

Redeployment Policy: Referral form

All redeployment referrals require evidence of the steps taken to address the situation within the service, as well as agreement from HR. Completed forms should be submitted to the redeployment contact by the manager.

The referral consists of 2 forms (Part A to be completed by the employee and Part B to be completed by the manager). Both forms should be completed.

The Redeployment Policy Referral form will be retained by the redeployment contact.

The Skills profile form replaces the application form. It will be sent to the manager for all posts applied for.

On receipt of these forms, the employee will be added to the redeployment register. They will be matched to alternative posts where there is a basic skills match. This will be based on the information provided in the Skills profile form.

Part A (to be completed by employee)

Personal details

Name

Address (including postcode)

Telephone number

Email (personal email if not currently at work)

Manager details

Name

Telephone number

Job title

Email

Right to work in the UK

Do you require a visa to work in your current post? yes no

If yes, state type of visa required

State visa expiry date, if applicable (dd/mm/yyyy)

Human resources involvement

Have human resources (HR) been involved in discussions to date? yes no

Name of HR practitioner

Telephone number

Email

Details of current post

Job title

Location and department

Grade / band

Payroll number

Start date of current post *(dd/mm/yyyy)*

Start date with NHS Board *(dd/mm/yyyy)*

Working pattern

Please provide details of hours, days and shift pattern worked.

Are you currently working in this post? yes no

If yes, please state expected end date *(dd/mm/yyyy)*

Are you working elsewhere? yes no

If yes, please provide details

Notify the redeployment contact if your circumstances change for example long-term sickness

Do you currently receive pay protection? yes no

If yes, please provide details

Redeployment placement information

For the purpose of redeployment, are you able to increase or reduce your contracted hours per week?

yes

no

If yes, what hours are you able to consider?*(
if reducing hours, please note that there is no pay protection in relation to this)

minimum hours

maximum hours

For the purpose of redeployment, are you able to consider a lower grade?*

yes

no

Please state times able to work

Please state shifts able to work

Please state days able to work

Do you have a driving licence?

yes

no

Do you have access to a car?

yes

no

How do you currently travel to work?

**Please note there is likely impact on pay unless entitled to 'no detriment' protection.*

Part B (to be completed by manager)

Please select the relevant category for redeployment below.

Pregnant employee or employee on maternity, adoption or shared maternity and shared adoption leave subject to organisational change, including any protected period following on from maternity, adoption or shared maternity and shared adoption leave.

**Complete
Section B1**

Disabled employee in line with the Equality Act 2010.

**Complete
Section B2**

Employee displaced on grounds of organisational change, including expiry of fixed-term contracts resulting in a redundancy.

**Complete
Section B3**

Employee being redeployed under the Attendance Policy.

**Complete
Section B4**

Employee being redeployed under the Capability Policy.

**Complete
Section B5**

Fixed-term contract expiry not resulting in a redundancy. See Fixed-Term Contract Policy.

**Complete
Section B6**

Employee returning from a career break. See Career Break Policy.

**Complete
Section B7**

Employee unable to continue in existing role due to other exceptional circumstances.

**Complete
Section B8**

Section B1

Pregnant employee or employee on maternity, adoption or shared maternity and shared adoption leave subject to organisational change, including any protected period following on from maternity, adoption or shared maternity and shared adoption leave.

Date employee's leave starts

(dd/mm/yyyy)

Date employee's leave ends

(dd/mm/yyyy)

Date employee displaced

(dd/mm/yyyy)

What is the organisational change?

Previous dates met with *(dd/mm/yyyy)*

Please list any posts already considered and not accepted, including reasons

Section B2

Disabled employee in line with the Equality Act 2010.

1. Is the employee at work?

yes no

If no, please state absence start date
(dd/mm/yyyy)

2. Please state nature of disability

3. Have adjustments to current role been explored?

yes no

If yes, please list adjustments

If no, please provide details why not

4. Have roles within the wider service been explored?

yes no

If yes, please list the roles and why they were unsuitable

If no, please provide details why not

5. Have occupational health been engaged?

yes no

If yes, have occupational health advised that the staff member is permanently unfit for their current post?

yes no

If yes, please detail advice from occupational health on functional ability, restrictions, modifications or limitations

If occupational health have recommended a post in an alternative job family, is the employee aware of the responsibilities in relation to their professional body?

yes no

If occupational health have recommended an alternative post, is the employee aware of any impact on their SPPA pension such as Special Class status?

yes no

If occupational health have recommended a post at a lower band or reduced hours, is the employee aware there will be no pay protection?

yes no

6. If alternative posts considered and not accepted, please outline reasons

Section B3

Employee displaced on grounds of organisational change, including expiry of fixed-term contracts resulting in a redundancy.

Organisational change

What is the organisational change?

Fixed-term contract resulting in redundancy

If fixed-term contract, state date contract started *(dd/mm/yyyy)*

Date employee displaced or contract ends
(dd/mm/yyyy)

Dates met with employee *(dd/mm/yyyy)*

Are there any issues that need to be considered when seeking alternative employment for example reasonable adjustments?

If posts considered and not accepted, please provide details, including reasons

Section B4

Employee being redeployed under the Attendance Policy.

1. Is the employee at work?

yes no

If no, please state absence start date
(dd/mm/yyyy)

2. Is the employee being monitored at Stage 2 of the Attendance Policy?

yes no

3. Have adjustments to the current role been explored?

yes no

If yes, please list the roles and why they were unsuitable

If no, please provide details why not

4. Have adjustments within the wider service been explored?

yes no

If yes, please list the roles and why they were unsuitable

If no, please provide details why not

5. Have occupational health been engaged?

yes no

If yes, have occupational health advised that the staff member is permanently unfit for their current post?

yes no

If yes, please detail advice from occupational health on functional ability, restrictions, modifications or limitations

If occupational health have recommended a post in an alternative job family, is the employee aware of the responsibilities in relation to their professional body?

yes no

If occupational health have recommended an alternative post, is the employee aware of any impact on their SPPA pension such as Special Class status?

yes no

If occupational health have recommended a post at a lower band or reduced hours, is the employee aware there will be no pay protection?

yes no

6. If alternative posts considered and not accepted, please outline reasons

Section B5

Employee being redeployed under the Capability Policy.

Are there restrictions on the employee?

yes no

If yes, please state the restrictions

Have roles within the wider service been explored?

yes no

If yes, please list the roles

If no, please provide details of why not

Have occupational health been engaged?

yes no

If yes, please detail the advice from occupational health on functional ability, restrictions, modifications or limitations

If a post is to be considered in an alternative job family, is the employee aware of the responsibilities in relation to their professional body?

yes no

Is the employee aware of any impact on their SPPA pension such as Special Class status?

yes no

If a post is to be considered at a lower band or reduced hours, is the employee aware there will be no pay protection?

yes no

Section B6

Fixed-term contract expiry not resulting in a redundancy. See Fixed-Term Contract Policy.

Date employee's fixed term contract started *(dd/mm/yyyy)*

Date employer's fixed term contract due to end *(dd/mm/yyyy)*

Are there any issues that need to be considered when seeking alternative employment, for example reasonable adjustments?

Section B7

Employee returning from a career break. See Career Break Policy.

Date career break ends

(dd/mm/yyyy)

When the career break was agreed, was the employee made aware that their previous post would not be available at the end of the career break?

yes no

Have alternative roles been considered within the service?

yes no

If yes, list posts considered and detail why they were unsuitable

If a post is to be considered in an alternative job family, is the employee aware of the responsibilities in relation to their professional body?

yes no

Is the employee aware of any impact on their SPPA pension such as Special Class status?

yes no

If a post is to be considered at a lower band or reduced hours, is the employee aware there will be no pay protection?

yes no

Are there any issues that need to be considered when seeking alternative employment, for example reasonable adjustments?

Section B8

Employee unable to continue in existing role due to other exceptional circumstances.

Please state reason for redeployment

Is the employee working in their substantive role?

yes

no

If yes, why are they unable to continue?

If no, what role are they currently carrying out?

If a post is to be considered in an alternative job family, is the employee aware of the responsibilities in relation to their professional body?

yes

no

Is the employee aware of any impact on their SPPA pension such as Special Class status?

yes

no

If a post is to be considered at a lower band or reduced hours, is the employee aware there will be no pay protection?

yes

no

Are there any issues that need to be considered when seeking alternative employment for example reasonable adjustments?

Data Protection Act

During the course of our activities we will collect, store and process personal information about our prospective, current and former employees. The law determines how organisations can use personal information. For further information on the type of data that is handled, please refer to your local data policies.

I confirm that the information provided is accurate to the best of my knowledge and understand this information will be used to determine suitability for vacancies. I am aware the restrictions detailed may have an impact on my designation, banding, pay or future employment. Staff should seek advice from SPPA regarding any possible pension implications.

By signing this form I confirm my agreement to being placed onto redeployment and that the information provided will be shared as necessary to support my redeployment. This information will be used to take into account experience, restrictions or modifications, when considering any potential alternative posts. I understand that only a summary of restrictions or modifications to assist with the redeployment process will be shared and no detailed medical information will be included.

Employee's signature

Date *(dd/mm/yyyy)*

Manager's signature

Date *(dd/mm/yyyy)*

**Date received by redeployment
contact** *(dd/mm/yyyy)*