**F-G Grade Application form**

|  |  |
| --- | --- |
| ***1*** | **Application Details** *Please complete all personal information below* |
| Full Name |  |
| Job Title  |  |
| Team/Service Area |  |
| Work Address/Location  |  |
| Telephone Number  |  |
| Start Date with SMBC/SCT  |  |
| Start Date in current Post  |  |
| How many hours do you work per week  |  |
| Permanent Post *Please tick 🗸 appropriate field*  | **Yes**  | **No** | *If* ***NO*** *Please provide details*   |
| Manager’s Name  |  |
| How long has the Manager supervised the applicant for? |  |

|  |  |
| --- | --- |
| ***2*** | **Social Worker Application***For the Applicant to complete* |

|  |
| --- |
| Please provide a statement (no more than 500 words) to demonstrate how you meet the criteria of F-G progression |
|  |

|  |  |
| --- | --- |
| ***3*** | **Team Manager’s Reference***To be completed by the applicant’s direct line manager* |

|  |  |  |
| --- | --- | --- |
| In your professional opinion, is the applicant is ready for progression?*Please tick* ****** *appropriate field*  | **Yes** | **No** |
| *If* ***YES,*** *please provide evidence to support your views*  |
| **Team Manager’s Name:** | **Team Manager’s Signature:** | **Date:** |

|  |  |
| --- | --- |
| ***4*** | **Service Manager’s Reference***To be completed by the applicant’s service manager* |

|  |  |  |
| --- | --- | --- |
|  In your professional opinion, is the applicant is ready for progression?*Please tick* ****** *appropriate field*  | **Yes**  | **No**  |
| *If* ***YES****, please provide evidence to support your views* |
| **Service Manager’s Name:** | **Service Manager’s Signature:** | **Date:** |

|  |  |
| --- | --- |
| ***5*** | **Head of Service Reference***To be completed by the applicant’s Head of Service* |

|  |  |  |
| --- | --- | --- |
|  In your professional opinion, is the applicant is ready for progression?*Please tick* ****** *appropriate field*  | **Yes**  | **No**  |
| *If* ***YES****, please provide evidence to support your views* |
| **HoS Name:** | **HoS Signature:** | **Date:** |

|  |  |
| --- | --- |
| ***6*** | **Panel Interview and Decision** |
| We recommend that the F-G progression is approved/is not approved\*\*Delete as appropriate*(Add feedback as appropriate)* |
| **Signed: (Chair)** | **Print Name:** | **Date:** |

|  |
| --- |
| **For Admin Use:** |
| Panel Members: |  | Date: |
| Forwarded to HR by: |  | Date: |
| Received in HR by: | **Signed:** | Date: |