

**Agency Booking Form**

**(to be used for all bookings)**

This form must be completed for all Agency bookings. For those adhering to agency rules, the requests can be signed off by the Site HLTs and for Corporate areas, this will be the relevant Director.

For bookings that are over-cap, off-framework or for admin/estates roles, these categories must be signed off by the CEO Group in advance of the booking.

Please forward the completed form to:

**AFC Requests:**  admin.tempstaffing@liverpoolft.nhs.uk

**MEDIC & AHP Requests:** medtempstaff@liverpoolft.nhs.uk

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. Forms must be submitted no later than the following day.**

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| **Requester Details** |
| Name & Job Title |  |
| Contact Email/Tel no. |  |
| Department |  |
| Site |  |
| Cost Centre |  |
| Division |  |
| **Vacancy Detail** |
| Position/Job Title |  |
| Grade/Band |  | Temp Staffing to detail cap rate: |
| Please indicate whether you want to request override if necessary | Yes/No | Date(s) required (from :to) |
| Requested Shift Pattern |  | Site: |
| What is the total cost for the period you are requesting?  | £ |
| JD/PS or specific skills and experience required  |  |
| If applicable; name of specific candidate/worker and agency: |  |
| What is the rationale for the request?  |  |
| What actions have been taken to secure internal cover (inc. bank) and/or worker within the Monitor rate cap?  |   |
| What is the impact of not appointing an agency worker to this post/ shift?  |  |
| Does the request relate to an agency worker covering a vacancy? – if so please provide details | Title and Band/ Grade of vacancy: | TRAC reference number: |
| If request relates to another reason please provide details |  |
| **Name of Requesting Manager (PLEASE PRINT)** |  |
| **Signature of Requesting Manager** |  |
| **Site HLT member****(PLEASE PRINT)** |  |
| **Signature from Site HLT member**  |  |
| **CEOG representative****(PLEASE PRINT)** | **Please complete grey section below** |
| **(Out of hours requests MUST be signed by Gold Command on call)** |
| **Date** |  |
|  | 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** |
| **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 NHS Improvement required for bookings and extensions of contract |
| B | £120 per hour or aboveOff Framework above rate cap | Chief Executive to sign prospectivelyRequests MUST be submitted no later than 12 noon Monday each weekIn exceptional circumstances retrospective signature within 1 week will be accepted. |
| C | Override of Agency Capped Rate below £120 per hourOff Framework requestOff Payroll request | CEOG to sign prospectively.Requests MUST be submitted no later than 12 noon Monday each weekIn exceptional circumstances retrospective signature within 1 week will be accepted. |