

APPENDIX A

Locum Doctor/Dentist Request Form

Department:	Date and time of request:
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Locum requested by: Name: Lead Clinician <input type="checkbox"/>	Signature: Clinical Director <input type="checkbox"/>
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Locum required for: Name: Grade:	Grade required:
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Reason for locum: Annual leave <input type="checkbox"/> Study leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Special leave <input type="checkbox"/>

Period locum required: Normal working hours: Date from: Hours from: Date to: Hours to: Total days: Total hours:	Period locum required: On-call /Out of Hours: Date from: Hours from: Date to: Hours to: Total days: Total hours:
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Is this a Hospital at Night post? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reporting instructions: Accommodation required Yes <input type="checkbox"/> No <input type="checkbox"/>
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If the locum is for more than 72 hours the request will be referred to the Medical Director for approval

Very important notes:

1. This request form **MUST** be completed for all grades. No request will be processed without completion of this form which must be sent back to Medical Personnel.
2. The Trust policy for the employment of locums must be adhered to – including the completion of an assessment form for **ALL** locums.
3. Locums will be provided for annual, study and special leave only when Trust procedures indicate a locum is essential.
4. Locums must only fulfill the timetable of the doctor they are replacing.
Lead Clinicians/Clinical Directors are responsible for ensuring adherence to this and submission of log of hours worked on behalf of the locum must be countersigned by the Lead Clinician/Clinical Director.
5. This form must be **FULLY** completed **ONLY** by Lead Clinician/Clinical Director.
6. Medical Personnel will refer any request not fulfilling all these requirements to the Medical Director.
7. You will receive an acknowledgement of your request by e-mail/post return.