

**SEL CCG Vacancy & Salary Control Form**

*Please complete this form and submit to the Vacancy Review Panel before any recruitment / staff pay changes take place*

*If any fields are left empty, this form may be returned without approval*

<b>Area (e.g. Bexley, SEL etc)</b>			
<b>Role title</b>			
<b>Department / team</b>			
Type of change required (e.g. recruitment, request for agency upgrade, secondment etc)			
Is this request to replace a leaver?	Yes/No	Name of leaver	Date resignation received
If recruitment (FTC, secondment or permanent) does this request cover a budgeted post within the establishment?			
If no, why is this change requested?			
Post reference number (check with Finance)			
Post banding			
Cost centre (check with finance)			
Annual budget (check with finance)			
Total costs			
If the request is above budget e.g. agency costs how is it proposed this excess cost will be funded?			
Proposed start date			
Proposed end date (if applicable)			
Reason for recruitment / change			
If recruitment have you reviewed the requirements for this role and do the duties remain the same? Please include the date the job description was reviewed and attach a copy.			
Please outline what you have done to review any opportunities for cross system working			
What is the return on Investment - e.g. impact on QIPP / financial control / quality & safety / performance by making this change or recruiting to this post?			
What are the consequences of not recruiting or delaying recruitment?			
How does this recruitment reduce current costs e.g. agency costs?			
<b>FOR INTERIM STAFFING REQUESTS ONLY</b>			
Is this appointment Inside or Outside IR35; Attach the completed HMRC assessment to this form			
Is the change Running costs or Programme costs (check with finance and needs to be in line with London guidance)			
<b>If this request takes the interim arrangement beyond 6 months duration or if the request is for agency staff above £600 per day, an NHSE BC needs to be attached to this request</b>			
Proposed Days (A) (Interim only)			
Proposed day rate (if known) (B) (Interim only)			
Total cost (A*B) (Interim only)			
Name of agency (if Interim) (if known)			
Please confirm which agency is being used and confirm that it is on the national procurement framework. Independent consultants will not be approved			
<b>Approval</b>			
Recruiting Manager (name, position & date)			
Director of Corporate Finance/ Director of Financial Strategy or Associate Director of Finance (for local roles only) (signature + date)			
Director (signature + date)			