

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 D	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	Full Time	Part Time	
type:	Flexible Hours		
Please state the service a	irea / department / ward / h	nospital site you would be	
like to be considered for a permanent internal transfer to:			
1 st Preference:	2 nd Preference:	3 rd Preference:	





Liverpool University Hospitals NHS Foundation Trust

Is EPP Clearance required in your current job role and if so, are you compliant?

☐ Not Applicable

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.



Liverpool University Hospitals NHS Foundation Trust

Have you had any previous experience of working in your area(s) of interest? \Box Yes \Box No If yes, please provide further information:				
□ _{Yes} □ _{No}	bank shifts in the area(s) of intere	est?		
If yes, please provide further information:				
Is your Mandatory Tra *You must be 100% co	nining up to date*?	☐ Yes ☐ No nsfer and at the point of transfer		
Do you have a Flexibl If Yes, please provide	e Working agreement in place? details:	🗆 Yes 🗀 No		
Do you have any reas If Yes, please provide	onable adjustment requirements? details:	P □ Yes □ No		
Please discuss your request with your manager and ask them to complete the manager authorisation section of the form. Once the form is complete, your manager should forward the completed request to Internal.Transfer@liverpoolft.nhs.uk				
TRANSFER APPLICANTS DECLARATION I confirm that the information provided above is to the best of my knowledge, correct and complete. I understand and accept that if I withhold information or provide false or misleading information that this might result in my expression of interest being rejected. By submitting this form, I am joining the internal transfer register for a permanent sideways move. I understand that if there are no vacancies in my preferred department (s), that my expression of interest will be retained on the internal transfer register for 6 months unless I withdraw my expression of interest.				
Signature:				
Name:		Date:		





Section	R. MAN/	THORIS	
Section	D. WAN/		

Do you have any concerns about the transfer applicant's ability to fulfil all responsibilities of the post?			
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 \Box No \Box			
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.			
Releasing manager signature:			
Print Name: Date:			
Thank you for completing the internal transfer expression of interest form. Please send this to the Internal Transfer Team Internal.Transfer@liverpoolft.nhs.uk			



VALUES