**Bank Request Form (Consultant)**

This form **must** be completed for all Bank requests for Consultants and submitted to the Temporary Staffing Team. Requests should be completed as soon as possible after a gap is identified, particularly where longer-term cover is required for vacancies, long term sickness and cover required for additional footprint. 

All requests **must** be signed off by the appropriate Divisional Medical Director **and** Divisional Director of Operations 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 Operational (Silver) Command on call.**It should then retrospectively be signed by both site Divisional Medical Director and site Director of Operations in order to maintain governance around the role.

**Please provide the information below in its entirety and return to medical.tempstaff@liverpoolft.nhs.uk**

|  |  |  |  |  |  |  |  |  |
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| **Date of Shift** | **Request Reason** | **Area/ Department** | **Site** | **Required Grade** | **Shift Times** | **Named Medic (if known)** | **On Call (Y/N)** | **Resident (Y/N)** |
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| **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/Approval Details** | | | | |
| **Requester Name** | |  | | |
| **Department** | |  | | |
| **Site** | |  | | |
| **Cost Centre** | |  | | |
| **Division** | |  | | |
| **Requester Name** |  | **Divisional Director of Ops Name** |  | |
| **Requester Email** |  | **Divisional Director of Ops Signature** |  | |
| **Contact Number** |  | **Divisional Medical Director Name** |  | |
| **Date of Request** |  | **Divisional Medical Director Signature** |  | |