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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....................................................................................................... |