

## Redeployment – Employee Profile Form

The information in this form will be used to help identify which Council posts may be considered suitable alternative employment for you, based on your skills, abilities and experience. It is important you provide as much information as possible.

Employee Details			
First Name		Surname	
Employee Reference Number		Telephone Number	
Email Address			
Allocated Employee Relations Consultant			

Redeployment Reason	
You are in a formal consultation process which may result in redundancy	Yes / No
Your post is at risk of redundancy (e.g. due to a restructure; expiry of fixed funding; expiry of a fixed term contract where the post or work will cease to exist)	Yes / No
Your fixed term contract is coming to an end (resulting in redundancy) because an absent substantive employee will return to the post (e.g. due to a secondment, or parental leave)	Yes / No
You can no longer work in your current role because of a disability (under the Equality Act 2010) and redeployment is recommended as a reasonable adjustment following the outcome of a formal Occupational Health referral.	Yes / No

Personal Circumstances*	
This section of the form will be redacted before sharing with the recruitment team and any hiring managers, for privacy reasons.	
Have you notified Medway Council that you are pregnant? (If you have a miscarriage before 24 weeks of pregnancy, please let HR know)	Yes / No
Are you currently on, or have you returned from, maternity leave (including after a stillbirth after 24 weeks) or adoption leave, giving you priority status for 18 months from the child's birth, the Expected Week of Childbirth, or the adoption placement/entry into Great Britain, including any time on statutory leave?	Yes / No
Are you currently on, or have you returned from, shared parental leave, giving you priority status from the start of your leave until either the end of the leave (if less than six weeks) or 18 months from the child's birth or adoption placement (if more than six weeks), including any time on statutory leave?	Yes / No
Do you have a disability (under the Equality Act 2010) for which redeployment into an alternative post has been recommended as a reasonable adjustment?	Yes / No
Do you have 6 months of continuous service and is your post at risk of ending due to one of the reasons mentioned in table above?	Yes / No

\* If you answer "no" to any of the questions about your personal circumstances, but your situation changes while you are in the redeployment pool, please inform HR as soon as possible.

DBS Details – Please complete if you have a current DBS certificate			
Certificate Number		Expiry Date	
Workforce Area	Children / Adults / Both		
Level of DBS	Basic / Standard / Enhanced / Enhanced with barred lists		

Driving Status			
Do you have a full UK driving license?	Yes / No	Do you have access to a vehicle for work?	Yes / No

Current Post Details			
Job Title		Grade	
Directorate	Choose a Directorate	Department	
Line Manager Name			
Line Manager Job Title			

Please provide a copy of your job description. Your line manager can provide this to you.

Current Working Arrangements			
Contracted Hours (per week)		Location	
Do you have a formal Flexible Working Arrangement in place?  If yes, please give details.	Yes / No		
Do you work on a rota basis with a set shift pattern?  If yes, please give details.	Yes / No		
Work Pattern	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Do you have any reasonable adjustments in place?  If yes, please give details.	Yes / No
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Previous Employment (last 3 years)	
Job Role	Skills Used for Role

Qualifications	
Name of Qualification	Date Attained

New Working Arrangements		
Please indicate your working arrangement preferences. (While we will take your preferences into account, please understand that we may not be able to accommodate them.)		
Are you looking to match your work arrangements  If different, please give details of preferred arrangements	Yes / No	
Are you willing to work outside the working pattern of 'Monday to Friday 9-5'?	Shift work (e.g. 7am to 2pm, 4pm to 11pm)	Yes / No
	Early mornings (e.g. from 6am)	Yes / No
	Evening work (e.g. after 5pm)	Yes / No
	Overnight work (e.g. 9pm to 6am)	Yes / No
	Weekend work	Yes / No
Teams/Departments of Interest	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	

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Declaration	
I declare that the information provided in this profile form is accurate and complete to the best of my knowledge. I understand that any false statements or omissions may affect the consideration of my redeployment preferences. While my preferences will be considered, I acknowledge that they may not be accommodated. I understand that refusing suitable alternative employment may affect my eligibility for redundancy payment, as determined by Medway Council.	
Name	
Signature	
Date	

### Hiring Manager Section

The details above relate to a redeployee who has been matched to a vacant position within your service area. Please complete the sections below and return the form, along with the job description for the post, to the allocated Employee Relations Consultant

Vacant Post Details			
Job Title		Grade	
Directorate	Choose a Directorate	Department	
Hiring Manager Name			
Hiring Manager Job Title			

Informal discussion (Hiring manager and employee)	
Detail of discussion and informal arrangements made	
Is the redeployee suitable for the position, and do you agree to start the four-week trial period?  If no, please give details.	Yes / No

Date	
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Trial Period	
Start Date	
End Date	

Observations	
Week 1	
Week 2	
Week 3	
Week 4	

Performance				
	Excellent	Good	Satisfactory	Improvement Required
Quality and accuracy of work				
Efficiency and productivity				
Competency in the role				
Adaptability and learning				
Conduct and Behaviours				
Teamwork and collaboration				
Attitude and engagement				
Communication skills				
Professional conduct				
Attendance				
Timekeeping				
Overall Performance for Trial Period				

Outcome of Trial Period	
Is the redeployee suitable for the role, and do you want to offer them the position?	Yes / No
If no, please detail the specific factors that informed your decision.	

Hiring Manager's Name	
Signature	
Date	

Please return this form to the allocated Employee Relations Consultant, named at the beginning of this document.