

**Recommendation Form (Band Upgrade)**

This form should be completed by the recommending manager before being emailed through to: 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**

|  |  |
| --- | --- |
| 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. |