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**EXPRESSION OF INTEREST FORM FOR INTERNAL TRANSFER – REGISTERED NURSES**

**CONDITIONS FOR SIDEWAYS TRANSFER**

To qualify for a sideways transfer, you will need to have been an employee of the Trust for **9 months minimum**. All information in this document will be treated with confidence and retained on your workforce file. If you wish to withdraw your application at any time, please contact the Redeployment and Careers Adviser.

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| **SECTION A: PERSONAL DETAILS** | | | | | | | |
| First name |  | | | Title | | |  |
| Surname/Family name |  | | | Middle name | |  | |
| Address |  | | | | | | |
| Home Telephone |  | | Mobile no. | |  | | |
| Email address |  | | NMC pin no. | |  | | |
| Current Job title including band |  | Department + Site | | |  | | |
| Date commencing with Trust |  | | Employee no. | |  | | |
| Preferred employment type |  Full Time     Part Time  Flexible Hours | | | | | | |
| Do you require a VISA to work in the UK? |  Yes\*  No  \*If yes, details of VISA status | | | | | | |

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| **Which Area would you like to transfer to (Including Site):** |
|  |

Research & Trials

Other area of interest not listed:

Research & Trials

Other area of interest not listed:

Research & Trials

Other area of interest not listed:

Research & Trials

Other area of interest not listed:

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| **SECTION B: SUPPORTING INFORMATION (Mandatory)** |
| Please give your reasons for expressing an interest in the preferred area/department and provide any additional informatio*n* to support your application. This can include relevant skills, knowledge, experience, voluntary activities, opportunities, training etc. If you have any working restrictions, such as set working days/shift patterns etc then this should be clearly stated on the application form |
| **250 WORDS MAXIMUM** |

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| **SECTION C: EMPLOYEE DECLARATION** | | | |
| I confirm that the information provided above is to the best of my knowledge, correct and complete. I understand and accept that if I withhold information or provide false or misleading information that this might result in my application being rejected. By submitting this form, I am joining the transfer register for a permanent sideways move at East London Foundation Trust. I understand that if there are no vacancies in my preferred department, that my application will be retained on the transfer register for 6 months unless I withdraw my application. | | | |
| Signature |  | | |
| Name |  | Date |  |

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| **SECTION D: CURRENT MANAGER AUTHORISATION** | | | |
| *Section D of the form should then be completed by the nurses Sister/Charge Nurse. If the Sister/Charge Nurse is unavailable, the Matron should authorise the form* | | | |
| Do you have any concerns about the employees’ ability to fulfil all responsibilities as a Nurse?  YES 🞎 NO 🞎  If yes, please provide further information below: | | | |
| Is the employee currently under formal investigation for any matter (including conduct, capability, attendance or performance) under any of the Trust policies?  YES 🞎 NO 🞎  ***If yes, unable to proceed with internal transfer until further discussion with People Relations Advisor*** | | | |
| Has the employee had an appraisal in the last 12 months? YES 🞎 NO 🞎 *Date of last appraisal****……………………………………………….*** | | | |
| Does the employee require any reasonable adjustments? YES 🞎 NO 🞎  If yes, please provide information below | | | |
| In authorising this application, please confirm what the agreed notice period is for the employee:  8 weeks’ notice period 🞎  Requires flexibility with notice period due to current turnover in ward 🞎  Existing manager and prospective manager discretion to be agreed 🞎 | | | |
| Please add any further comments that you consider to be relevant below. | | | |
| I confirm that the information provided in this form is to the best of my knowledge, correct and complete.  Please note it is your responsibility to inform the Redeployment and Careers Adviser should anything change above regarding the employee. | | | |
| Line Managers Signature |  | | |
| Print Name |  | Date |  |

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| **SECTION E:**  **PROSPECTIVE MANAGER DETAILS** | |
| Print Name |  |
| Prospective Manager’s Signature |  |
| Department & Site |  |
| **Proposed Start Date (If known)** |  |
| ***Please send this form to the Redeployment and Careers Adviser*** | |