**Redeployment Pro Forma**

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

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| --- | --- |
| Employee Name: | |
| Correspondence Address: | |
| E-Mail Address: | |
| Telephone No: | Fax No: |
|  |  |
| Current  Job Title:  Band: | Hours:  Work Pattern  Job 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/No  If 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.