Ensuring Safe and Fair Recruitment, Selection and Employment



Declaration of Secondary Work Activity

Personal Details:

Full Name:
Primary work details: Job Title:
Department:
Directorate:
Hours of work per week:
Pattern of hours (e.g. 24/7 shifts, 8.30am – 5.00pm) Days Worked:

Other Work Details

I have other employment/work or which are below: Type of work:	I am considering other employment/work, the details of
(Circle as appropriate)	Paid - Unpaid - Voluntary - Casual
Job Title: Description of work	
Location work carried out	
(e.g. 24/7 shifts, 8.30am - 5.00pr	n) days / hours
Date Commenced:	ient)



Declaration of Secondary Work Activity

I declare that the above information is correct and that Secondary Employment in this instance will not have a detrimental effect on my ability to carry out my primary work contract for NHS Shetland. I will inform my Line Manager if there are any changes to the above.

I understand that false information given with regard to this policy could be treated as Gross Misconduct or fraudulent and dealt with accordingly under the Disciplinary/Counter Fraud Policy.

To prevent and detect fraud, I consent to the disclosure of relevant information from this form to and by NHS Counter Fraud Service.

I have read and understand the NHS Shetland's Secondary Employment Policy, and I agree to comply with its requirements.

Employee

Signed:....

Print Name:....

Date:....

<u>Manager</u>

Approved / Declined by	
*delete as appropriate.	Signature

Print Name

Job Title

Date.....

If not approved state reason for refusal below:

Please note this declaration is not an opt-out from the Working Time Agreement Policy. Please forward to the Human Resources Department for the Personnel file. Staff and Managers should retain a copy for their records as necessary.