VACANCY AUTHORISATION FORM

**Section 1: For Submission to EMT (where appropriate)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post Title: | | | | | | | | | | | | | | Post Number: | | | | | |
| Service Area: | | | | | | | | | Location: | | | | | | | | | | |
| Unit: | | | | | | | | | | | | | | Cost Centre: | | | | | |
| Salary Grade: |  | | | | Shift Allowance/Weekend Enhancement | | | | | | | | | | |  | | | |
| Employment Status (**✓** as appropriate): | | | | | | | Perm | | | | | Fixed-term | | | | | | Supply | |
| Work Style (**✓** as appropriate): | | | | Fixed | | | | Home | | | | | Hybrid | | | | | Mobile | |
| If fixed term reason please circle the appropriate reason below: | | | | | | | | | | | | | | | | | | | |
| Maternity Cover | | Sickness Absence cover | | | | | | | | Secondment Cover | | | | | | | Career Break Cover | | |
| Short term seasonal work | | Specific time limited project | | | | | | | | External time limited funding | | | | | | | A planned service restructure | | |
| Hours Per Week: | | | Weeks Per Year: | | | | | | | | End Date (if applicable): | | | | | | | | |
| **Reason for Request** (**✓** as appropriate): | | | | | | | | | | | | | | | | | | | |
| Established post fallen vacant: | | | | | |  | | | | | Newly Created Post: | | | | | | | |  |
| Existing Post undergone material change: | | | | | |  | | | | | Increase of Establishment: | | | | | | | |  |
| Is the post needed to meet statutory staffing ratios? (Yes/No) | | | | | |  | | | | | | | | | | | | | |
| What are the implications for service delivery and/or budget (including income) if the post is not filled? | | | | | |  | | | | | | | | | | | | | |
| How long could the service operate without appointment to the post before critical impact? | | | | | |  | | | | | | | | | | | | | |
| **Line manager:** | | | | | |  | | | | | | | | | Date: | | | | |
| **Head of Service approval:** | | | | | |  | | | | | | | | | Date: | | | | |
| **EMT Approved:** | | | | | |  | | | | | | | | | Date: | | | | |

**Section 2: To be considered by Head of Service in Advance of Submission to EMT – but not included in submission to EMT**

| **Issue for Consideration** | **Outcome of Consideration** |
| --- | --- |
| Provide details on the number of equivalent posts within the service structure.  **Service structure chart must be enclosed**  **Job outline must be enclosed** |  |
| Can the post be redesigned to be delivered by reduced hours – i.e. part time, term time or sessional working? |  |
| Can the post be redesigned to provide the same output at a lower cost? |  |
| Can the post be filled by redeployment with training? |  |
| If no, could it be filled through internal recruitment? |  |
| Does the post need to be filled on a permanent basis? |  |

**Section 3: Recruitment Details and Arrangements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Previous Postholder: | | | | | | | Date Post became Vacant: | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | |
| Enclosures (**✓** if e-mailed to Recruitment) | | Job Description: | | | | | | Person Spec: | | | Advert: | | | |
| Does the post require a PVG Disclosure Scotland check? | | | | | | | | | YES |  | | | NO |  |
| Work with Children **(please tick)** | | |  | | Work with Adults (**please tick)** | | | | | | |  | | |
| Does the post require applicants to be registered with Scottish Social | | | | | | | | |  | | | | | |
| Services Council (SSSC)? | | | | | | | | | YES |  | | | NO |  |
| Advertising (**✓** as appropriate): | Internal only | | |  | | Internal & External | | | |  | | |  | |
| Please justify an external advert and advise which publications you wish to use: | | | | | | | | | | | | | | |
| **External Adverts only**:  All external posts will be placed on the Myjobscotland website. In addition, Social Media (Twitter and Facebook) can also be used for specialised or hard to fill posts. Please indicate if you wish to take up this option. | | | | | | | | | YES |  | | | NO |  |
|  | | | | | | | | | | | | | | |
| Lead Officer |  | | | | | | | | Contact No: | | | | | |
| Manager/s Dealing With Recruitment |  | | | | | | | | Contact No | | | | | |
| Manager/s Dealing With Recruitment |  | | | | | | | | Contact No | | | | | |
| All managers involved in the recruitment process **must** complete the Recruitment and Selection e-learning module available on MyLearning (<https://mylearning.westlothian.gov.uk/login/index.php> ). As Lead Officer I confirm that all managers named on this form (including myself) have completed this training in the last 2 years | | | | | | | | | | | | | | |
| Name (PRINT): | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | |
| **Head of Service** **Authorisation** | | | | | | | | | | | | | | |
| Name (PRINT): | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | |

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| --- |
| Completed form to be returned to:  **recruitment@westlothian.gov.uk** |