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| **SHARED SERVICES CENTRE USE ONLY** | | | | **NON-TEACHING SECONDMENT FORM** **Part A** | **Derbyshire County Council logo in black.** |
| **SAP No.** |  | **Checked By** |  |
| **File Log** |  | **A&I Check** |  |
| **CRB Issued** |  | **Med Issued** |  |
| **CRB Clear/Port** |  | **Med Clear** |  |
| **NQT Notification** |  | **QTS** |  |
| **Contract** |  | **Section 1** |  |
| **For schools that have implemented Single Status** | | | | | |
| **This section is to be completed by the School** | | | | | |
| **If an employee is commencing a secondment, please detail the employee’s new FIXED TERM seconded post below, before proceeding to Part B to detail the changes to the employee’s existing post.** | | | | | |

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| **School** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **School DfE no** | | | | | | | | |  | | | | | | | |
| **Appointment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | **Mr** | |  | | **Mrs** | | | |  | | | **Miss** | | | |  | | | **Ms** | | |  | | | **Dr** | | | |  | | **Other (specify)** | | | | | | | |  | | | | | | | | | | | | | |
| **Initial(s)** | | | |  | |  |  |  | |  | **Forename(s)** | | | | | | | | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| **Surname** | | | |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |

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| **Job Title** | | **Please Tick one or Specify in appropriate box** | | | | | | | | | | | | |
| **JOB FAMILY** | **BPS** | School Business Assistant |  | School Business Officer |  | School Business Services Manager | |  | School Resources Manager |  | Head of School Business & Resources | |  |
| **STL** | Learning Support Assistant |  | Teaching & Learning Assistant |  | Specialist Teaching & Learning Assistant | |  | Team Leader |  | Learning Mentor | |  |
| **CAM** | Cleaner |  | Caretaker |  | Site Supervisor | |  | Site Manager |  | Facilities manager | |  |
| **CAT** | Catering Assistant |  | Cook |  | Catering Supervisor | |  | Caterer |  |  | | |
| **SUS** | Midday supervisor |  | Senior Midday Supervisor |  |  |  | | | | | | |
| **Does this job purely relate to extended or ‘wraparound’ services** | | | | | **Yes / No** | |
| **SCI** | Play Worker |  | School Nurse |  |

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| --- | --- | --- | --- | --- |
| **Other (Specify)** | **Job Title** |  | **Job Family** |  |
| **Benchmark Reference** | |  | **JE Points** |  |

|  |  |
| --- | --- |
| **Name of previous post holder if applicable** |  |

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| --- | --- | --- | --- |
| **Start date for this appointment** |  | **First date of appointment with this school** |  |
| **Date Med 1 issued by school** |  |  | |

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| --- | --- | --- | --- |
| **Fixed term end date\*** |  | | |
| \*If fixed term, enter the date or approximate date of termination & select one of the following reasons for temporary appointment | | | | | | | |
| **Pending staffing review** | |  | **Pending established appointment** | |  | **Fluctuating pupil nos** |  |
| **Maternity/Sickness cover** | |  | **name of employee covering** | |  | | |
| **Additional funding** | |  | **Detail funding** | |  | | |
| **Other** | |  | **Please state** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours per week** |  | **Weeks per year** |  |
| **Grade** |  | **Pay Point** |  |

**Origin Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed only for Teaching Assistant or equivalent posts within Job Family STL**  ***Please tick one box only*** confirming what the employee was doing prior to taking up this post. | | | | | | | |
| **Origin** | ***Please tick*** | |  | | ***Please tick*** | | |
| 1st Employment in Teaching – not immediately after training | 1STAFT |  | | 1st Employment in Teaching – Employment based teacher training | 1STEBR |  |
| 1st Employment in Teaching – Immediately after training | 1STIMM |  | | Non-Education Employment – Other Employment | EMPOTH |  |
| Non-Education Employment – Public Sector | EMPPUB |  | | Non-Education Employment – Self-Employment | EMPSLF |  |
| Break for family reasons | FAMBRK |  | | Not Applicable – Change of Contract | NOTAPP |  |
| Not Known | NOTKNW |  | | Other Break | OTHBRK |  |
| Other Education post in England or Wales | OTHEDU |  | | Other | OTHERR |  |
| Other Education post outside the UK | OTHFOR |  | | Other Education post in Scotland or Northern Ireland | OTHSNI |  |
| Teaching post within a 6th Form College in England or Wales | TCH6TH |  | | Teaching post with a University, FE/HE college in England or Wales | TCHFHE |  |
| Teaching post outside the UK | TCHFOR |  | | Teaching post within an independent school in England or Wales | TCHIND |  |
| Teaching post within the LA sector (school or central staff) | TCHLEA |  | | Teaching post in Scotland or Northern Ireland | TCHSNI |  |
| Unemployed and seeking work | UNEMPL |  | |  | | | | |

**Asylum & Immigration**

|  |
| --- |
| With effect from 29 February 2008 Sections 15-25 of the Immigration Asylum and Nationality Act came into force. By authorising this form, you are confirming that you have verified original documentation and retained copies within school in accordance with ‘The Immigration Asylum and Nationality Act 2006 - Guidelines for Schools’. |

**Job and Person Details**

|  |  |
| --- | --- |
| When submitting this form, please provide a copy of the relevant person profile and job specification. Alternatively, if this position has been advertised through Derbyshire County Council’s Traded Services, then the job number may be provided instead using the box below. | |
| **Job Reference Number (Please use the following format; JOB/YY/NNNNN)** | **JOB/** |

**DBS Checks**

|  |  |  |  |
| --- | --- | --- | --- |
| If you have adopted the DCC policy on portability of DBS checks and accepted a DBS clearance already undertaken by DCC for this employee, please provide | | | |
| **Disclosure number** |  | **Date of disclosure** |  |

**Certificate of Good Conduct**

|  |  |  |  |
| --- | --- | --- | --- |
| If the employee has worked abroad for 6 months or more since the age of 18, they will also be required to provide a Certificate of Good Conduct from the countries in which they worked. | | | |
| Does the employee require a CGC? | **YES/NO** | If yes has the employee provided a satisfactory CGC? | **YES/NO** |
| If the employee has been unable to obtain a CGC are you happy to proceed with employment? | | | **YES/NO** |

**Travel and Expenses**

|  |  |  |
| --- | --- | --- |
| Will the employee submit job related Travel claims? | **YES/NO** | If yes, please complete a Notification of Vehicle Details Form and submit with this form |
| **Declaration**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | I confirm that this appointment was conducted in accordance with the Instrument and Articles of Government of the school, the school’s Equal Opportunities Policy, Sections 15-25 of the Immigration and Nationality Act and any necessary risk assessments have been undertaken. | | | | | |  | | | | | **Headteacher signature** |  | **Date** |  | | | |

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| ***SHARED SERVICES CENTRE USE ONLY - Initials / Date*** | | | | **NON-TEACHING SECONDMENT FORM** **PART B** | ***Derbyshire County Council logo in black.*** |
| ***NI No.*** |  | | |
| ***SAP*** |  | | |
| ***Letter*** |  | | |
| ***Org*** |  | ***LG %*** |  |
| **(SINGLE STATUS)** | | | | | |
| **Please detail any changes to the employee’s already existing post on the below form.** | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Adjustment Details** | | | | | | |
| **Effective date** |  | **Does this initiate a change in job** | | **Yes / No** | **If yes, please complete the new job title & benchmark details (Single Status only)** | |
|  | | | | | | |
|  | | | **Previous details** | | | **New details** |
| **Increase or decrease in hours**  Non single status only - Please provide names & hours for pupil/s where Special Needs Teaching Assistants hours are changing. | | |  | | |  |
| **Change to salary**  Please indicate pay point & FTE salary | | |  | | |  |
| **Change to weeks** | | |  | | |  |
| **Other - specify** | | |  | | |  |
|  | | | | | | |
| **Full details of and/or reason for change –** Please also provide any instructions specific to your school | | | | | | |
|  | | | | | | |

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that this appointment was conducted in accordance with the Instrument and Articles of Government of the school, the school’s Equal Opportunities Policy, Sections 15-25 of the Immigration and Nationality Act and any necessary risk assessments have been undertaken. | | | |
|  | | | |
| **Headteacher signature** |  | **Date** |  |

**Please upload onto Perspective Lite or Sharepoint, alternatively return to:**

**Traded Team**

**HR Services, County Hall, Derbyshire, Matlock, DE4 3AG**

Any queries about completing this form, please email [traded@derbyshire.gov.uk](mailto:traded@derbyshire.gov.uk)