**Appendix 1: HSE HR Circular 021/2015**

**Approval Request for a Permanent Consultant Post to be filled with a Locum Appointment**

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| **Section 1 - For completion by the hospital/community healthcare organisation where the permanent post is located** |

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| 1. | Name of Hospital Group/CHO: |  |
| 2. | Location(s) of permanent post and breakdown of hours: |  |
| 3. | Title of permanent post: |  |
| 4. | Approved post number: |  |
| 5. | Name of permanent post holder: |  |
| 6. | Reason a locum appointment is required: |  |
| 7. | Duration of locum appointment: |  |
| 8. | Date when locum appointment is required: |  |

I confirm that this request for a locum appointment is for a permanent consultant post and is compliant with human resource policies.

Hospital General Manager/CEO

Community Organisation Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name Signature

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

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| **Section 2 - For Completion by Hospital Group CEO/CHO Chief Officer** |

I approve this locum application and request confirmation from NDTP that the above permanent post exists and confirmation that I may issue an approval letter for a locum appointment.

Hospital Group CEO/CHO Chief Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Delete as appropriate) Print Name

Hospital Group CEO/CHO Chief Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Delete as appropriate) Signature

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

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| **Section 3 – For Completion by National Doctors Training and Planning** |

This approved permanent post exists: Approval Granted

This is not an approved permanent post: Approval **NOT** Granted

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| NDTP will return this form to the Hospital Group CEO/CHO Chief Officer.  Where confirmation of the approved permanent post has been provided then the Hospital Group CEO/CHO Chief Officer can issue a letter of approval for the locum appointment. Where an approved permanent post does not exist no approval letter can be issued by the Hospital Group CEO/CHO Chief Officer and the locum appointment may not proceed. |

**Appendix 2: HSE Circular 021/2015**

Template Locum Appointment Approval Letter

Address

Date

Re: LOCUM CONSULTANT IN [insert name of speciality]

Dear Hospital General Manager/CEO or Community Organisation Manager,

Further to your previous correspondence relating to the above, I write to confirm that this office has approved the appointment of a:-

LOCUM CONSULTANT [insert name of speciality]

This is a locum appointment on a Type A or Type B [delete as appropriate] basis under the Consultants’ Contract 2008 (as at 8th December 2014) by [insert name of employing hospital] ([insert no of hours] hours per week) for the specific purpose of [insert specific purpose, for example specific purpose of providing locum cover for Dr X during her period of maternity leave] and will terminate upon the expiry of the said specified purpose.

The following qualifications shall apply to this appointment:-

[Insert the relevant section of the current Qualifications specified by the Health Service Executive for consultants document here.]

A specified purpose contract must be issued for this locum appointment.

I would be grateful if, in due course, you would let me have, for record purposes, details (the name, date of birth and date of appointment) of the person appointed on a locum basis. Please also forward these details to HSE - NDTP.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital Group CEO/CHO Chief Officer

Hospital Group/CHO

cc: NDTP

**Appendix 3: HSE HR Circular 021/2015**

**Approval Request for a Permanent Consultant Post to be filled with a Temporary Appointment**

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| **Section 1 - For completion by the hospital/community healthcare organisation where the permanent post is located** |

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| --- | --- | --- |
| 1. | Name of Hospital Group/CHO: |  |
| 2. | Location(s) of permanent posts and breakdown of hours: |  |
| 3. | Title of permanent post: |  |
| 4. | Approved post number: |  |
| 5. | Name of vacating permanent post holder: |  |
| 6. | Reason for vacation of the permanent post: |  |
| 7. | Date the post will be vacated: |  |
| 8. | Date when an application to fill the post permanently was submitted to NDTP: |  |

I confirm that this request for a temporary appointment is for a permanent consultant post and is compliant with human resource policies.

Hospital General Manager/CEO

Community Organisation Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name Signature

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

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| **Section 2 - For Completion by Hospital Group CEO/CHO Chief Officer** |

I approve this temporary application and request confirmation from NDTP that a fully completed application for the permanent replacement has been received and confirmation that I may issue an approval letter for a temporary appointment.

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

(Delete as appropriate) Print Name

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

(Delete as appropriate) Signature

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

|  |
| --- |
| **Section 3 – For Completion by National Doctors Training and Planning** |

A fully completed application has been received: Approval Granted

A fully completed application has not been received: Approval **NOT** Granted

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| NDTP will return this form to the Hospital Group CEO/CHO Chief Officer.  Where confirmation of the receipt of a fully completed application has been provided then the Hospital Group CEO/CHO Chief Officer can issue a letter of approval for the temporary appointment. Where a fully completed application has not been received by NDTP no approval letter can be issued by the Hospital Group CEO/CHO Chief Officer and the temporary appointment may not proceed. |

**Appendix 4: HSE Circular 021/2015**

Template Temporary Appointment Approval Letter

Address

Date

Re: TEMPORARY CONSULTANT IN [insert name of speciality]

Dear Hospital General Manager/CEO or Community Organisation Manager,

Further to your previous correspondence relating to the above, I write to confirm that this office has approved the appointment of a:-

TEMPORARY CONSULTANT [insert name of speciality]

This is a temporary appointment on a Type A or Type B [delete as appropriate] basis under the Consultants’ Contract 2008 (as at 8th December 2014) by [insert name of employing hospital] ([insert no of hours] hours per week) for the specific purpose of [insert specific purpose, for example specific purpose of providing temporary cover pending the appointment of a permanent replacement/permanent post holder] and will terminate upon the expiry of the said specified purpose.

The following qualifications shall apply to this appointment:-

[Insert the relevant section of the current Qualifications specified by the Health Service Executive for consultants document here.]

A specified purpose contract must be issued for this temporary appointment.

I would be grateful if, in due course, you would let me have, for record purposes, details (the name, date of birth and date of appointment) of the person appointed on a temporary basis. Please also forward these details to HSE - NDTP.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital Group CEO/CHO Chief Officer

Hospital Group/CHO

cc: NDTP