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| **Secondment Request Form** | |
| Name: |  |
| Current Job title: |  |
| Name of Line Manager: |  |
| **Secondment Details** | |
| Secondment Job title:  (Please attach the Job Description) |  |
| Name of the Department/Organisation where the Secondment will be based: |  |
| Duties to be performed:  (Please attach the Job Description) |  |
| Grade of Secondment: |  |
| Duration of the Secondment: | \_\_\_\_\_\_\_\_\_\_\_ months  From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason for the Secondment: |  |
| How will you benefit from this Secondment? |  |
| How will the Trust/Department benefit from this Secondment? |  |
| Date: | Signature: |