**F-G Grade Application form**

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| ***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? | | | |  |

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

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| Please provide a statement (no more than 500 words) to demonstrate how you meet the criteria of F-G progression |
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| ***3*** | **Team Manager’s Reference**  *To be completed by the applicant’s direct line manager* |

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| 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:** | | |

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

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| 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:** | | |

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

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| 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:** | | |

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| ***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:** |

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