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**Cumbria Fire and Rescue Service**

**Transfer Form**

**(Only complete this form if directed to by the Service Centre)**

* To be completed by Appointing Line Manager where an existing Cumbria Fire and Rescue employee is transferring to another position within Cumbria Fire and Rescue
* Where possible send the completed form to the Service Centre using the Service Centre Portal
* Receiving Manager to send confirmation email to current Line Manager, stating reason for transfer and dates effective from and to

Effective Start Date: Click or tap here to enter text.

**Section 1. Employee Details**

|  |  |
| --- | --- |
| Forename(s): |  |
| Surname: |  |
| Employee Number: |  |

**Section 2. Position Transferring From**

|  |  |
| --- | --- |
| Position Transferring From: |  |
| Line Manager Name: |  |
| Line Manager Position Title: |  |

**Section 3. Vacancy / Requisition Details**

|  |  |
| --- | --- |
| Vacancy Reference Number:  |  |
| Vacancy Title:  |  |
| Line Manager Name:  |  |
| Line Manager Position Title:  |  |

|  |  |
| --- | --- |
| Post Group Number: |  |
| Final Grade: |  |
| Salary: |  |

Does this post qualify for a Local Car User (LCU) allowance? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Weeks Worked per annum (if not full year): |  |
| Hours per week |  |

Working Pattern:

If the employee works a standard weekly pattern complete the table below;

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** | **Total** |
| **E.G** | **07:24** | **07:24** | **07:24** | **07:24** | **07:24** | **-** | **-** | **37:00** |
| **Week** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

If the employee works a pattern over multiple weeks, tick this box, [ ]  the service centre will contact you to confirm the pattern details.

|  |  |
| --- | --- |
| Establishment Name, including town *(where post is to be based)*: |  |
| Cost Centre: |  |

|  |  |
| --- | --- |
| Transfer Reason: | Choose an item. |

Request reference from current Line Manager? Yes [ ]  No [ ]

At least one reference is required for all internal appointment and transfers in Adults & Local Services and Childrens Services.

Health Assessment Internal Candidate:

Is a Night Worker assessment required? Yes [ ]  No [ ]

**Section 4. Fixed Term Details**

Complete this section for all transfers, except permanent.

Expected End Date:

Fixed Term Reason *(tick one)*:

1. Cover for absent post holder / during recruitment

* Maternity [ ]
* Long Term Sickness [ ]
* Fixed Term Cover [ ]

Details:

|  |  |
| --- | --- |
| Post Title:  |  |
| Team Name:  |  |
| Post Holder Name:  |  |
| Expected Duration:  |  |
| Expected Recruitment Timescale: |  |

2. Grant Funded

|  |  |
| --- | --- |
| Source of Grant: |  |

3. Project

|  |  |
| --- | --- |
| Name of Project: |  |
| End Date: |  |

4. Event

|  |  |
| --- | --- |
| Future Recruitment: |  |

**Section 5. Form Completed By**

The transfer will not be processed if mandatory documents are not provided, where applicable mandatory documents should be attached. Tick to confirm originals have been seen.

1. Certified true copies of qualification certificates / registration documents (True Original) [ ]

2. Completed document check list for DBS check (if applicable) [ ]

Name: Click or tap here to enter text.

Position Title: Click or tap here to enter text.

Date: Click or tap here to enter text.