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

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

In exceptional circumstances retrospective forms will be accepted for emergency out of hours requests only. **These MUST be signed off by Gold Command on call.**It should then retrospectively be signed by both site Site MD and site 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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| **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 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. |