



## Expression of Interest Form

**CONDITIONS FOR INTERNAL TRANSFER** - To qualify for a sideways transfer, you will need to have been employed by the Trust for 6 months. All information in this document will be treated in confidence and retained on your HR file. If you wish to withdraw your expression of interest at any time, please contact the Internal Transfer Team.

### IMPORTANT!

1. Please ensure your mandatory training is 100% when submitting your Expression of Interest form to the Internal Transfer Team. Your application will not be processed if mandatory training is below 100%.
2. Please ensure ALL sections in this form are complete. Your application will not be processed if there are incomplete sections.

Section A: PERSONAL DETAILS			
First name(s):		Title:	
Surname/Family name:		Assignment no:	
Trust email address:			
Personal email address:			
Mobile No:			
Job Title:			
Pay Band:		NMC Pin and Revalidation Date (if applicable)	
Current Department / Ward:		Start date with Trust	
Hospital Site:			



What are your current contracted hours per week?		
Preferred employment type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Flexible Hours	
Please state the service area / department / ward / hospital site you would like to be considered for a permanent internal transfer to:		
1 <sup>st</sup> Preference:	2 <sup>nd</sup> Preference:	3 <sup>rd</sup> Preference:



<b>Is EPP Clearance required in your current job role and if so, are you compliant?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not Applicable</b>
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**SUPPORTING INFORMATION**

Please outline your reasons for requesting a transfer in the preferred area/department/ ward/ and provide any additional information to support your expression of interest. This can include relevant skills, knowledge, experience, voluntary activities, opportunities, training etc.





**Section B: MANAGER AUTHORISATION**

Do you have any concerns about the transfer applicant's ability to fulfil all responsibilities of the post?

Yes       No

If yes, please provide further information:

If the transfer applicant is currently under any formal or informal management or Informal Counselling Letter for any matter (including conduct, capability – sickness / ill health, attendance or performance) under any of the Trust policies?

Yes  No

***If yes, unable to process with internal transfer until further discussion with HR BP and appropriate manager.***

**Name of HR BP this was discussed with:**

Has the transfer applicant had an appraisal in the last 12 months? Yes  No

Date of appraisal: \_\_\_/\_\_\_/\_\_\_

In authorising this expression of interest, please confirm what the agreed notice period is for the transfer applicant: \_\_\_ Weeks

I confirm that the information provided in this form is to the best of my knowledge, correct and complete.

*Please note it is your responsibility to inform the Internal Transfer Team should anything change above regarding the colleague.*

<b>Releasing manager signature:</b>			
<b>Print Name:</b>		<b>Date:</b>	

Thank you for completing the internal transfer expression of interest form. Please send this to the Internal Transfer Team [Internal.Transfer@liverpoolft.nhs.uk](mailto:Internal.Transfer@liverpoolft.nhs.uk)

