**Appendix II - COVID-19 Change in contract request to Group CEO / CHO Chief Officer**

**To:**

**Hospital Group CEO / Chief Officer**

|  |  |
| --- | --- |
| Location |  |
| Employer(s) |  |
| Name of Consultant requesting change |  |
| Specialty |  |
| Post Ref No. (contact local Medical Manpower office, available on DIME) |  |
| Current Contract Type |  |
| Contract Type requested | Consultant Contract 2008 TYPE A |
| Date of appointment to substantive post |  |

I hereby apply to change my current Consultants Contract from (Cat 1/Cat 2/Type B/Type B\*/Type C) please specify current contract type **to** Consultants Contract 2008 Type A on exceptional grounds due to the current COVID-19 public health emergency.

Yours sincerely

Consultant

MRN (Required)

**Approval of Hospital Group CEO/CHO Chief Officer**

I hereby approve this request for a change of contract to Consultant Contract 2008 Type A under the current COVID-19 Public Health Emergency and that funding will be forthcoming to meet any salary increases arising from change in category.

**Name of Hospital Group CEO/CHO Chief Officer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Hospital Group CEO/CHO Chief Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c.c.** consultant.applications@hse.ie Consultants Division, National Doctors Training & Planning

 (NDTP)