cid:image005.jpg@01D577B5.11E0AAA0**Mandatory Agency Booking Form – Junior Medics**

This form **must** be completed for all Agency requests for Junior Medics and submitted to the Temporary Staffing Team. For requests that adhere to framework rules, the requests **must** be signed off by the appropriate Divisional Medical Director **and** Divisional Director of Ops for the requesting Division.

In exceptional circumstances retrospective forms will be accepted for emergency out of hours requests only. **These MUST be signed off by Silver Command on call.**It should then retrospectively be signed by both site DMD and site Director of Ops in order to maintain governance around the role.

Please forward the completed request forms to: [medical.tempstaffing@liverpoolft.nhs.uk](mailto:medical.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: | | | |  | | | | |
| Please indicate whether you need to request off framework (requests will only be considered if there is a <2 week lead time for Long Term Bookings and <1 day lead time for Ad Hoc shifts) | | | | **Y** | | | **N** | |
| 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): | | | |  | | | | |
| Additional Information (if required): | | | |  | | | | |
| **Requester Details** | | | | | | | | |
| **Department** | | | |  | | | | |
| **Site** | | | |  | | | | |
| **Cost Centre** | | | |  | | | | |
| **Division** | | | |  | | | | |
| **Requester Name** |  | | | **Divisional Medical Director Name** | |  | | |
| **Requester Email** |  | | | **Divisional Medical Director Signature** | |  | | |
| **Contact Number** |  | | | **Divisional Director of Ops Name** | |  | | |
| **Date of Request** |  | | | **Divisional Director of Ops 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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| 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 above  Off Framework above rate cap | Chief Executive to sign prospectively  Requests MUST be submitted no later than 12 noon Monday each week  In exceptional circumstances retrospective signature within 1 week will be accepted. |
| C | Override of Agency Capped Rate below £120 per hour  Off Framework request  Off Payroll request | CEOG to sign prospectively.  Requests MUST be submitted no later than 12 noon Monday each week  In exceptional circumstances retrospective signature within 1 week will be accepted. |

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| **EXECUTIVE DECISION** | | | | |
| **CEOG REPRESENTATIVE NAME** | | |  | |
| **CEOG REPRESENTATIVE SIGNATURE** | | |  | |
| **Category**  *(see schedule below)* | **Name** | **Designation** | | **Date** |
| **A** |  |  | |  |
| **B** |  |  | |  |
| **C** |  |  | |  |
|  | | | | |