REQUEST STAFF FORM

One form for all PHSSL Staffing requirements

Use this form for temporary, permanent, short-notice, holiday/sickness or ongoing workforce support. **Select all options that apply.**

1. ORGANISATION & CONTACT DETAILS

Organisation Name	
Contact Name	**Job Title / Role**
Telephone	**Email**
Service / Setting	**Postcode**
Full Address / Location	

2. TYPE OF STAFFING SOLUTION REQUIRED

☐ Temporary Staffing
☐ Permanent Recruitment
☐ Short-Notice Cover
☐ Holiday & Sickness Cover
☐ Ongoing Workforce Support
☐ Other: _____

3. STAFF REQUIRED

☐ Care Assistants
☐ Support Workers
☐ Senior Carers
☐ Nurses
☐ Mental Health Support Workers
☐ Learning Disability & Autism Support Workers
☐ Kitchen Assistants
☐ Domestic / Cleaning Staff
☐ Catering Support
☐ Other role: _____

Number of Staff	**Preferred Start Date**
Duration / End Date	**Urgency** ☐ Routine ☐ Urgent ☐ Short notice

4. SHIFT / WORK PATTERN

☐ Day
☐ Night
☐ Weekend
☐ Bank Holiday
☐ Long Day
☐ Early
☐ Late
☐ Sleep-in / Waking Night
☐ Flexible / Various
☐ Other: _____

Shift Start Time	**Shift End Time**
Days / Dates Required	

5. ROLE REQUIREMENTS

Experience / Skills Required	
Training / Qualifications Required	
DBS / Compliance Requirement	
Driving / Transport	☐ Not required ☐ Driver preferred ☐ Driver essential
Other Essential Requirements	

6. ADDITIONAL INFORMATION

Any other information that will help us understand your staffing requirement:

_____

_____

7. CONFIRMATION

☐ I confirm that the information provided is accurate and I consent to PHSSL Staffing Limited contacting me about this staffing request.

Name: _____ Date: _____