**Mandatory Agency Booking Form – A&C**

This form **must** be completed for all Agency requests for A&C and submitted to the Temporary Staffing Team. For requests that adhere to framework rules, the requests **must** be signed off by the site Director of Ops and the appropriate Site Managing Director or equivalent.

Please forward the completed request forms to: admin.tempstaffing@liverpoolft.nhs.uk

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| **Vacancy Detail** |
| Title and Band/ Grade of vacancy: | Site: |
| Name Of Divisional Accountant: |  |
| Date(s) required (from :to) |  |
| Requested Shift Pattern and work location: |  |
| If applicable; name of specific candidate/worker and agency: |  |
| JD/PS or specific skills and experience required  |  |
| Have actions been taken to secure cover via bank via Temporary Staffing Team? |  |
| What is the impact of not appointing an agency worker to this post/ shift? |  |
| If this request relates to another reason other than a vacancy, please provide details |   |
| For an agency worker to cover a vacancy, please provide details |  |
| What is the long-term plan to cover this vacancy/gap? | : |
| TRAC reference number (mandatory): |  |
| NHSE Special Project Form completed? | Y | N |
| Additional Information (if required):  |  |
| **Requester Details** |
| **Department** |  |
| **Site** |  |
| **Cost Centre** |  |
| **Division** |  |
| **Requester Name** |  | **Divisional Accountant Name** |  |
| **Requester Email** |  | **Divisional Accountant Signature** |  |
| **Contact Number** |  | **Site Director of Ops Name** |  |
| **Date of Request** |  | **Site Director of Ops Signature** |  |
| **Site MD/equivalent Name** |  |
| **Site MD/equivalent Signature** |  |
| **To be completed by Temporary Staffing** |
| What is the rate difference – state capped rate and the requested enhanced rate? | Agency Rate Cap:(excl VAT) |  | Requested Enhanced rate: (excl VAT) |  |
| Is the rate £120 per hour or more?If yes, provide rate |   | Is the rate £750 per day or more?If yes, provide rate |  |
| Is the booking off Framework?If yes, provide details |  |

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| **EXECUTIVE DECISION** |
| **CEOG REPRESENTATIVE NAME** |  |
| **CEOG REPRESENTATIVE SIGNATURE** |  |
| **Category** *(see schedule below)* | **Name** | **Designation** | **Date** |
| **A** |  |  |  |
| **B** |  |  |  |
| **C** |  |  |  |
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| Category | Details | Requirement |
| A | £750 or more per day or any Admin & Estates workers | Business Case to NHSE required for bookings and extensions of contract |
| B | £120 per hour or aboveOff Framework above rate cap | Chief Executive to sign prospectivelyRequests MUST be submitted no later than 12 noon Monday each weekIn exceptional circumstances retrospective signature within 1 week will be accepted. |
| C | Override of Agency Capped Rate below £120 per hourOff Framework requestOff Payroll request | CEOG to sign prospectively.Requests MUST be submitted no later than 12 noon Monday each weekIn exceptional circumstances retrospective signature within 1 week will be accepted. |