paperwork and all clearances have been received and processed. Applicants should therefore not undertake any bank shifts before clearance is received from the Bank Team.

Incomplete forms will not be actioned, and will not be retained. All forms should be sent in one email.

Applicants will only be appointed into a Bank role if they have all pre-employment clearances through (i.e. current valid evidence of identity and right to work in UK, proof of address, appropriate DBS clearance in line with Trust policy). If these clearances are not available, the Resourcing Team will be in contact to arrange for them to be completed.

* Please complete the Printable Documents (attached to email).

**For Completion by Recommending Manager**

|  |  |
| --- | --- |
| Current/Last Line Manager’s Full Name | Click here to enter text. |
| Current/Last Line Manager’s Job Title | Click here to enter text. |
| Current/Last Line Manager’s Band | Click here to enter text. |
| Current/Last Line Manager’s Work Address | Click here to enter text. |
| Current/Last Line Manager’s Contact Number | Click here to enter text. |
| Recommended Staff Name | Click here to enter text. |
| Recommended Job Title | Click here to enter text. |
| Recommended Band | Click here to enter text. |
| Date Effective From | Click here to enter text. |
| High Cost Area Supplement | Inner London  Outer London  N/A |
| Reason for Recommendation | Click here to enter text. |
| Manager’s Signature | Click here to enter text. |
| Date | Click here to enter text. |

**For Completion by Applicant**

|  |  |
| --- | --- |
| Applicant’s First Name | Click here to enter text. |
| Applicant’s Surname | Click here to enter text. |
| Current/Last Place of Work | Click here to enter text. |
| Assignment Number (If Applicable) | Click here to enter text. |
| Home Address | Click here to enter text. |
| Email Address | Click here to enter text. |
| Contact Number | Click here to enter text. |
| Professional Registration Body (If Applicable) | Click here to enter text. |
| Professional Registration Number (If Applicable) | Click here to enter text. |
| Applicant’s Signature | Click here to enter text. |
| Date | Click here to enter text. |