The information on this form will be used to generate the offer letter. Please ensure all details are completed. For all New Appointments, please return this form to **centralstarters@sefton.gov.uk****.** For all other Appointments including Secondments and Acting Ups, please return to **centralchanges@sefton.gov.uk****.**

|  |
| --- |
| **Post and ECF Details:** |
| ECF Reference Number: |  | Post Number: |  |
| JE Number: |  | Salary Grade |  |
| Hours worked per week |  | Starting SCP |  |
| Job Title: |  |
| Position Number: |  |
| Team Name |  |
| Location/Base |  |
| Is there a shift pattern/rota | Yes | [ ]  | No | [ ]  | If yes, please attach |
| Work Pattern: P/T, Evenings, W/ends etc. Please state pattern if not Mon to Friday  |  |
| Is this a casual position? | Yes | [ ]  | No  | [ ]  |  |
| Identify Duration type: | Permanent | [ ]  | Temporary | [ ]  | Fixed Term | [ ]  |
| Identify the Duration if temp or fixed term: |   | Months  | Or  | Until  | DD/MM/YY |
| Reason if temp or fixed term: e.g Secondment/ Maternity/ Funding/ LTS (NB: this is essential for the offer letter) |  |
| Is the new appointment is due to start work in this role prior to the incumbent is due to leave?  |  |
| Safeguarding Post? | Yes | [ ]  | No | [ ]  |  |
| Is an Enhanced DBS required? | Yes | [ ]  | No | [ ]  |  |
| Barred List Check? | Yes | [ ]  | No | [ ]  |  |
| Children | [ ]  | Adults | [ ]  |  |
| Baseline Personnel Security Standard (BPSS) check required? |  | Yes | [ ]  | No | [ ]  |
| Health & Care Professional CouncilRegistration? (HCPC or SWE) |  | Yes | [ ]  | No | [ ]  |
| CSC ONLY – Do the following apply: | Please state the amount below |
| Golden Hello | yes | [ ]  | £ | No | [ ]  |
| Market Supplement | yes | [ ]  | £ | No | [ ]  |
| ASYE Payment | yes | [ ]  | £ | No | [ ]  |
|  |  |  |  |  |  |
| **Request for Acting up /Secondment –** **If an employee is appointed to temporarily undertaking the full duties and responsibilities of a higher graded or same graded post.** |
| Reason for Acting up arrangement: |  |
| Effective from date:  |  | Is this a continuation of a previously authorised arrangement?  |  |
| If yes provide initial date of commencement.  |  | Hours in Acting up/ secondment role |  |
| Employee Number  |  | Current Job Title: |  | Current Grade |  | Current SCP |  |
| Acting up into Post Number  |  | Acting Job Title: |  | Acting Grade |  | Acting SCP |  |
| Provide the @Sefton.gov.uk Email which already exists for this person |  |
| Expenditure Code |  | End date of Acting up/secondment |  |
|  |  |  |  |
| **Appointee Details:** |
| Successful Candidate Name: |  |
| Postal Address: |  |
|  |
|  |
| Personal Email Address: |  |
| Will a Sefton email address be issued? | Yes | [ ]  | No | [ ]  |
| If the candidate is not starting at the bottom SCP, please explain why: |  |
| Will the applicant have direct reports and will access to Manager Self Service be required? | yes | [ ]  | No | [ ]  |
| Please list staff names at the end of this form |
| Please attach a separate list to identify, by name, all immediate direct reports of the appointee  |
| 6-month probation period | Yes  | [ ]  | No | [ ]  |  |
| Reference Required | Yes | [ ]  | No | [ ]  |  |
| Additional reference required | Yes | [ ]  | No | [ ]  |  |
| Please specify referee: |  |
| Pre-employment medical questionnaire | Yes | [ ]  | No | [ ]  |  |
| Any special requirements: |  |
| TEACHERS PENSION ONLY  | FSS | [ ]  | CARE | [ ]  |  |
|  |  |  |  |  |  |
| **Line Manager / Recruitment Panel**  |
| Line Manager Name & Job Title |  |
| Line manager Contact details: 🕿 |  | Email 🖰 |  |
| Recruitment Panel Member Names: |  |
| **HR Representative**  |
| Name |  | Date |  |
| Telephone 🕿 |  | Email 🖰 |  |
|  |
| **Direct Reportees**  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |
| Full Name |  | Employee Number  |  |

Please add additional lines as required.