# **Appendix C - Internal Transfer Request Form**

To qualify for an internal transfer, you will need to;

* Be either a Band 2 or 3 Health Care Support Worker/HCA, Band 4 Nursing Associate or a Band 5 Registered Nurse working for Sherwood Forest Hospitals NHS Foundation Trust.
* Have been working in your current post for a minimum of 6 months
* Have completed your preceptorship if newly qualified (b5 nurses only)
* Have completed the Care Certificate (applicable to Band 2 or 3 HCSWs/HCAs employed by Sherwood Forest Hospitals NHS Foundation Trust since 2015).
* Have had an appraisal in the last 12 months.
* Have agreement, approval and support from their current Line Manager or Team Leader.

This form must be completed in full by the staff member requesting to transfer. Once complete, please return it by email to the Internal Transfer Scheme Lead at:

[sfh-tr.internaltransferscheme@nhs.net](mailto:sfh-tr.internaltransferscheme@nhs.net). Please include your line manager in the email when returning your completed form.

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| --- | --- | --- | --- | --- |
| **SECTION A: PERSONAL DETAILS** | | | | |
| Title |  | First name (s) |  | |
| Surname/Family name |  | Date of Birth | dd/mm/yyyy | |
| Home Address including postcode |  | Assignment number |  | |
| Contact email address |  | Contact telephone number |  |
| Date qualified **(nurse only)** |  | NMC pin and renewal date **(nurse only)** |  |
| Start date in the Trust | dd/mm/yyyy | Current job title |  |
| Current ward/department |  | How long have you worked in your current role? |  |
| Current working hours |  | Are there any restrictions to your working hours/shift patterns/days worked? If yes, please provide clear details of these restrictions. | Yes  No |

Please indicate the ward/areas/departments that you would consider a permanent transfer to below (no more than two).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION B: SUPPORTING STATEMENT** | | | | | | | | | |
| Please outline your reason for requesting a transfer to your preferred wards/areas/departments | | | | | | | | | |
|  | | | | | | | | | |
| Have you had any previous experience of working in your area (s) of interest? YES NO  If yes, please provide further information below: | | | | | | | | | |
| Have you worked any bank shifts in the area (s) of interest? YES  NO  If yes, please provide further information below: | | | | | | | | | |
| Is your Mandatory Training up to date? YES  NO | | | | | | | | | |
| Have you completed the Care Certificate? (**This needs completing if you are a Band 2 or 3 HCSW/HCA and have been employed at SFH since 2015**) YES  NO  N/A | | | | | | | | | |
| Have you discussed your application with your current line manager? YES  NO | | | | | | | | | |
| Are you aware of any formal or informal disciplinary, fitness to practice or management proceedings?  YES  NO  If yes, please provide further information below: | | | | | | | | | |
| **SECTION C: EMPLOYEE DECLARATION** | | | | | | | | | |
| I confirm that the information provided above is to the best of my knowledge, correct and complete. I understand and accept that if I withhold information or provide false or misleading information that this might result in my application being rejected. By submitting this form, I am joining the transfer register for a permanent sideways move at Sherwood Forest Hospitals NHS Foundation Trust. I understand that if there are no vacancies in my preferred area, that my application will be retained on the transfer register unless I withdraw my application. | | | | | | | | | |
| Signature | |  | | | | | | | |
| Print Name | |  | | | | Date |  | | |
| **SECTION D: LINE MANAGER’S APPROVAL (to be completed by the applicant’s Line Manager)** | | | | | | | | | |
| First name (s) | | |  | Surname/Family name | | | | |  |
| Contact email address | | |  | Telephone number | | | | |  |
| Job Title | | |  | Ward/department | | | | |  |
| Do you have any concerns about the employee’s ability to fulfil all responsibilities as a Nurse or HCSW?  YES  NO  If yes, please provide further information below: | | | | | | | | | |
| Is the employee currently under any formal or informal management or improvement notices for any matter (including conduct, capability – sickness/ill health, attendance or performance) under any of the Trust policies?  YES  NO    ***If yes, unable to proceed with internal transfer until further discussion with HR Business Partners and Matron.*** | | | | | | | | | |
| If applicable, has the employee completed their preceptorship period? YES  NO  N/A | | | | | | | | | |
| Has the employee had an appraisal in the last 12 months? YES  NO | | | | | | | | | |
| Please add any further comments that you consider to be relevant below. | | | | | | | | | |
| I confirm that the information provided in this form is to the best of my knowledge, correct and complete.  Please note it is your responsibility to inform the Project Leads should anything above changes regarding the employee. | | | | | | | | | |
| Line Manager’s Signature |  | | | | | | | | |
| Print Name |  | | | | Date | | |  | |

Thank you for completing the Internal Transfer Request Form. Please email this form to the Project Leads at [sfh-tr.internaltransferscheme@nhs.net](mailto:sfh-tr.internaltransferscheme@nhs.net). Please include your Line Manager in the email.