



Personnel Services

New Appointment Authorisation Form

Please return the completed forms to Personnel Services unless the position is externally funded. **If externally funded return the form to Research Finance Office, 2nd Floor, Tower Building.** Contracts of employment cannot be prepared if all the information and authorisation requested is not provided. Please also include a CV or Application Form and any Reference Reports or Health Statements of the successful candidate. **If you have any difficulties in completing this form staff in Personnel Services will be glad to help.**

Details of Vacancy

Vacancy Reference Number OR Unadvertised (tick)
Previous Incumbent (Give name, Staff Category and Grade) OR New Post (tick)
.....

Details of Appointee

Name: (Title, Forename, Surname)
The appointee: has held a previous post with the University (tick)
holds a current post with the University (tick)
Send contract to: Department Address (tick)
Home Address (tick)
On first day reports to: Name:
Designation: Location:

Work Permit

Does the Appointee require a Work Permit? If 'Yes' then contact your Faculty/SASS Personnel Officer immediately. A Work Permit is required for citizens of non-EEA countries. If in doubt, please contact Personnel Services
YES **NO**

Details of Appointment

Position/Job Title:
Department/School/Division:
The position is: Permanent Start Date: End Date: (if applicable)
Fixed-term
The position is: Full-time
Part-time

If part-time please state either number of hours for Technical, Clerical, Manual and Research Nurse positions or the percentage of full-time for Academic, ALC, Other Related and Research positions.

Grade, Spinal Point & Starting Salary:
Working under the direction of:

Honorary Contract

For Academic Staff in the Medical & Dental Schools and Academic & Related Staff in the School of Nursing & Midwifery
Is an Honorary contract required? State Organisation:
Is this for Clinical Work On call duties?: **Yes** **No**
(ie patient contact?)
Or Research work **State Grade** Clinical Scientist
(ie access to patient data/samples) **of Honorary** Research Nurse/Midwife
Contract: Other – please specify:

Salary Charging

| Source of Funding | % Split | Level 1 | | | | Level 2 | | | | Level 3 | | | | Level 4 | | | |
|-------------------|---------|---------|--|--|--|---------|--|--|--|---------|--|--|--|---------|--|--|--|
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Reclaims

Complete if the salary for this post (or if a proportion) is to be reclaimed from another organisation. (See Procedure).

Name & Address of Organisation:

Reclaim Percentage % OR

Fixed Monthly Amount £..... Apportion Y/N

Account Code to which reclaim should be invoiced:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Superannuation

Superannuation is automatically offered to all employees except those who have already retired. If you believe the above person is in this category please tick.

Approval

Advertised Position

Where approval for filling this vacancy has already been given (i.e. on Recruitment Authority Form – RAF) and the post advertised, this form must be signed by the **Convener of the Appointing Committee** or the **Head of Department/School/Division**.

Unadvertised Position

Most positions are advertised. However it is recognised that it may not be appropriate to advertise a vacancy which may lead to certain new appointments. Examples of this might include:

- A research grant has been awarded on the basis that the work is carried out by a named researcher.
- The work is of a temporary (normally 3 months or less) nature
- Hourly paid Academic Staff
- Maternity cover is required

Externally funded Research, Technical, Clerical and Manual positions; Hourly Paid Academic Staff; Temporary Weekly Paid Clerical Staff; Life Models – these must be approved by both the **Grantholder** and the **Head of Department/School/Division/SASS Unit**.

Where approval for filling a vacancy has not already been given and an RAF has not been completed, this form must be signed by the **Head of Department/School/Division/SASS Unit** and **Dean/Secretary of the University**. If approval for filling this vacancy has already been given the signatures required are as stated in ‘Advertised Position’ above.

I approve the appointment to this position on the terms outlined above. I can confirm that the funds detailed above are sufficient to fund this appointment.

1. Name: Signature: Date:

2. Name: Signature: Date:

Externally Funded Positions

Send to Research Finance Office Prior to Personnel Services

Where all or some of the salary is charged to external funding send this form to Research Finance Office (RFO), 2nd floor, Tower Building for authorisation of external funding details. Once authorised RFO will automatically forward it to Personnel Services who will draw up and issue a contract. **Please send CV, Application form, References & Health Statement directly to Personnel Services with copy of this form as these are confidential documents.**

Research Finance Office Authorisation: Date:

DISCLOSURE SCOTLAND CHECKS

From 11 April 2005, the Protection of Children (Scotland) Act 2003 requires that staff who work in a “child care position” must be subject to a Disclosure Scotland check to ensure persons under the age of 18 are protected and that any risk to them is minimised. In addition, the University has a similar responsibility towards vulnerable adults.

The posts within the University that require Disclosure Scotland checks are:

- Lecturers
- Teaching Fellows
- Institute of Sport & Exercise Staff
- Tayside and Fife Institute for Sport Coaches
- Leisure Assistants
- Residences Staff (including managers) and Janitors who have contact with student accommodation
- Any other post that involves the appointee in the training, supervision or being in sole charge of children (under the age of 18) or vulnerable adults.

Where indicated below, Personnel Services will initiate a Disclosure Scotland check. It is, however, acknowledged that the delay in receiving clearance of the Disclosure Scotland check may significantly affect the start date of the appointee and, consequently, the activities of the Department/School/Division.

In these circumstances a Risk Assessment may be undertaken. An assessment of the risk of making the appointment, prior to the full Disclosure Scotland check being completed, may be made by the Head of Department/School/Division and the approval of the appointment for the date requested on the New Appointment Authorisation Form given by the Dean of Faculty by completion of the Risk Assessment form (overleaf).

It should be noted that responsibility for approving the appointment ultimately rests with the Dean so he/she should be entirely satisfied that the risk has been fully assessed.

DISCLOSURE SCOTLAND CHECK REQUIRED **YES** **NO**
(tick appropriate box)

UNIVERSITY OF DUNDEE

DISCLOSURE SCOTLAND

RISK ASSESSMENT

APPROVAL TO APPOINT PRIOR TO RECEIPT OF A DISCLOSURE SCOTLAND CHECK

PART 1 – TO BE COMPLETED BY APPOINTING HEAD OF DEPARTMENT/SCHOOL/DIVISION

.....(name) has been appointed to the post of in the Department/School/Division
..... subject to a satisfactory check by Disclosure Scotland.

I have carried out a risk assessment and assess the risk of appointing(name) prior to receipt
of the Disclosure Scotland check as high/low *(delete as appropriate) because:

Low Risk

- General duties will not routinely involve one-to-one contact with children (i.e. under the age of 18) or
vulnerable adults
References have been checked

High Risk

- General duties will involve regular one-to-one contact with children or vulnerable adults.

If considered High Risk, Disclosure Clearance always required prior to appointment unless appropriate
measures can be put in place to ensure no sole access to children until clearance received.

Any other comments or matters to be highlighted:-

.....
.....
.....

I confirm that there will be difficulties in maintaining the required level of service if
(name) does not take up post by(date on New Appointment Authorisation Form)

NAME POSITION

SIGNATURE DATE.....

PART 2 – TO BE COMPLETED BY DEAN OF FACULTY

I grant approval to commence (name) prior to receipt of the Disclosure Scotland Check

NAME POSITION

SIGNATURE DATE