**NHS Board**

**Review of Agenda for Change Band 1 - Agreement Form**

**Name:………………………………….. Current Role:………………………………………..**

**Staff Pay Number(s):**

**Outcome of Job Evaluation Process**

1) The post has been evaluated at Band 2 [ ]

2) The post has remained as Band 1 [ ]

If 1)please provide in the box below a brief outline of the duties and responsibilities that have been added to extend the role to Band 2.

If 2) please provide in the box below a brief outline of the reasons why the role cannot be extended.

|  |
| --- |
|  |

**For Band 2 roles**

The member of staff wishes to accept the extended Band 2 role Yes [ ]  No [ ]

**Band 2 Role acceptance**

In accepting the B2 role,does the member of staff require any training to develop them to fulfil the Band 2 role? Yes [ ]  No [ ]

If notraining is requiredthe member of staff should sign the declaration below:

***I confirm that I accept the additional duties and responsibilities associated with my role and will move to Band 2 from 1 October 2016.***

***Signed: …………………………………………………. Date: ………………………………***

 ***Name:.......................................................................***

**Training Required**

If training is required,please provide details of the training programme below. The member of staff should sign the declaration to accept the training programme as agreed:

|  |
| --- |
|  |

***I confirm that I agree to undertake the training programme outlined above to develop me into the extended Band 2 role.***

***Signed: …………………………………………………. Date: ………………………………***

 ***Name:...............................................................***

Completion of Training Programme

***I confirm that the training programme has been completed satisfactorily and that the member of staff is now ready to move to the extended Band 2 role.***

***Signed (Line Manager): ………………………………………………………………………..***

 ***Name .................................................................................................................................***

***Date of Completion of Training: ……………………………..***

Member of staff declaration

***I confirm that I accept the additional duties and responsibilities associated with my role and will move to Band 2 from 1 October 2016***

***Signed: …………………………………………………. Date: ………………………………***

 ***Name ...............................................................***

**Band 2 Role Rejection**

The member of staff should sign the declaration below and indicate their reasons for this decision:

I confirm that I have been given the opportunity to move to an extended Band 2 role but have opted to remain at Band 1 for the following reason and I understand that I may require to move to another role for this to be accommodated (please tick the appropriate box):

Personal circumstances [ ]  Other [ ]

Financial [ ]

Content with current role [ ]  Please specify...............................................

***Signed: ……………………………………………… Date: ………………………………***

 ***Name.................................................***

 **For Band 1 roles**

Does the member of staff wish to remain in a Band 1 role? Yes [ ]  No [ ]

If the member of staff wishes to remain in a Band 1 role, they should sign the declaration below:

I confirm that I have opted to remain in the Band 1 role and do not wish to be considered for a Band 2 role for the following reason (please tick the appropriate box):

Personal circumstances [ ]  Other [ ]

Financial [ ]

Content with current role [ ]  Please specify....................................................

***Signed: ……………………………………………… Date: ………………………………***

 ***Name....................................................***

If the member of staff wishes to move to a Band 2 role**,** an alternative Band 2 role should be identified and the confirmations contained within Band 2 Role acceptance above should be completed.

**A copy of this form should be given to the member of staff and a copy retained in their personal file.**

**Employers/Employee Copy (Delete as appropriate)**