

APPLICATION TO SUPPORT COVID19

Please provide the undernoted information to allow us to match your skills to support roles during the COVID19 pandemic.

Section 1	
Forename:	Surname:
Employee Number:	
Service:	Job Title:
Grade:	
Current Work Pattern/Hours:	
Contact details:	
Email:	
PVG/Disclosure – Yes/No	
(if yes please provide number)	
Drive – Yes/NO	
Access to vehicle – Yes/No	
IT Equipment – Laptop/Fob/Mobile	
Ability to work from home – Yes/No	
Reporting Manager:	Reporting Manager Contact Details:

Section 2

Which Role(s) are you interested in?

Section 3

Skills, Knowledge and Competencies. Using bullet points, please detail your experience or skills.

Section 4

Please confirm if this application is in addition to your current role – Yes/No

If No please confirm you have discussed this with your manager and they have agreed to release you from your substantive role – Yes/No

Signature

Date

Section 5

Please can you confirm the date you are available to start.

Please return your completed form to the <u>COVID19WorkforcePlanning@northlan.gov.uk</u> mailbox.