**Non-Clinical Placement Request-**

**Pay Control Panel Form**

This form must only be completed by a budget-holder

Please complete both the Pay Control Panel Form and the Non-Clinical Request form and send to [PayPanel@boltonft.nhs.uk](mailto:PayPanel@boltonft.nhs.uk) for review.

|  |  |
| --- | --- |
| Name of Requestor |  |
| Ward/Team/Unit |  |
| Is this post within Budget | Yes  No |
| If to cover a vacancy, how long has the post been vacant? |  |
| Is the post currently being advertised | Yes  No.  If yes, add the Recruitment Job Ref Number: |
| If advertised, please add the job reference number  Format: (Trust VPD) – (vacancy number and Division) – (Year) e.g.  241 - 456FC -23 |  |
| If not advertised, please details the recruitment plan for this post |  |
| Please explain the impact on Service Delivery of not filling this vacancy? |  |
| What are the financial implications of not filling this vacancy? |  |

**Pay Control Panel Use Only:**

|  |  |
| --- | --- |
| Finance Review Decision | Approved  Rejected |
| Decision Made By | Print:  Signature: |
| Date of Decision | Click or tap to enter a date. |
| Reason for Rejection (If Applicable) |  |

**Non-Clinical Request Form**

**IR35 Assessment Requirements:**

**Please note that it is the recruiting manager’s responsibility to ensure that an IR35 assessment is carried out for agency staff working with us. HMRC have enforced under IR35 Off Payroll worker rules to ensure correct accounting for Tax and National Insurance implications are in place.**

**Please see the link below to determine the IR35 status of your worker. Once completed please keep a copy of the assessment outcome on file as this may be needed for audit purposes.**

[Check employment status for tax - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/check-employment-status-for-tax)

|  |  |  |  |
| --- | --- | --- | --- |
| Trust and Contact Details | | | |
| Trust / Client Name |  | | |
| Location/Hospital (including postcode) |  | | |
| Ward/Team/Unit |  | | |
| Cost Code/Centre |  | | |
| 1st Contact Person |  | | |
| 1st Contact Phone Number |  | | |
| 1st Contact Email Address |  | | |
| 2nd Contact Person |  | | |
| 2nd Contact Phone Number |  | | |
| 2nd Contact Email Address |  | | |
|  | | | |  |
| Placement Requirements | | | |
| Current Date |  | | |
| Reason for Request | Sickness Increased Workload Vacancy Maternity  Other (Please Specify): | | |
| Start Date of Placement |  | **End Date of Placement** (subject to reviews) |  |
| Hours per week |  | | |
| Working Pattern e.g., Mon-Fri |  | | |
| Shift Pattern  e.g., Weekdays 9am-17:00pm, Rota’d |  | | |
| Number of Staff Required |  | **Job Share Suitable?** |  |
| Does the worker require access to any of the following systems | Trust Email Address Required  Network Access Request  CRIS (Radiology Reports)  ICE (lab reports for viewing Pathology Results)  EPR (Electronic Patient Record)  LE2.2  Other (Please Specify):  *Note: Manager is responsible for ensuring relevant training has been completed as per Trust requirements*  **Mandatory** -  **Desirable** – | | |
| Assignment Code / Band  e.g., OSB00 or HRC00. Please refer to the Booking guide if needed. |  | **Can approved agencies**  **be used?** e.g. If the placement is unable to be filled by an NHSP Bank Worker |  |
| Do you Wish to review CVs ? | Yes / No? | | |
| Do you wish to interview before placement? | Yes / No? | | |
| DBS Requirement |  | | |

|  |
| --- |
| **Job Description** |
|  |
|  |

**Once signed off by the Pay Control Panel please send to** [Nonclinicalteam@nhsprofessionals.nhs.uk](mailto:Nonclinicalteam@nhsprofessionals.nhs.uk)

Workforce.Deployment@boltonft.nhs.uk

Your Non-Clinical Consultant will contact you shortly.

If you have any further enquiries, please call our dedicated number 0203 006 8113