

**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: | | | |  | | | |
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| 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: | | |  | | |
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| Contracted Hours of Work | | | | | | | | | | |  | | | | | | | Line Manager: | | | |  |
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| **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: | | |  | |
|  | | | | |
| Do you have a current driving Licence? yes/no  Do you have access to a vehicle? yes/no  Do you have lease or crown car? yes/no | | | | |
| |  |  | | --- | --- | | **Qualifications** | | |  |  | |  |  | | **Qualifications studying for working towards** | | |  |  | |  |  | | **Membership of professional or regulatory bodies – EG SSSC, NMC, PVG** | | |  |  | |  |  | | | | | |
| **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 . . . . . . . . . . . . . . . .**