

**REDEPLOYMENT COVERSHEET**

*For HR use only*

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| **Employees Name:****Pay Number:** |  |
| **Job Title :****Band:****Contacted Hours:** |  |
| **Redeployment:****Start Date:****End Date:** |  |
| **Substantive Manager:****Case Manager:** |  |
| **Reason for Redeployment:** |  |
| **Health restrictions:****Workplace adjustments:****Manager to refer to OH:**  | *Yes/No – date referred* |
| **Pay Protection Details:** |  |
| **Are you a member of the PVG Scheme?****If so, what category?****Please provide PVG registration number** | *No/ Yes – adults/ children/ both**PVG registration number:* |

**Redeployment Questionnaire**

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| **PERSONAL DETAILS** |
| Title: |  | Forename: |  | Surname: |  |
|  |
| Home Address: |  |
| (incl Postal Code) |  |
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| NHS Email Address:Personal Email Address:Phone number(s):Work:Home:Mobile: |  |
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| **CURRENT POST** |
| Post: |  | Pay Band / Grade: |  |
|  |
| Pay Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Department / Division: |  | Location: |  |
|  |
| Contracted Hours of Work |  | Line Manager: |  |
|  |
| **CURRENT WORK PATTERN** |
| Days Worked: | *(Describe number of days worked over a standard rota period – e.g. 5/7)* |  | Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday *(delete those which do not apply)* |
| Shift Length: | (State normal shift length or, where this varies, describe shift durations over a standard rota period) |  |
| Start / Finish Times: | State normal start / finish times or where this varies, describe start / finish times over a standard rota period) |  |
| Regular Unsocial Hours Working:  | (State regular unsocial hours worked (i.e. weekday nights, Saturdays or Sundays) or, where this varies, describe the average number of such hours worked over a standard rota period) |  |
| Contractual On-Call Working | (State On-Call frequency over a standard rota period & associated payments) |  |
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| **Employment History**  |
| **Post (Including current post)** | **Department / Organisation** | **Summary of Duties / Responsibilities** | **Dates** |
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| **CURRENT TRAVEL ARRANGEMENTS** |
| Current mode of transport to and from work: |  |
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| Distance to and from work: |  |
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| Current travel costs per week / month: |  |
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| Do you have a current driving Licence? yes/noDo you have access to a vehicle? yes/no Do you have lease or crown car? yes/no |
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| **Qualifications** |
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| **Qualifications studying for working towards** |
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| **Membership of professional or regulatory bodies – EG SSSC, NMC, PVG** |
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| **EMPLOYMENT OPTIONS** |
| *(Please discuss with your case manager and list below* |
| 1. |  |
| 2. |  |
| 3. |  |
| **PREFERRED HOURS / SHIFT PATTERN** |
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|  |
| **PREFERRED LOCATION** |
| 1. |  |
| 2. |  |
| 3. |  |
| **ADDITIONAL INFORMATION THAT IS RELEVANT TO THE REDEPLOYMENT PROCESS e.g. reasonable adjustments, planned holiday dates, maternity leave.** |
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**I have read, agreed and understood**

**Employee . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . .**

**Substantive Line Manager . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . .**

**Case Manager . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . .**