**Application for a Review of an Existing Recruitment and Retention Premia**

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| **Board:** |  |
| **Post Title and Department** |  |
| **Level of Current RRP** |  |
| **Date Current RRP Approved** |  |
| **Duration of Current RRP** |  |
| **Review Date of current RRP** |  |
| **Pay Band**  |  |
| **Number of Posts covered** |  |
| **Requested duration of continued RRP** |  |
| **Reason for continued application including updated evidence (please attach any appropriate documented evidence in support of the review)** |  |
| **Please outline any steps that have been taken to overcome the requirement for a further RRP** |  |

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| **Signature of Chief Executive** |  |
| **Date of Signature** |  |
| **Signature of employee Director** |  |
| **Date of Signature** |  |