

# Appendix 2: Individual Consultation Form

Please send this completed form along with a copy of the invitation to meeting letter to the Divisional Manager or local HR Manager/Team.

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Division/ Department |  |
| Proposed date of end of contract/ end of funding |  |

|  |
| --- |
| Meeting date:  Name of accompanying trade union representative / colleague (if applicable):  Confirm and make notes on the following points:  1. Confirm the reasons for the possibility of the contract ending e.g. end of funding  2. Does the employee have any representations with regard to the termination of their contract, questions or raise any relevant issues?  3. Are there any alternatives e.g.   * the possibility of additional funding becoming available * the allocation of alternative duties * remind the employee to apply for alternative roles via the [Redeployment Policy](https://www.ucl.ac.uk/human-resources/redeployment-policy)   4. Support available, such as the arrangements that are in place for seeking redeployment within UCL, the right to time off to seek alternative employment, relevant training opportunities and where relevant, [eligibility for a redundancy payment](https://www.ucl.ac.uk/human-resources/redundancy-entitlement) or for [early retirement](https://www.ucl.ac.uk/human-resources/pay-benefits/pension-services/retirement).  5. Are there any alternatives or actions that need to be followed up?  **Outcome**  Confirm that the contract will end if there are no new courses of action to be investigated after the meeting  Employee will continue employment  Reason (e.g. research funded):  Date:  Employees post will terminate (MyHR Leaver Notification form updated)  Date:  Other (please explain) |
| **If the post will be terminated, please confirm other items discussed:** |
| **Comments / further action to be taken or further points that needs to be followed up**: |

Electronic Signature / print name (Employee)

Date

Electronic Signature / print name (Manager or Nominee)

Date

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