****

**Re-grading Application Form**

If this form is completed electronically, the boxes will grow to accommodate your response. If you require a hard copy of the form please contact the [Reward and Benefits Team](https://www.staffnet.manchester.ac.uk/people-and-od/current-staff/pay-conditions/hera/contact-us/).

Once completed and verified the form should be submitted to your [People and OD Partner](https://www.staffnet.manchester.ac.uk/people-and-od/aboutpeopleod/contact-us/peopleod-partners/) together with original and updated job descriptions and any supporting documentation, including a current structure chart where available.

**Applications will not be assessed until all documentation has been received.**

|  |  |
| --- | --- |
| **Name:** | **Staff Number:** |
| **Organisational Unit (Division/School/Faculty/Directorate):** | |
| **Current Job Title:** | **Proposed Job Title:** |

|  |
| --- |
| **Summary of how the role has changed, including details of additional duties and responsibilities required of the role:** |

**Please record evidence of additional duties or responsibilities undertaken against each of the applicable HERA elements (guidance notes can be accessed via the** [**Reward and Benefits website**](https://www.staffnet.manchester.ac.uk/people-and-od/current-staff/pay-conditions/hera/hera-regrades/)**)**

|  |
| --- |
| 1. **Communication** |
| **Oral** |
| **Written** |
| 1. **Teamwork and Motivation** |
|  |
| 1. **Liaison and Networking** |
| **Liaison** |
| **Membership of Networks** |
| **Initiating, Building or Leading Internal Networks** |
| **Initiating, Building or Leading External Networks** |
| 1. **Service Delivery** |
|  |
| 1. **Decision Making Processes and Outcomes** |
| **Independent** |
| **Group** |
| **Advice** |
| 1. **Planning and Organising Resources** |
|  |
| 1. **Initiative and Problem Solving** |
|  |
| 1. **Analysis and Research** |
|  |
| 1. **Sensory and Physical Demands** |
|  |
| 1. **Work Environment** |
|  |
| 1. **Pastoral Care and Welfare** |
|  |
| 1. **Team Development** |
|  |
| 1. **Teaching and Learning Support** |
|  |
| 1. **Knowledge and Experience** |
|  |
| **Other Significant Activities** |
|  |

|  |  |
| --- | --- |
| Individual: I confirm that the above represents a true and accurate picture of my additional duties and responsibilities now undertaken. | |
| Name: |  |
| Signed: |  |
| Date: |  |

|  |
| --- |
| **Verification** |
| The Manager and Senior Approver should complete and sign either Section A or B below as appropriate |

|  |  |
| --- | --- |
| **Section A** | |
| Manager: I **agree** that the above represents a true and accurate picture of the additional duties and responsibilities now undertaken by the applicant. | |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |
| Senior Approver: I **agree** that the above represents a true and accurate picture of the additional duties and responsibilities now undertaken by the applicant. | |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Section B** | |
| Manager: I **do not** agree that the above represents a true and accurate picture of the additional duties and responsibilities undertaken by the applicant for the reasons outlined below and can confirm that these have been discussed with the individual. | |
|  | |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |
| Senior Approver: I **confirm** that I agree with the Manager’s summary above. | |
| Name: |  |
| Position: |  |
| Signed: |  |
| Date: |  |