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**](mailto:centralstarters@sefton.gov.uk)**.** For all other Appointments including Secondments and Acting Ups, please return to [**centralchanges@sefton.gov.uk**](mailto:centralchanges@sefton.gov.uk)**.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Council  Registration? (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.