**SOCIETY OF RADIOGRAPHERS LIFE AND LIMB COVER PRO-FORMA**

**Strike Date: 8am Tuesday 25th July 2023 to 8am Thursday 27th July 2023**

**Trust:** ………. Insert name

**To:** ………. Insert manager’s name

**From:** ………Insert your name … Society of Radiographers Accredited Industrial Relations Representative.

**Re:** Provision of Life and Limb cover (derogations) during strike action called by the Society of Radiographers.

The following examinations/treatments will be provided for the duration of the strike in each modality within the Trust.

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| --- | --- | --- | --- | --- | --- |
| **Modality** | **Service Provision** | **Required number of staff and Band** | **Date of shift** | **Time of shift** | **Number of staff and band working** |
|  | **(eg bank holiday level of cover; CT head; trauma)** |  |  |  |  |
|  **Example - CT** | **Christmas day** | **1 Band 7 1 band 6 2 band 5**  | **25th July 2023** | **8am to 5pm** | **1 Band 7 1 band 6****2 band 5**  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**Signed**………………………………………. **Date……………………………….**

**SoR Industrial Relations Representative**