

**Employee Transfer Request**

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| **Name:** |  |
| **Start Date (current position):**  |  | **Start Date with the Care Inspectorate:**  |  |

**Current role: (select 1 only)**

|  |  |
| --- | --- |
| Inspector  |  |
| Business Support team |  |

**Current location:**

**(If you are currently a homeworker, please select your office base.)**

|  |  |
| --- | --- |
| Aberdeen |  |
| Dumfries |  |
| Dundee |  |
| Edinburgh |  |
| Elgin |  |
| Hamilton |  |
| The Islands |  |
| Inverness  |  |
| Paisley |  |
| Selkirk |  |
|  |
| **Would you consider moving your office base?** |  |
| **If Yes, please give details…** |  |

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| --- |
| **Current Work Arrangements:** **Please outline your current working pattern and any flexible working arrangements in place.** |
|  |
| **Would you consider changing your working pattern?** |
|  |
| **Current Operational Team / Line Manager:** |
|  |
| **Please State If You Have Any Reasonable Adjustments In Place In Current Role?**  |
|  |
| **Please confirm your current specialism?** |
| * **Early years**
 |  |
| * **Children and Justice**
 |  |
| * **Adults**
 |  |
| * **Older People**
 |  |
| * **Complaints (Children)**
 |  |
| * **Complaints (Adults)**
 |  |
| * **Registration (Children)**
 |  |
| * **Registration (Adults)**
 |  |
| **Preferred Operational Team:** |
|  |
| **Level Of Qualification (Inspectors only - please state whether you have EFQM/ROCA Or PDA) :** |
|  |
| **Please provide details of any skills or knowledge you feel are particularly relevant to the change of team?** |
|  |
| **Reason For Change Of Team (If Employer Initiated this will be stated)** |
|  |
| **Is Your Preference For The Request To Take Place On A Permanent Or Temporary Basis?**  |
|  |
| **Supporting Information (Please provide any supporting information if appropriate):** |
|  |
| **Discussed and agreed with Line Manager?** |
|  **Date:**  |

**Line Manager Reference – Transfer Process**

Please complete this form and return it to the employee. Thereafter, the employee should submit this transfer request to recruitment@careinspectorate.gov.scot by the closing date of the transfer window.

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| **PART A: REFEREE DETAILS** |
| **Your Name:**  |  | **Your Job Title:** |  |
| **Name of Employee:**  |  | **Transfer request to which team:** |  |
| **Line Manager Approval** | **Did the employee seek your approval before making a transfer request?** [ ]  |
| **PART B: REFERENCE DETAILS** |
| **Please confirm if the applicant is being managed under a formal process such as Maximising Attendance/Capability or Disciplinary in their current team.** YES / NO**If NO, please provide information regarding the applicant’s suitability for the role?**  |
| **Please provide information on the following:**1. **How the employee manages their current workload and meets relevant timescales?**
2. **Do you think the employee has a sufficient skillset to move to the team requested?**
3. **Does the employee currently have any reasonable adjustments in place to support him/her in their current role?**
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| **Please provide any further information you feel is relevant to the employee’s transfer request?**  |
| **PART C: Management Declaration** |
| **IMPORTANT (Please read carefully before signing)**I declare that the information provided in this reference is to the best of my knowledge correct and complete. I understand that false information or deliberate omission of any material facts may result in disciplinary action. Please sign using initials and surname only**Signed: …………………………… Date: ……………………………** |

**Once this form is fully complete the employee should submit it to** **recruitment@careinspectorate.gov.scot** **during the period of the relevant transfer window.**