# Organisational Role Nomination Form

This form should be returned to [nominations@nhscfa.gov.uk](mailto:nominations@nhscfa.gsi.gov.uk) who will aim to respond within 5 working days.

For details on how data collected will be retained and stored, please view the NHSCFA Privacy Policy at [Privacy Policy | NHS Counter Fraud Authority | NHSCFA](https://cfa.nhs.uk/about-nhscfa/information-hub/terms-of-service/privacy)

**Section A**

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| --- | --- | --- |
| Please indicate for which role this nomination applies: | **Enter X for applicable role** | **Complete Sections** |
| Local Counter Fraud Specialist (LCFS) - Lead |  | B, C, |
| Local Counter Fraud Specialist (LCFS) - Support |  | B, C |
| Fraud Champion |  | B, D |
| Director of Finance |  | B |
| Audit Committee Chair |  | B |

**Section B**

|  |  |
| --- | --- |
| Nominating body | |
| Name of healthcare organisation |  |
| NHS organisation code (e.g. RZZ) if applicable |  |
| Commissioner/provider  (please specify) |  |
| Address of healthcare organisation |  |
| **Nominee details** | |
| Last name |  |
| First name |  |
| Initials |  |
| Title – Mr, Mrs, Miss etc |  |
| Date of birth |  |
| Work address (if different from above)  If the nominee is not a direct employee of the nominating healthcare organisation, please include the employer name. | Employer name |
| Employer address |
| Work telephone number (incl ext) |  |
| Email |  |
| Job title |  |
| **If applicable** LCFS accreditation number **if** (please enclose a copy of your certificate) |  |
| If this is a temporary placement, please state for how long and give reason(s) |  |
| Is the nominee nominated for any other healthcare organisation? If so, please provide details. |  |

**Section C**

This section must be completed in accordance with the document ‘[Guidance on the nomination of Local Counter Fraud Specialists (LCFSs)](https://cfa.nhs.uk/resources/downloads/guidance/LCFS/Guidance_on_the_nomination_of_LCFSs_March_2020.pdf)’, which is available on the [NHS Counter Fraud Authority’s (NHSCFA) website](https://cfa.nhs.uk/).

The form is to be endorsed by an accountable board member from the nominating healthcare organisation, as outlined in the above document.

|  |  |
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| LCFS employer declaration | |
| I confirm that I have read and understood the NHSCFA document ‘Guidance on the nomination of Local Counter Fraud Specialists (LCFSs)’ and that all necessary employment checks have been undertaken in accordance with NHS Employers’ NHS Employment Check Standards to ensure that the nominee is a suitable person to perform the function of Accredited Local Counter Fraud Specialist. See <http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards>  I confirm that this nominee meets the standards required as set out in the relevant guidance and that no issues that have been identified which would call into question the nominee’s suitability for the role.    I confirm that the nominee does not meet the full standards required as set out in the relevant guidance. However, these factors have been considered and any associated risk accepted by the employer as part of the recruitment process (Appendix A should be completed where appropriate).  I understand that this nomination is subject to confirmation by the NHSCFA before the individual can perform the role for which they have been nominated.  I understand that as a representative of the employing organisation I will be responsible and accountable for the management of the local counter fraud and will ensure the NHSCFA’s policy and guidance is followed. | |
| Signature |  |
| Print name |  |
| Position/job title |  |
| Date |  |

|  |  |
| --- | --- |
| Nominee declaration | |
| I understand this nomination is subject to confirmation by the NHSCFA before I can perform the role for which I have been nominated.  I confirm that I have read and understood my responsibilities in carrying out this role as outlined in the related guidance and have not withheld any relevant information that could affect this process.  This declaration is true to the best of my knowledge and belief and I am aware that I have a continuing obligation to provide updated information should circumstances change.  I agree for the information on the attached supporting documentation at Appendix A to be disclosed to the NHSCFA. | |
| Signature |  |
| Print name |  |
| Date |  |

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| --- | --- |
| Nominating body declaration | |
| I confirm that I have read and understood the NHSCFA document ‘Guidance on the nomination of Local Counter Fraud Specialists (LCFSs)’and that this nomination is supported and endorsed.    It has been confirmed by the LCFS employer that the nominee meets the standards required as set out in the ‘[Guidance on the nomination of Local Counter Fraud Specialists (LCFSs)](https://cfa.nhs.uk/resources/downloads/guidance/LCFS/Guidance_on_the_nomination_of_LCFSs_March_2020.pdf)’ document, and that no issues have been identified which would call into question the nominee’s suitability to act as an LCFS for this organisation.    I understand that this nomination is subject to confirmation by the NHSCFA before the individual can perform the role for which they have been nominated.  I understand that I will be responsible for the management of counter fraud work in accordance with the NHSCFA’s guidance, which includes responsibility for all persons conducting such work at this healthcare organisation. | |
| Signature |  |
| Print name |  |
| Position / job title |  |
| Date |  |

**Section D**

Authorisation of Fraud Champions must be made by the organisation Director of Finance/Chief Finance Officer.

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| Nominating body declaration | |
| I understand that this nomination is subject to confirmation by the NHSCFA before the individual can perform the role for which they have been nominated.  I understand that I will be responsible for the management of counter fraud work in accordance with the NHSCFA’s guidance, which includes responsibility for all persons conducting such work at this healthcare organisation. | |
| Signature |  |
| Print name |  |
| Position / job title |  |
| Date |  |

Appendix A

**Strictly private and confidential**

The following information will be treated in the strictest confidence.

|  |  |
| --- | --- |
| Supporting documentation | |
| Name of nominee |  |
| Please supply full details of why the nominee has not met the standards and provide assurance that a risk assessment has been conducted to mitigate any such identified risk. | |