 

RESOURCING AND DEPLOYMENT

Service Staffing Request – Role Description

Prior to completing and submitting this form please ensure that you have considered all

In-Service staffing solutions

|  |  |
| --- | --- |
| Service |  |
| Section |  |
| Contact Name |  |
| Contact Telephone No |  |
| Single Point of Contact (operational) & Tel No.  |  |

|  |  |
| --- | --- |
| Description of role(s) required – What do you need people to do |  |
| Start Date |  |
| Duration (if know) |  |
| Hours of Working |  |
| Number of Staff Required |  |
| Location (can this be done home working) |  |
| Access needed to desktop/laptop at home |  |
| Access needed to mobile phone |  |
| Specific Skills Needed, Training, Qualifications(HGV Driver, first aider IT Skills etc) |  |
| Other requirements (PVG check/SSSC registered etc) |  |
| Any other additional information |  |

Form to be returned to TalentTeam@highland.gov.uk