

Incremental Credit Application Form

Staff member's name:	
Appointed to post of:	
Pay band:	
Department:	
Directorate:	

The above appointee is: (please tick one of the following options)

Option 1: A new starter to the NHS with the equivalent relevant experience

Please state name of previous employer	
Please state title of post held	
Please state duration post was held	
Please state previous pay band	
Please state previous incremental point	

You must attach the documentary evidence to support and justify your application. Please provide a minimum of one document from the below list:

- Written confirmation from the previous employer regarding the individual's competence to apply the appropriate knowledge and skills to the demands of their post previous job description with written confirmation from the previous employer confirming that the employee worked to this document and performed satisfactory in the role and the service in that post
- Letter from the previous employer confirming details of the individual's previous role, duties and responsibilities, length of time they worked in the post and confirmation that they performed satisfactory in the role.
- Reference information containing a detailed breakdown of previous role, duties, responsibilities, length of time they worked in the post and confirmation that they performed satisfactory in the role
- Evidence that they have maintained their continued professional development (CPD) and it is relevant to the role they are to be offered



Option 2: Re-joining the NHS with equivalent relevant experience

Please state name of last NHS employer	
Please state date of leaving	
Please state title of post held	
Please state duration post was held	
Please state previous pay band	
Please state previous incremental point	

You must attach the documentary evidence to support and justify your application. Please provide a minimum of two documents from this list:

- Staff transfer form from the previous NHS employer
- Letter from the previous NHS employer confirming the pay band (grade), length of service and incremental point
- Copy of payslip from previous NHS employer

Manager's Name	
Manager's Signature	
Date	

The following section is to be completed by the Associate Director of HR:

Outcome:

I DO NOT AUTHORISE the attached application (please tick appropriate)	
Please confirm the reasons for not authorising this application:	
If not authorised, return this form to the manager for information.	

I AUTHORISE the attached application (please tick appropriate)	
If authorised, please confirm the pay band and increment point:	
If authorised, send a copy of this form to: 1. Payroll 2. Recruitment 3. The Manager	

Name	
Job title	Associate Director of HR
Signature	
Date	