**Application for Recruitment & Retention Premia**

|  |  |
| --- | --- |
| **Board:** |  |
| **Post Title:** |  |
| **Directorate:** |  |
| **Service/Department:** |  |
| **Post Pay Band:** |  |
| **Number of Posts** |  |

|  |
| --- |
| **Are you applying for:** |
| **Short Term RRP\*** | **Long Term RRP** |
| **Proposed Duration:** |  |
| **Is there any other RRP currently applied?** |
| **Yes** | **No** |
| **If Yes, Please give further details:** |

**\*Short Term is up to one year, anything more than this will be regarded as Long Term.**

|  |
| --- |
| **Reason For Application: In this section you should include detailed information on steps that have been taken to address the problem and why an RRP is felt to be the only option. This may include information obtained from exit inteviews, response to adverts, turnover rates, any national shortages, availability of locum/agency equivalents; external (non-NHS) rates of pay for equivalent posts, employment benefits, length of vacancy.**  |
|  |
| **If you are providing information about external rates of pay for similar posts,****please attach documented evidence.** |
| **Suggested Value of RRP based upon above information(per full-time post):** | **£\_\_\_\_\_\_\_\_\_\_\_per annum** |
| **Please summarise any other action that has been taken/considered to overcome recruitment and retention issues. This should include flexible working; additional training; recruitment initiatives.** |
|  |

|  |
| --- |
| **Who else could be affected by this application? Internally – are there other staff groups or services that could be affected by the application of the requested RRP? Externally – is there potential for the application of the requested RRP to impact on other Board areas?** |
|  |

|  |
| --- |
| **Please detail below the total cost of the proposed RRP and any cost saving that could be achieved through the application of RRP (i.e. reduction in agency costs)** |
| **Suggested Number of Total****RRP Value x Employees = Cost of RRP****Current cost of Locums (per person):** |

|  |
| --- |
| **Expected benefits of applying RRP (i.e. reduced waiting times; reduced complaints; increased applications; improved absence rates, reduced turnover, etc.)** |
|  |
| **Please attach any relevant supporting statements.** |
| **Signature of Chief Executive:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Employee Director:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**  |