# APPENDIX TWO – APPLICATION FOR SECONDMENT OPPORTUNITY

**How to use this application form**

Where an employee identifies a secondment opportunity, they should complete section one of this form and return to their line manager for consideration. A 1:1 meeting or conversation may take place but this form must also be completed for audit.

Line manager will confirm whether or not they support the secondment, recording their decision and rationale within section two of this form.

Where the line manager approves the secondment, this form will be submitted to the Senior Leadership Team for their final approval. The SLT decision will be recorded in section three and a rationale provided where the secondment is not approved.

Where the line manager does not support the secondment and the employee is dissatisfied with the rationale provided, the employee may request that this form is submitted to SLT for a final decision. The SLT decision will be recorded in section three and a rationale provided where the secondment is not approved.

For all outcomes, one copy of the completed request form will be shared with the employee and a second will be saved to the employee’s personal file.

**SECTION ONE – TO BE COMPLETED BY THE EMPLOYEE**

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| **Part A: Employee details** |
| Name: |
| Job Title: |
| Band: |

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| --- | --- |
| **Part B: Secondment details** | |
| Organisation: | |
| Job Title: | |
| Band: | |
| Summary of objectives and responsibilities (please attach a JD/ other supporting information where available): | |
| Describe any benefits to the CCG/ department in undertaking this secondment, e.g. skills and knowledge gained: | |
| Describe any adverse impacts that your secondment may have on the CCG/ department and any ways that these can be managed or mitigated: | |
| Please provide any additional information below that you feel should be considered | |
| Employee signature: | Date: |

**SECTION TWO – TO BE COMPLETED BY THE MANAGER**

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| **Part A: Line manager details** |
| Name: |
| Job Title: |

|  |  |
| --- | --- |
| Do you support the secondment? YES / NO | |
| Please provide a rationale for your decision below: | |
| Please provide any additional information below that you feel should be considered: | |
| Line manager signature: | Date: |

**SECTION THREE – TO BE COMPLETED BY SLT (WHERE APPLICABLE)**

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| Is the secondment approved? YES / NO | |
| Please provide a rationale for your decision below: | |
| Signed on behalf of SLT  Name:  Job Title: | Date: |