

APPENDIX 2 – SECONDARY EMPLOYMENT FORM



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Employees Disclosure of Secondary Employment Form

Please use this form to declare any secondary employment you are engaged in or intending to engage in.

1. Employees Disclosure of Secondary Employment			
Name of Employee making declaration (Please PRINT)			
Post Title		Employee Number	
Division or Directorate			
2. Details of Secondary Employment			
Name of Employer (if Self Employed state Trading Name)			
Address of Employer			
Position Held/Job Title			
Days Employed (circle appropriate days)		M T W T F S S or VARIOUS	
Total hours to be worked (indicate whether daily/weekly/monthly)			
To ensure compliance with working time regulations, if you hold a second post outside of DBTH please complete the Working Time Directive opt out agreement section.			
3. Employee Declaration			
<p><i>I understand that it is a serious offence to make or conspire to make any false statement on this form or to withhold any relevant information, and that such an offence could lead to disciplinary action and I may also be liable for criminal prosecution and/or civil recovery proceedings. I consent to disclosure of information from this form to and by the Trust with NHS Counter Fraud Specialists for the purpose of verification, prevention, detection and prosecution of fraud.</i></p>			
Form submitted by: _____ (PRINT)			
Signature: _____		Date: _____	
4. Manager Approval (Line Manager and Above)			
Signature: _____		Date: _____	
Name: _____ (PRINT)			
<p>The original completed form should be retained on the employee file. A copy must be sent by the approving Manager to the Management Information Team, P&OD, D Block, Doncaster Royal Infirmary.</p>			



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WORKING TIME DIRECTIVE OPT-OUT AGREEMENT

Employees will not normally be expected to work on average more than 48 hours per each seven day period. This can be averaged over 17 weeks. Working time is calculated exclusive of meal breaks (except where individuals are required to work during meal breaks). Please note that a decision to work more than 48 hours is an individual voluntary option and no pressure should be placed on the individual to take this option. Doctors in training are excluded as they have specific provisions for the monitoring of their hours at work.

INDIVIDUAL OPT-OUT

(Please Tick or Complete Appropriate Option)

- I agree with the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ("the employer") that the limit in Regulation 4(1) of the Working Time Regulations 1998 shall not apply to me and that my average working time may therefore exceed 48 hours for each seven-day period (as defined by and calculated in accordance with the Working Time regulations 1998). This agreement can be terminated by me giving three months' notice in writing to the employer.

A - This agreement shall apply on an on-going permanent basis

B - This agreement shall apply

From (date)

Until (date)

- I do not agree to Opt-out of Regulation 4 (1) of the Working Time Regulations 1998 regarding the Maximum Weekly Working Time.

Signature:

Name (PRINT):

Date: