

DECLARATION OF SECONDARY EMPLOYMENT OR ENGAGEMENT IN ANOTHER BUSINESS

Note to the member of staff

You must complete this document in full and retain a copy for your own records, the original must be forwarded to your manager for consideration.

1. Personal details and Livewell Southwest employment

Name: Contact no:

Job title: Email:

Department/
Division: Band:

Hours of work: per week
No of days/nights worked each week:

Working pattern:
eg: Mon/Tues/Weds/Thurs

2. Other employment/work details

Staff who hold or wish to hold additional roles, must complete the continuation sheet provided on page XXX.

I have other employment/work or

I am considering secondary employment/work: NHS Professionals Locum Agency

Self-employment Other the details are set out below:

Name and Address of employer/business:

Contact no:

Nature of work (brief description of duties and responsibilities including risks):

Type of work (tick as appropriate): Paid: Unpaid: Voluntary: Casual:

Hours of work: per week
No of days/nights Worked each week:

Working pattern:
Eg Mon/Tues/Weds/Thurs

Proposed Commencement date
or date commenced (if already in secondary employment):

3. Declaration

I declare that the information contained within sections 1 and 2 are correct and that secondary work/self employment in this instance will not have a detrimental effect on my work at the Trust.

I have read the LSW policy on the Acceptance of Gifts/Hospitality Policy (incorporating Declarations of Interest) and confirm that:

I am not aware of any potential conflicts of interest

or

I will discuss any potential conflicts of interest with my line manager

I will inform my line manager if there are any changes to the above.

I understand that false information given with regard to this policy could be treated as gross misconduct or fraudulent and dealt with accordingly under the Disciplinary/Counter Fraud Policy. To prevent and detect fraud, I consent to the disclosure of relevant information from this form to the NHS Protect.

I have read and understood the LSW Working Time Regulations Policy and agree to comply with its requirements. I am also aware that contractual sick pay may not be made in respect of sickness or injury attributable to any additional employment or business and that I need to obtain separate insurance cover for my activities in connection with the additional employment or business.

Signed: _____
Staff member's signature

Date: _____

Now pass this form to your Line Manager

4. For completion by Line Manager

Date application received:

Date application discussed with staff member:

4a. Consider Conflict of Interest

Are there any potential conflicts of interest?

Yes

No

Please refer to the LSW policy - "Acceptance of Gifts/Hospitality Policy (incorporating Declarations of Interest)"

Have the conflicts been mitigated and recorded in the LSW Register of Interest?

Yes

No

4b. Consider Working Time Regulations

Can the staff member's current working pattern accommodate the proposed secondary employment without compromising the Company's obligations regarding Working Time Regulations?

Yes

No

Will the additional employment mean that the staff member is likely to work more than 48 hours per week?

Yes

No

If yes, has the staff member exercised their right to do so by signing an "opt-out" agreement as found in the Working Time Regulations Policy Appendix A

Yes

No

4c. Consider impact on staff member

Staff member's sickness absence in the last two years:

Planned: (e.g. elective surgery) days

Unplanned: days

Where applicable, list HR procedures in process e.g. attendance management, capability

4d. Approval

Request approved:

Yes

No

If yes, please use the box below to record any comments and/or conditions relating to the agreement:

If no, please provide full details for your decision:

Date staff member notified of decision:

Signed:

Printed:

Position:

Date:

Please give a copy of this document to the staff member, a copy to HR and the original placed on the staff member's personal file.

5. Other employment/work details (continued)

Staff who hold (or request to) hold multiple additional roles, should copy and complete this form for each role.

I have other employment/work or

I am considering secondary employment/work: NHS Professionals Locum Agency

Self-employment Other the details are set out below:

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Contact no:

Nature of work (brief description of duties and responsibilities including risks):

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