**Non-clinical Bank Request Form (Ad Hoc Shifts)**

Roster gaps: Following A&C roster sign off, gaps in rosters held centrally will be shared for approval and sent to Bank. For those rosters not held centrally this form **must** be completed for any short term Bank requests for A&C (< 2 weeks) and submitted to the Temporary Staffing Team with sign off from the appropriate Divisional Director of Ops or equivalent.

Other unrostered gaps: This form **must** be completed for any short term (< 2 weeks duration) Bank requests for A&C and submitted to the Temporary Staffing Team with sign off from the appropriate Divisional Director of Operations or equivalent

Additional requirements:- Requests outside of your roster template (additional shifts) should only be submitted in exceptional circumstances and if you consider that there is a need for additional administrative cover in order to maintain patient safety (e.g., cover required for additional footprint). All additional requests **must** be signed off by the appropriate Divisional Director of Operations for the requesting Division and the form submitted to the Temporary Staffing Team.    
 **Please provide the information below in its entirety and return to admin.tempstaffing@liverpoolft.nhs.uk**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Shift** | **Request Reason** | **Area/ Department** | **Site** | **Job Title** | **Required Grade** | **Shift Times** | **Named Worker (if known)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Assessment** | | |
| **Do you determine that there is likely to be a risk to patient safety without this additional resource? (Y/N)** | **Y** | **N** |
| **What alternatives to bank/additional duty have you considered? Why are these not appropriate?** |  | |
| **What other roles could be utilised to cover this duty?** |  | |
| **Requester Details** | | |
| **Requester Name** |  | |
| **Department** |  | |
| **Site** |  | |
| **Cost Centre** |  | |
| **Division** |  | |
| **Requester Signature** |  | |
| **Date** |  | |
| **Approver Details** | | |
| **Divisional Director of Ops Name** |  | |
| **Divisional Director of Ops Signature** |  | |
| **Divisional Accountant Name** |  | |
| **Divisional Accountant Signature** |  | |