## SECONDMENT APPLICATION FORM

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| --- | --- |
| **Name:** |  |
| **Position applied for:** |  |
| **Length of secondment:** |  |
| **Starting date of secondment if know:** |  |
| **Current Service Area:** |  |
| **Secondment Service Area:** |  |
| **Current grade:** |  |
| **Secondment grade**: |  |
| **Location:** | Brent Civic Centre |
| **Email Address:** |  |
| **Signature:** |  |
| **Date:** |  |

**Line Manager to complete:**

I confirm that ……………………………………………. has discussed their application for secondment and I fully support this application.

|  |  |
| --- | --- |
| **Name of Line Manager:** |  |
| **Job Title:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Signature:** |  |
| **Date:** |  |