**Authorisation Record for Off Framework Agency nursing requests**

**(includes thornbury, Nutrix, macmillan agencies)**

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|  | **Date:** |  | **Time:** |  |
| **Ward:** |  | **Shift to be Covered** |  | |
| **IN-HOURS** | **HoN:** |  | **Exec Authoriser:** |  |
| **OUT OF HOURS** | **Duty Manager:** |  | **Exec Authoriser:** |  |

\* only RNs/RMNs to be booked via off framework agency

**Describe Situation Requiring Off Framework Agency Nurse coverage:**

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**Describe actions taken to prevent requirement for Off Framework:** (*to include shift swaps, cancellation of study leave, supervisory shift, use of overtime etc)*

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**Describe Assessment of Shift Safety:** (*How will shift be safe if not approved)*

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**Approval: Yes No** (please delete as appropriate)

**If No please describe rationale for refusal and action to be taken:**

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