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: |  | Salary Grade |  |
| Hours worked per week |  | Starting SCP |  |
| Job Title: |  |
| 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  | This information will be vital for iTrent development of T&A, Holidays and Absences. Please attach a separate sheet with specific details if shifts or work patterns are relevant to this appointment.  |
| 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?  |  |
| CSC ONLY – Do the following apply: | Please state the amount below |
| Golden Hello | yes | [ ]  | £ | No | [ ]  |
| Market Supplement | yes | [ ]  | £ | No | [ ]  |
| ASYE Payment | yes | [ ]  | £ | No | [ ]  |
| **Appointee Details:** |
| Successful Candidate Name: |  |
| Postal Address: |  |
|  |
|  |
| Personal Email Address: |  |
| Will a Sefton email address be issued? | Yes | [ ]  | No | [ ]  |
| Please provide the Sefton Email address is known 🖰 |  |
| 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 complete list at the bottom 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 | [ ]  |  |
| If a DBS is required, would you like Recruitment to apply for this?Please note, it is a manager’s responsibility to ensure the renewal of all DBS’ for their team. | Yes | [ ]  | No, I will apply for the DBS myself | [ ]  |  |
| 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.