



ESTABLISHMENT CHANGE FORM

Complete Part One if the following applies:

- If there is a significant service change (eg significant changes to job roles/job descriptions as a result of new service delivery models, potential redundancy situations or other detrimental staffing implications such as pay protection)
- If there is a significant change to the existing structure (eg creating a large new team/section)

Complete Part Two (Page 5) ONLY if:

- You are creating new post/s (temporary / permanent / grant funded)
- You are deleting an existing post/s
- You are increasing or decreasing hours in a post/s
- You are changing contract type (eg from temporary to permanent)

PART ONE

Report of the Director/Head of Service

Directorate	
Division (Service Area)	
Section	
Sub-Section	
Effective Date of Change/s	
Accountable Manager	
Email Address / Telephone Number	

1. Structure Charts

Please include:-

- Current structure chart (Including:- Job Title, JE ID, Grade, No of Post/Hours available)
- Structure chart following the proposal for change

(Please ensure no employee names are shown on the charts)

2. Details of the Proposal

Include below Details:-

- If posts are being deleted or created
- If any employee is at risk of redundancy
- If new post, how it is being filled e.g. ring-fenced advert/normal recruitment procedures

Please ensure the 'Management of Change in Partnership' procedure is followed, which includes consultation with both employees and trade unions.

3. Details of Changes / Financial Appraisal

Please complete all fields							
Please provide here where the proposal is being funded from:-							
Posts Created	JEID	Grade	Contracted Hours	Salary		Additional Costs *	Total Costs
				Min	Max		
Example - 1 x HR Officer	1234	GR 8	37				
Posts Deleted	JEID	Grade	Hours Available	Salary		Additional Costs *	Total Costs
				Min	Max		
						Net Costs / Savings	

*Additional Costs e.g. Market pay supplement / Allowances / Enhancements etc.

4. Integrated Impact Assessment

An Integrated Impact Assessment (IIA) **must** be undertaken for **all** changes and the completed forms attached.

Please indicate which form has been completed.	Screening - First Stage	Yes / No
	Full Impact Assessment	Yes / No

5. Approval

<u>Group Accountant</u>	<u>Signature</u>	
Approved:	Yes	
	No	Please comment

HoS/Nominated Manager - Please send to the HR Manager and then for HoS final approval

<u>HR Manager</u>	<u>Signature</u>	
Approved:	Yes	
	No	Please comment

<u>Sponsoring Head of Service</u>	<u>Signature</u>	
Approved:	Yes	
	No	Please comment

<u>Cabinet Member or Leader</u> <u>(where Cabinet Member declares an interest)</u>	<u>Signature</u>			
Approved:	Yes	Must report changes to the Personnel Committee	Yes	No
	No	Please comment		

If these changes do not need to be reported to the Personnel Committee, please email this form and the IIA forms, fully completed, to the HR Workforce Information Team estabteam@npt.gov.uk

PART TWO

[Please note no structure charts or IIA are required]



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

**Please email the completed form to the HR Workforce Information Team estabteam@npt.gov.uk
Please note – if you are advertising the role/s, please also complete the Recruitment Requisition on the I Trent system.**

Please complete all fields below. This form is designed to assist HR in selecting the correct post to be used.

Position Ref No (For Estab Team Use Only)	
Is this a new post (i.e. not previously on your structure)	Choose an item.
Post Title	
Previous Post Holder	
Effective Date	
Disestablish Date (If Applicable)	
JEID - If Post Has Been Evaluated	
Post Grade (JEID If Post Has Been Evaluated)	
Reports To Employee Name & Post No	
Does this post manage people	Choose an item.
Location	
Contract Type (Please Select One)	Choose an item.
Contract End Date (For Temporary/Fixed Term/Seasonal Contracts)	
Term Time	Choose an item.
If yes, please state number of weeks per year	
Registration Req'd	Choose an item.
Politically Restricted	Choose an item.
Contracted Hours Available In Post	
Cost Centre	
Directorate	Choose an item.
Division (Head of Service)	
Section	
Sub-section	
Reason For Post (i.e. New post on the structure, Secondment, Maternity Cover, etc) & other information	
DBS Check Level	Choose an item.
DBS Check Level Detail	Choose an item.
Welsh Language Requirement (For Post)	Choose an item.
Welsh Language Requirement Reason	Choose an item.
Is Network/active directory login required? (Will the postholder require access to the NPT Network?)	Choose an item.

<u>Staff No</u>	<u>Employee Name</u>	<u>Contract Hours</u>	<u>SCP</u>	<u>Term Time (Y/N)</u>	<u>Additional Notes - Please state any working patterns i.e. days and hours of work.</u>

Financial Appraisal

<u>Costs</u>	Min SCP £	Max SCP £
Salaries plus on-costs		
Other (please specify)		
Total Costs		
<u>Funding</u>	Min SCP £	Max SCP £
Please specify		
Total Funding		

Approval

<u>Group Accountant</u>	<u>Signature</u>	
Approved:	Yes	
	No	Please comment

<u>Sponsoring Head of Service</u>	<u>Signature</u>	
Approved:	Yes	
	No	Please comment

<u>Cabinet Member or Leader</u> <u>(where Cabinet Member declares an interest)</u>	<u>Signature</u>			
Approved:	Yes	Must report changes to the Personnel Committee	Yes	No
	No	Please comment		

