# Enabling staff movement

Annex B: Record of discussion

## Record of discussion on proposed move

Date of meeting:

Present:

Details of proposed move:

|  |  |
| --- | --- |
| Reason for proposed move |  |
| Receiving organisation – location, site, ward, department |  |
| Commencement date  |  |
| Likely end date, if known |  |
| Role to be undertaken  |  |
| Part time/full time |  |
| Working pattern/shifts etc |  |
| Any other information, for example uniform required, badge, security arrangements |  |
| Review date for the arrangements and any methods to ‘keep in touch’ with employing organisation |  |
| Clinical negligence indemnity scheme that will apply (CNST or CNSGP) |  |
| Arrangements for fees |  |

## Impact on individual member of staff

|  |  |
| --- | --- |
| Workplace clause under the contract of employment |  |
| What childcare/carer or other responsibilities and/or flexible working patterns need to be taken into account? |  |
| Impact on the working day (shift patterns, travel times, additional costs etc – how to claim for additional expenses, travel times etc |  |
| What training would be required and how will this be undertaken? |  |
| Any pre-booked annual leave during the move period? |  |
| Are there any restrictions on work either due to visa, right to work restrictions, professional fitness to practice, disability or other protected characteristics etc? |  |

## Additional information: please explain the following

|  |  |
| --- | --- |
| Process for documenting the move  |  |
| Process for claiming travel expenses etc  |  |
| Process for reporting sickness/absence/self-isolation, etc |  |
| Who the named contact is for day 1 and where to report |  |

Please document any other discussions and the conclusion of those discussions.

**Signed: Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**