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**APPLICATION FOR THE VOLUNTARY EARLY RELEASE SCHEME**

This form is to be completed by the **Directorate Manager/Head of Department** following discussions with any member of staff who has expressed an interest in the Voluntary Early Release Scheme.

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| **SECTION 1 - DETAILS OF THE MEMBER OF STAFF** | | | | | |
| Title (Mr, Mrs, Ms, Miss, Dr) |  | | | | |
| Name |  | | | | |
| Job Title |  | | | | |
| Home Address (For Correspondence purposes) | - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - | | | | |
| Contact e-mail address |  | | | | |
| Phone Number |  | | | | |
| Employee Position Number |  | | Date of Birth |  | |
| Department |  | | | | |
| Directorate |  | | | | |
| Clinical Board |  | | | | |
| Current Salary |  | | | | |
| Start Date of Continuous NHS Service |  | | | | |
| Reason For Request | | | | | |
| If aged over 50, would you be interested in taking your pension benefits early? | **Yes** |  | | **No** |  |

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| **SECTION 2 - BUSINESS CASE** |
| Do you support the above application? |
| How can the work undertaken by the applicant be redesigned, re-assigned, or undertaken in a different way? |
| What consideration has been given to the risk of the loss of skills and experience, and to the potential impact on remaining employees? |
| How can patient safety, quality and efficiency be maintained or enhanced as a consequence of the release? |
| Please confirm that the saving from the post, or an equivalent amount, will be removed on a recurrent and auditable basis and that the cost of the individual’s release will be recovered through a payback period of no more than one year. This may be extended where an employee receives a payment in lieu of notice. |

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| **SECTION 3 – SIGNATURES** |
| **APPLICANT** |
| I confirm that: |
| I have been employed by NHS in Wales for a minimum of 12 months |
| I have not resigned or accepted another post within NHS Wales/DHSSC |
| I have not been notified of the date of termination of my contract of employment for any other reason |
| I am not currently under notice of a Capability Hearing into my performance |
| I am not currently under notice of a Disciplinary Hearing into my conduct |
| I have not given formal notice to retire |

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| I wish to apply for the Voluntary Early Release Scheme. I understand that the information above will be validated and the outcome of my application will be communicated to me in writing. I understand that there is no guarantee my application will be successful and that completing this enquiry application puts me under no obligation to accept an offer if suitable. | |
| **Applicant’s signature** | **Date** |
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| **MANAGER** | |
| **Manager’s signature** | **Date** |
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**Please forward to Clinical Board Finance Manager**

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| **SECTION 4 – COMPENSATORY PAYMENT** | |
| Can the savings be achieved within a maximum of 15 months? | Yes/No |
| **Clinical Board Finance Manager’s signature** | **Date** |
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**Please forward to Head of Operations & Delivery/Executive Director**

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| **SECTION 5 – CLINICAL BOARD/EXECUTIVE DIRECTOR** | |
| **Head of Operations & Delivery/Executive Director’s signature Date:** | **Date** |
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**Please forward to Andrew Crook, Head of HR Policy & Compliance, Lakeside, University Hospital of Wales**

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| **SECTION 6 – BUSINESS CASE ASSESSMENT** | |
| Is the Compensatory Payment less than £75,000? | Yes/No |
| Date discussed with Deputy Director of Finance |  |
| Is the Compensatory Payment between £75,000 and £125,000? | Yes/No |
| Date discussed with the Director of Finance |  |
| Is the Compensatory Payment between £125,000 and £150,000 (the maximum salary that can be assessed for a Compensatory Payment)? | Yes/No |
| Date discussed with the Chief Executive |  |

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| **SECTION 7 – WELSH GOVERNMENT APPROVAL** | |
| Is the Compensatory Payment more than £50,000? | Yes/No |
| Date Business Case submitted to Welsh Government |  |
| Has approval from Welsh Government been received? | Yes/No |
| Date of approval |  |

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| **SECTION 8 REMUNERATION AND TERMS OF SERVICE COMMITTEE** | |
| Date of Remuneration and Terms of Service Committee |  |
| Approved | Yes/No |