

**Recommendation Form (Band Upgrade)**

This form should be completed by the recommending manager before being emailed through to: [elft.join-bank@nhs.net](mailto:elft.join-bank@nhs.net)

Please note that requests will not be actioned unless all paperwork and all clearances have been received and processed. The recommended employee should therefore not undertake any bank shifts before clearance is received from the Temporary Staffing Team.

**For Completion by Recommending Manager**

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| --- | --- |
| Current/Last Line Manager’s Full Name | Click here to enter text. |
| Current/Last Line Manager’s Job Title and Band | Click here to enter text. |
| Current/Last Line Manager’s Contact Number | Click here to enter text. |
| Recommended Staff Name | Click here to enter text. |
| Recommended Staff Status | Bank Only  Substantive Only  Bank and Substantive |
| Recommended Job Title (e.g. RN, RMN, HCA etc.) | Click here to enter text. |
| Recommended Band | Click here to enter text. |
| New Bank Assignment Start Date | Click here to enter text. |
| Directorate  (Please confirm if inpatient or community as applicable) | Bedford  (Inpatient  Community ) |
| CHB Community Health Bedfordshire |
| City & Hackney  (Inpatient  Community ) |
| Community Services - Tower Hamlets |
| Corporate |
| Forensic Services  (Inpatient  Community ) |
| Luton  (Inpatient  Community ) |
| Newham CHS |
| Newham  (Inpatient  Community ) |
| Specialist CHS  (Inpatient  Community ) |
| Specialist Services  (Inpatient  Community ) |
| Tower Hamlets  (Inpatient  Community ) |
| High Cost Area Supplement | Inner London  Outer London  N/A |
| Manager’s Signature | Click here to enter text. |
| Date | Click here to enter text. |