# Appendix 4 Advert Template/Recruitment Approval Form



Advert Template/Recruitment Approval Form

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| --- | --- |
| Job Title |  |
| Band |  |
| Base |  |
| Hours |  |
| Permanent/Temp/Secondment |  | If Temp/Secondment (please indicate end date) |  |
| Internal/External Advertisement |  |
| Publication in journal required (if so please indicate which one) |  |
| DBS check required (Y/N) |  | Enhanced/Standard  |  |
| Closing Date |  | Interview Date (Please indicate where possible) |  |
| \*New/Existing post |  |
| Confirmation to recruit received from CCG (Y/N)  | Approved by: | Name:Date: |
| Relocation Costs required and approved by CCG (Y/N) | Approved by:(Budget holder/Senior manager) | Name:Date:  |

*\*Please note if this is a new post the job description will need to be submitted to the workforce team to be put through an Agenda4Change Job Evaluation panel in order for the post to be banded correctly.*

*\*If this is an existing post which has already been through Job Evaluation and you have made changes to the job description please ensure you submit a copy of the job description highlighting the changes made to the workforce team.*

*\*If this is an existing post which has already been through job evaluation and you have not made any changes to the job description, the workforce team will advertise using the existing job description stored on our system.*

Advert Template – Please complete

PLEASE ENTER INFORMATION SPECIFIC TO THE ORGANISATION

PLEASE ENTER DETAIILS SPECIFIC TO THE ROLE BELOW (IE: KEY RESPONSIBILTIES, DETAILS ABOUT THE TEAM ETC)

For an informal discussion please contact (RECRUITING MANAGER) on (TEL NO) or (EMAIL ADDRESS) *(please note this will be the name and contact details used to advertise the post on NHS Jobs)*

Completed by: (NAME RECRUITING MANAGER)

Job Title: Date:

*For Workforce use only*

*Confirmation to recruit received from Budget Holder/Senior Manager* ***Y 🗌 N 🗌*** *(Date):*

*Job Evaluation completed* ***Y 🗌 N 🗌*** *(Date):*

*Completed by: (NAME WORKFORCE)*

*HR Business Partner advised* ***Y 🗌 N 🗌*** *(Date):*