|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details of Successful Candidate | | | | | | | | |
| Title: | |  | | | Surname: | |  | |
| Forename: | |  | | |  | |  | |
| Contract Details | | | | | | | | |
| SAF Number: | |  | | | Role Code (HERA): | |  | |
| Start Date: | |  | | | School/Department: | |  | |
| Role Title: | |  | | | Subject Group (academics **ONLY**): | |  | |
| Contract Type (Fixed-term/ Perm/Guaranteed Hours/Student Experience/Annualised): | |  | | | End date of contract (if applicable): | |  | |
| Why is the contract fixed-term? *(i.e. backfill, subject to external funding, project driven requirement -*  ***be specific: exact project / funding name****):* | | | | |  | | | |
| Academic Induction period (if applicable)?  *NB: new academics* ***ONLY*** | | | | | Y / N | | | |
| Duration of Academic Induction period (if applicable):  (1-2 years) | | | | |  | | | |
| Academic Pathway: *(Please select appropriate pathway)* | | | | | Research  Enterprise  Learning and Teaching  Professional Practice | | | |
| Does this role entail line management responsibility?  *If yes - please indicate the name/s of any reportees* | | | | | Y / N | | | |
| Is this post full-time, part-time or guaranteed hours? | | | | |  | | | |
| If part-time, how many hours per week?  If guaranteed hours, what are the total hours that will be worked over the duration of the appointment? | | | | |  | | | |
| Line Manager’s name: |  | | | | Line Manager’s contact details (e-mail and tel. no): | | |  |
| If working pattern is not standard e.g. 36.25 hours per week, 7.15 hours per day, Mon - Fri, please provide work pattern information below (please note that this is not required for guaranteed hours contracts).   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Work Pattern** | **Morning** | **Morning** | **Afternoon** | **Afternoon** | |  | **Start (xx:xx)** | **Finish (xx:xx)** | **Start (xx:xx)** | **Finish (xx:xx)** | | Mon |  |  |  |  | | Tues |  |  |  |  | | Wed |  |  |  |  | | Thurs |  |  |  |  | | Fri |  |  |  |  | | Sat |  |  |  |  | | Sun |  |  |  |  |   If working pattern is not the same each week please attach details when sending this form back to HR. | | | | | | | | |
| Pay Information | | | | | | | | |
| Pay Grade: | | |  | | | Salary Point: | |  |
| It is normal University practice to appoint new employees at the bottom of the salary scale. If you believe that there is a clear justification to appoint above the bottom of the salary scale, please provide a written justification referring to the criteria in the University’s [Salary Placement Policy](http://staff.napier.ac.uk/services/hr/Documents/Policies/Salary%20Placement%20Policy%20Final%202015.docx): | | | | | | | | |
| Cost Centre 1: | | |  | | | % split: | |  |
| Cost Centre 2: | | |  | | | % split: | |  |
| **Location Details (it is important that the below information is accurate, as this information is fed directly to Information Services in order for them to update the Staff Directory)** | | | | | | | | |
| Location (campus): | | |  | | | | | |
| Room Number: | | |  | | | If the successful candidate requires a phone please contact Information Services regarding this request.  Email: [ISServiceDesk@napier.ac.uk](mailto:ISServiceDesk@napier.ac.uk) | | |
| Additional Information | | | | | | | | |
| Have relocation expenses been agreed? *If so, state how much.* | | | | | | Y / N | | |
| Does the role require PVG scheme membership? | | | | | | Y / N | | |
| Does the role require a Disclosure check? *If so, specify what level.* | | | | | | Y / N | | |
| Does the role involve driving? | | | | | | Y / N | | |
| Is the candidate required to obtain HEA membership/PGCert? | | | | | | Y / N | | |
| Are there specific health hazards associated with the role? *Please select.* | | | | | | Y / N  □ Exposure to chemicals, ionising or non-ionising radiation  □ Exposure to dermatitis or other skin irritant  □ Exposure to noise  □ Exposure to respiratory sensitisers  □ Handling food  □ Healthcare worker  □ Prison Officer  □ Professional Driver – Group 1  □ Teaching  □ Use of vibrating tools or whole body vibration  □ Working alone  □ Working at heights  □ Working at night  □ Working in cold conditions | | |
| Sign Off | | | | | | | | |
| Budget Holder’s Signature: | | | |  | | | | |
| Budget Holder’s name and date: | | | |  | | | | |