**NEW ROLE REQUEST FORM**

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| --- | --- |
| Title of New Post |  |
| Department |  |

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| **Manager** |
| Signature |  | Date |  |
| Name |  | Job Title |  |
| **Director / HLT / Divisional Director** |
| Signature |  | Date |  |
| Name |  | Job Title |  |

Once completed, please attach a copy of the job description, person specification, and organisational chart and forward to Ray.Rummens@liverpoolft.nhs.uk

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| **For HR Use Only** |
| Post Ref No. |  | Panel Date |  |
| Outcome |  |