|  |
| --- |
| **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:  | \_\_\_\_\_\_\_\_\_\_\_ monthsFrom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason for the Secondment: |  |
| How will you benefit from this Secondment?  |  |
| How will the Trust/Department benefit from this Secondment? |  |
| Date: | Signature: |