**AGENDA FOR CHANGE JOB EVALUATION SCHEME**

**REVIEW SUBMISSION FORM – PART A**

This form should be used to submit additional job information for use in the Job Evaluation Review procedure. The form should also be used where employees disagree with the banding outcome for their post but do not wish to submit any additional information.

The additional information contained in the form must be agreed between the employee(s) carrying out the role and the line manager.

The form must be submitted by email to the Job Evaluation Unit by authorised Line Managers and a copy retained in each employee’s personal file.

**Completed forms should be emailed to** [**Rachel.Fyfe@ggc.scot.nhs.uk**](mailto:Rachel.Fyfe@ggc.scot.nhs.uk)

**using ‘Review Submission Form’ as the subject header. Please remember to send Part A and Part B when submitting Review information.**

|  |  |
| --- | --- |
| **Section 1: Job Details** | |
| Job Title |  |
| CAJE no (from the matched job report) |  |
| Department |  |
| Service (Acute/HSCP/CHCP/CHP/Corporate) |  |
|  |  |
| Name of employee who can be contacted by the Review panel for additional information/clarification |  |
| Telephone number |  |
| Mobile telephone number |  |
| Name of Line Manager who can be contacted by the Review panel for additional information/clarification |  |
| Telephone number |  |
| Mobile telephone number |  |
| Email address |  |

**AGENDA FOR CHANGE JOB EVALUATION SCHEME**

**REVIEW SUBMISSION FORM – PART B**

This form should be used in conjunction with Part A to submit additional job information for use in the Job Evaluation Review procedure. The additional information contained in the form must be agreed between the employee(s) carrying out the role and the line manager.

The form must be submitted by email to the Job Evaluation Unit by authorised Line Managers and a copy retained in each employee’s personal file.

**Completed forms should be emailed to** [**Rachel.Fyfe@ggc.scot.nhs.uk**](mailto:Rachel.Fyfe@ggc.scot.nhs.uk)

**using ‘Review Submission Form’ as the subject header. Please remember to send Part A and Part B when submitting Review information.**

|  |  |
| --- | --- |
| **JOB TITLE** |  |
| **CAJE ID NO** |  |
| **Section 1: Reason for requesting a Review** | |
| **1. Post should be matched to a different National Profile** | |
| *Please explain why you feel another National Profile is more appropriate (in no more than 50 words)* | |
| **2. Job Information was not included in the original job description submitted.** | |
| **Any duties described must have been carried out as part of the post holder's job responsibilities at the date when the job description content was agreed and/or the effective date of these being carried out.**  **Please briefly describe the nature of the job responsibilities. You must also complete the relevant Factor box(es) in Section 3 to provide fuller information on specific responsibilities.**  **Information should be submitted only for those factors where the employee(s) disagree with the level awarded by the original matching panel.** | |
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| **Section 2** | | |
| **JOB**  **EVALUATION FACTOR** | | **RELEVANT JOB INFORMATION** |
| **If you agreed with the factor level allocated there is no requirement to supply any additional information.** |
| 1. | Communications & Relationship skills |  |
| 2. | Knowledge, training & experience |  |
| **3.** | **Analytical & judgemental skills** |  |
| 4. | Planning & organising skills |  |
| 5. | Physical Skills |  |
| 6. | Responsibility for Patient/Client care |  |
| 7. | Responsibility for policy/service development |  |
| 8. | Responsibility for financial & physical resources |  |
| 9. | Responsibility for human resources |  |
| 10. | Responsibility for information resources |  |
| 11. | Responsibility for research & development |  |
| 12. | Freedom to act |  |
| 13. | Physical effort |  |
| 14. | Mental effort |  |
| 15. | Emotional effort |  |
| **16.** | **Working conditions** |  |