**Internal Transfer Request Form**

To qualify for an internal transfer, you will need to;

* be a Band 5 registered nurse working for SFHFT
* have been working in your current role for a minimum of 6 months;
* have completed preceptorship if newly qualified;
* have had an appraisal in the last 12 months and
* have agreement and support from your current Line Manager.

This form must be completed in full by the staff member requesting to transfer. Once complete, please return it by email to the Project Leads - Anne Wildgoose, Chief Nurse Clinical Fellow and Yvonne Simpson, Corporate Head of Nursing at sfh-tr.internaltransferscheme@nhs.net. Please include your line manager in the email when returning your completed form.

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| **SECTION A: PERSONAL DETAILS** |
| Title |  | First name (s) |  |
| Surname/Family name |  | Date of Birth  | dd/mm/yyyy |
| Home Address including postcode  |  | Assignment number  |  |
| Contact email address |  | Contact telephone number |  |
| Date qualified  |  | NMC pin and renewal date |  |
| Start date in the Trust |  dd/mm/yyyy | Current job title |  |
| Current ward/department |  | How long have you worked in your current role? |  |
| Current working hours Please indicate the ward/areas/departments that you would consider a permanent transfer to below (no more than two).  |  | Are there any restrictions to your working hours/shift patterns/days worked? If yes, please provide clear details of these restrictions.  | [ ] Yes [ ]  No |

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| **SECTION B: SUPPORTING STATEMENT** |
| Please outline your reason for requesting a transfer to your preferred wards/areas/departments  |
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| Have you had any previous experience of working in your area (s) of interest? YES[ ]  NO [ ]  If yes, please provide further information below: |
| Have you worked any bank shifts in the area (s) of interest? YES [ ]  NO [ ]  If yes, please provide further information below: |
| Is your Mandatory Training up to date? YES [ ]  NO [ ]   |
| Have you discussed your application with your current line manager? YES [ ]  NO [ ]    |
| Are you aware of any formal or informal disciplinary, fitness to practice or management proceedings?YES [ ]  NO [ ]  If yes, please provide further information below: |
| **SECTION C: EMPLOYEE DECLARATION** |
| I confirm that the information provided above is to the best of my knowledge, correct and complete. I understand and accept that if I withhold information or provide false or misleading information that this might result in my application being rejected. By submitting this form, I am joining the transfer register for a permanent sideways move at Sherwood Forest Hospitals NHS Foundation Trust. I understand that if there are no vacancies in my preferred area, that my application will be retained on the transfer register during the transfer window unless I withdraw my application. |
| Signature  |  |
| Print Name  |  | Date |  |
| **SECTION D: LINE MANAGERS APPROVAL (to be completed by the applicant’s Line Manager)** |
| First name (s) |  | Surname/Family name |  |
| Contact email address |  | Telephone number |  |
| Job Title  |  | Ward/department  |  |
| Do you have any concerns about the employee’s ability to fulfil all responsibilities as a Nurse (as applicable)? YES [ ]  NO [ ]  If yes, please provide further information below: |
| Is the employee currently under any formal or informal management or improvement notices for any matter (including conduct, capability – sickness/ill health, attendance or performance) under any of the Trust policies?YES [ ]  NO [ ]   ***If yes, unable to proceed with internal transfer until further discussion with HR Business Partners and Matron.***  |
| If applicable, has the employee completed their preceptorship period? YES [ ]  NO [ ]  N/A [ ]   |
| Has the employee had an appraisal in the last 12 months? YES [ ]  NO [ ]   |
| Please add any further comments that you consider to be relevant below.  |
| I confirm that the information provided in this form is to the best of my knowledge, correct and complete. Please note it is your responsibility to inform the Project Leads should anything above has changed regarding the employee.  |
| Line Managers Signature |  |
| Print Name  |  | Date |  |
| **Thank you for completing the Internal Transfer Request Form. Please email this form to the Project Leads at** sfh-tr.internaltransferscheme@nhs.net. **Please include your Line Manager in the email.**  |