



## A&C /AHP Request Form

Trust and Contact Details	
<b>Placement ID</b>	Leave blank - ID entered by A&C team
<b>Trust Name</b>	
<b>Location/Hospital (including postcode)</b>	
<b>Ward/Department</b>	
<b>Cost Code/Centre</b>	
<b>Contact Person</b>	
<b>Contact Phone Number</b>	
<b>Contact Email Address</b>	
<b>Does this request require senior approval?</b> If yes and has been approved please provide details of senior admin authoriser / panel number.	

Placement Requirements			
<b>Current Date</b>			
<b>Start Date of Placement</b>		<b>End Date of Placement</b> (subject to reviews)	
<b>Hours per week</b>			
<b>Working Pattern</b> e.g. Mon-Fri			
<b>Shift Pattern</b> e.g. Weekdays 9am-17:00pm, Rota'd			
<b>Number of Staff Required</b>		<b>Job Share Suitable ?</b>	Yes / No ?
<b>System Knowledge</b> List any system knowledge required and if mandatory or desirable			
<b>Assignment Code / Band</b> e.g. OSB00 or HRC00. Please refer to Booking guide if needed.		<b>Can approved agencies be used ?</b> e.g. If the placement is unable to be filled by an NHSP Bank Worker	Yes / No ?
<b>Do you Wish to review CVs ?</b>	Yes / No ?		
<b>Do you wish to interview before placement ?</b>	Yes / No ?		
<b>DBS Requirement</b>	Standard / Enhanced / Not Applicable?		





### Job Description

Please describe the skills required for this placement and include a job description if possible. Essential skills or experience requirements to be listed as must have.

Please add as much information as you are able, this will help us to find a worker suitable for your needs.

**Once completed please return to [a&c@nhsprofessionals.nhs.uk](mailto:a&c@nhsprofessionals.nhs.uk)**

Your A&C Consultant will contact you shortly.

If you have any further enquires please call our dedicated number 03330 144 354

