**Internal Transfer Process Form**

**(Only for HCA’s and Band 5 Staff Nurses)**

**Part A** (to be completed by employee and signed by employee and current line manager)

Employee - I confirm that I would like to commence the Internal Transfer Process (ITP).

|  |  |
| --- | --- |
| Name: |  |
| Employee Number: |  |
| Current Department / Ward: |  |
| Signed: |  |

Manager – I confirm that the employee meets the eligibility criteria to enter the ITP.

|  |  |
| --- | --- |
| Signed: |  |
| Name & Position: |  |

**Part B** (To be completed by the destination line manager)

|  |  |
| --- | --- |
| Name of department that employee wishes to transfer to: |  |
| Are there currently vacancies in that area?: |  |
| Is the transfer request able to be fulfilled?: |  |
| Signed: |  |
| Name & Position: |  |

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**Part C** (To be completed by current line manager and destination line manager.)

We agree that the employee named in Part A of the ITP form can transfer from <Insert Current Ward / Department> to <Insert Destination Ward / Destination> and that the transfer will take place with effect from <Insert Date>.

|  |  |
| --- | --- |
| Current line manager signed: |  |
| Name, position & date |  |
| Destination line manager signed: |  |
| Name, position & date |  |

**Actions once the ITP form has been completed;**

1. Current line manager to commence recruitment process to replace transferring employee.
2. Destination manager completes electronic change note and submits it.
3. Destination line manager to make arrangements for any training or induction needed for transferring employee.
4. Employee sends completed ITP for to Recruitment for filing in personal file.