**Appendix B**

**Application for Maternity Leave and/or Pay**

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| **Name:** |  | **Employee Number:** |  |
| **Post:** |  | **NHS Start Date:** |  |
| **Department:** |  | **Expected Date of**  **Childbirth:** |  |
| **Base:** |  |
| **Line Manager** |  | **Line Manager Address** |  |

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| **Section 1** - Complete this section if you **DO NOT** intend to return to work**:** |
| I do not intend to return to work and my last day of service will be…………….…………..  I **wish/do not wish**\* to continue to pay pension contributions during my 52 weeks statutory maternity leave period. (\*please delete as appropriate)  **Signed:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date:** . . . . . . . . . . . . . . . . . |

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| **Section 2** - Complete this section if you **DO** intend to return to work **OR ARE UNSURE** of your intentions(see section 3 of the guidance): |
| I do intend to return to work and plan to start my maternity leave on……………………  I am applying for maternity leave and/or pay in accordance with scheme  **A1 / B1 / C1 / A3 / B3 / C3 / A4 / B4 / C4\***  (\*please delete as appropriate)  I plan to return to work on……………………………………….…………..(if known)  I agree to the conditions of service governing maternity leave and undertake to return to work for a minimum period of 3 months, with either the Trust or another NHS employer, within 15 months of the beginning of my maternity leave.  I am aware that:  1. If I decide to return to work before the end of my maternity leave period or the date given above I must give 8 weeks’ notice.  2. Should I fail to return to work for the Trust or another NHS employer, I shall be liable to refund the whole of the maternity pay received, less any Statutory Maternity Pay to which I am entitled.  3. If I pay pension contributions now and if I am subject to pension payments on my return to work, I shall be liable for payments during any unpaid period of maternity leave I might take.  **Risk Assessment**  A risk assessment has been completed by my manager, a copy of which is enclosed.  **Signed:** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date:** . . . . . . . . . . . . . . . . . . |
| Once completed, submit this application form to your manager, with your original Maternity Certificate (MAT.B1 form).  This form, the MAT B1 form and the maternity risk assessment should then be forwarded by your manager to  Human Resources  Holly Lodge  Tickhill Road Hospital  Balby  Doncaster  DN4 8QN |

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| Maternity Certificate (MAT.B1 form) Attached | Yes |  |  | No |  |
| Maternity Risk Assessment Attached | Yes |  |  | No |  |