|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trust and Contact Details** | | | | | |
| **Placement ID** | Leave blank - ID entered by NHSP Placement Team | | | | |
| **Trust Name** | Sheffield Teaching Hospitals NHS Foundation Trust | | | | |
| **Location/Hospital (including postcode)** |  | | | | |
| **Department/Ward** |  | | | | |
| **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** |  | | | | |
| **Please provide dates/times it would be best for the placement team to call over next 5 working days\*** |  | | | | |
| **Please confirm approval from appropriate senior manager has been obtained and accompanies this request** | Operations Director  Deputy Operations Director  Nurse Director  Deputy Nurse Director  TEG Director (Corporate Directorates only)  Head of Service (Facilities and Estates only)  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | | |
| **Placement Requirements** | | | | | |
| **Current Date** |  | | | | |
| **Job Title** |  | | | | |
| **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?** | | | Yes  No |
| **Assignment Code / Band**  e.g. OSB00 or HRC00. Please refer to Booking guide if needed. |  | | **Reason for booking** |  | |
| **DBS Requirement** | Not required  Standard  Enhanced  Enhanced with Adults Barred List  Enhanced with Adult and Child Barred List | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Description** | | | | |
| Please describe the skills required for this placement and include a job description if possible. Essential skills, qualifications and experience requirements to be listed as must have.  Please add as much information as you are able, this will help us to find a bank member suitable for your needs. | | | | |
| **System Knowledge**  List any IT system knowledge required and if mandatory or desirable | |  | | |
| **Do you Wish to review CVs ?** | Yes  No | | **Do you wish to interview before placement ?** | Yes  No |

\*The NHSP placement team will try to make contact with you within 24 hours of receipt of this placement request. To avoid unnecessary delays in releasing it to NHSP, Please ensure you complete this form in full and provide any necessary information, including confirmation of approval from the appropriate senior manager as detailed above.

**Once completed please return to** [sth.agencyrequests@nhs.net](mailto:sth.agencyrequests@nhs.net) for validation and forwarding to NHS Professionals.

Your NHSP Consultant will contact you on receipt of this form.

If you have any further enquires please call Human Resources on 0114 3052503

Or

NHS Professionals on 0333 0144354