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| **Organisational Change Policy**  **Redeployment Registration Form** | |
| Full Name |  |
| Division/Department |  |
| Name of current line manager |  |
| Date of meeting to discuss redeployment |  |
| Date entered onto Register |  |
| Current Post |  |
| Band |  |
| Ward/Base |  |
| Start Date in current post |  |
| Length of service in NHS |  |
| Length of service in  Organisation |  |
| Car Driver – access to a vehicle | Yes No |
| Car Driver – if yes to the above, please indicate if you are a member of the lease car scheme | Yes No |
| Details of discussion around alternative employment to be considered:  E.G. different type of role, nursing to clerical/hospital to community or vice versa |  |
| Band Required |  |
| Bases Considered |  |
| Details of any limitations to undertake any role |  |
| Relevant qualifications/Course/  Skills |  |
| Details of Experience |  |
| Any other information /notes |  |
| Contact Details | Address :  Telephone/email: |
| Signed....................................................................................................  Name.....................................................................................................  Date.......................................................................................................  Line manager’s signature………………………………………………………………………………………  Name.....................................................................................................  Date....................................................................................................... | |