**Redeployment Pro Forma**

**(To be completed in conjunction with your Line Manager and returned to HR within 14 Days)**

|  |
| --- |
| Employee Name: |
| Correspondence Address: |
| E-Mail Address: |
| Telephone No: | Fax No:  |
|  |  |
| CurrentJob Title:Band: | Hours:Work PatternJob share yes/no |
| Directorate | Location: |
| Start Date with NHS:Start Date with NES : |  |
|  |  |
| Qualifications: | Are you currently studying in line with the NES Continuing Education Policy Yes/NoIf yes please give course details |
| Knowledge, Training and Experience: (Please give as much detail as possible, particularly in relation to your existing job. Please attach an up to date KSF Outline.  |

|  |
| --- |
| Expected end date of current post: |
| Preferred hours of work:  | Hours cannot work: |
| Please indicate geographical locations that you will consider for redeployment: |
| Are you able to increase/reduce your hours of work (please specify)?  |
| Do you have any other information that you feel may help? |

**Authorisation**

**To be signed by Employee**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print in block capitals)

|  |
| --- |
| **To be signed by the Line Manager (or nominate):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Line Manager Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (please print in block capitals) Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE NOW RETURN TO HR |

**Data Protection**

In line with The Data Protection Act 1998 all information contained on this form will be utilised only for redeployment purposes.

***HR use only***

Following receipt of this form from the employee please send this form to the HR Business Partner/Redeployment Co-ordinator, Central Offices.