**REQUEST FORM FOR ADVERTISING A POSITION**

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| **Organisation description (OE)** | | | | |  | | | | | | | | | | | | | | | **Line Manager/Delegated authority** | | | | | | | | | | | | | | | |  | | | | | | |
| **Details of former/current incumbent** | | | | |  | | | | | | | | | | | | | | | **Date of vacancy** | | | | | | | | | | | | | | | |  | | | | | | |
| **Reference number** | | | | |  | | | | | | | | | | | | | | | **Reason for vacancy** | | | | | | | | | | | | | | | |  | | | | | | |
| **Base remuneration rate** | | | | |  | | | | | | | | | | | | | | | **Date by which vacancy should be filled** | | | | | | | | | | | | | | | |  | | | | | | |
| **Advertisement** | | | | | **YES** | | | | |  | | | | | **NO** | | | | | **If no, provide motivation** | | | | | | | | | | | | | | | |  | | | | | | |
| **Recruitment agency** | | | | | **YES** | | | | |  | | | | | **NO** | | | | | **If yes, provide cost centre for recruitment costs:** | | | | | | | | | | | | | | | |  | | | | | | |
| **Advertising costs**  **Relocation costs** | | | | | **SU** | | | **YES** | | | | | | | **NO** | | | | | **External cost centre** | | | | **YES** | | | **NO** | | **External cost centre no:** | | | | | | |  | | | | | | |
| **Does your personnel plan make provision for this vacancy** | | | | | **YES** | | | | | | | | | | | | | | | **NO (If no, please provide motivation by means of a written attachment to this request form.)** | | | | | | | | | | | | | | | | | | | | | | |
| **Members of interview panel** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Panel member (title, initials & surname)** | | | | | **UT number** | | | | | | | | | | | | | | **Division, Department, Faculty** | | | | | | | | | | | **Race** | | | | **Gender** | | | | | | **Secretary/PA** | | |
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| **Line manager / Delegated authority** | | | | | | | | | | | | **Date** | | | | | | | | **Dean (Academic Environments)**  **Head of Environment (Support Service)** | | | | | | | | | | | | | | **Date** | | | | | | | | |
| **FOR OFFICICE USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MATRIX required (Yes / No)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position number** | |  | | | | | **Post level** | | | | | | |  | | | **Permanent/Temporary** | | | | | | | | |  | | | | **Full-/Part-time** | | | | |  | | | | **Fraction** | | |  |
| **Position title** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Job family no.** | | | | | |  | | | | |
| **Primary position no.(where required)** | | | | | | | | |  | | | | | | | | | | | | | | | | **Transfer funds from position no.** | | | | | | | | | | | | |  | | | | |
| **Payroll** | | | | | | | | | **Salary** | | | | | **SUSPI** | | **Dictionary** | | | | | | **Vigs Action** | | | | | | **Academic/Support** | | | | |  | | | | | | | | | |
| **HEMIS Prog and %** | | | **1** |  | | **%** | | | | | | | **2** |  | | | | **%** | | | | **3** |  | | | | **%** | | | **4** |  | | **%** | | | | **5** | |  | | **%** | |
| **Cost Centre** | **Internal cost centre no.** | | | | | | | | | |  | | | | | | | | | | **External cost centre no.** | | | | | | | | | |  | | | | | | | | | | | |

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| **TO BE COMPLETED BY THE DEPARTMENT FOR THE RELEVANT POSITION (OR WHEN NEW VACANCY ARISES)**  Department: ...............................................................................................................................................................................................................................  Job title: ..............................................................................................................................................................................................................................  **NB: PLEASE ATTACH THE NECESSARY JOB DESCRIPTION TO THIS REQUEST FORM.** | | | |
| **Job activity description** | | | |
| **Will this job require:** | **Yes** | **No** | **Details** |
| an essential need for accurate colour vision or hearing? |  |  |  |
| clinical contact with patients, or contact with human blood, blood product or human tissue? |  |  |  |
| specific physical demands? |  |  |  |
| driving a University vehicle? *(Please note:* ALL vehicles need to be indicated, including ride-on mowers and forklift trucks.) |  |  |  |
| food handling and the preparation of food? |  |  |  |
| exposure to other hazards, e.g. rotating machinery? |  |  |  |
| regular night work or weekend work? |  |  |  |
| the undertaking of or assisting with exposure-prone procedures, e.g. pesticides or other chemicals? |  |  |  |
| work that may directly affect the safety of others? |  |  |  |
| travelling abroad on University business (not including attendance at symposiums, conferences and seminars)? |  |  |  |
| working with hazardous biological agents? |  |  |  |
| working with animals or insects? |  |  |  |
| working in unusual environmental conditions, or fieldwork? |  |  |  |
| working with lasers or laser equipment? |  |  |  |

Request form for advertising a position/MHB Vorm/Steundienste **(February 2015)**