**Appendix C**

**Application form for Shared Parental Leave**

**Section 1 – Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Employee Number:** |  |
| **Post:** |  | **NHS Start Date:** |  |
| **Department/ Care Group/ Corporate Directorate:** |  | **Base:** |  |
| **Line Manager** |  | **Line Manager Address** |  |
| I am (delete as appropriate)  The mother/adopter  The father of the child (in the case of a birth) or  The spouse, civil partner or the partner of the child’s mother/adopter | | | |

**Section 2 – Your Partners Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **National Insurance Number** |  |
| **Address** |  | | |
| They are (delete as appropriate)  The mother/adopter  The father of the child (in the case of a birth) or  The spouse, civil partner or the partner of the child’s mother/adopter | | | |

**Section 3 – Your Intentions**

|  |  |
| --- | --- |
| My/my partners maternity leave started/is expected to start on |  |
| My/my partners maternity leave ended/is expected to end on |  |
| My child’s expected week of confinement is/child was born on |  |
| The total of shared parental leave weeks my partner and I have available is |  |
| I intend to take the following number of weeks shared parental leave |  |
| My partner intends to take the following number of weeks shared parental leave |  |
| The total amount of shared parental pay (if applicable) my partner and I have available is |  |
| I intend to take the following number of weeks shared parental pay |  |
| My partner intends to take the following number of weeks shared parental pay |  |

**Section 4 – Your Requests**

|  |  |
| --- | --- |
| **Notification One**  (delete as appropriate) | |
| My request is for a continuous block of leave/discontinuous block of leave | |
| I am requesting the following date(s) as SPL |  |
| I am requesting to take these dates as OsPP | Yes/No |
| I am requesting to take these dates as ShPP | Yes/No |
| Request approved by Line Manager | Yes/No |
| If not approved, reasons why |  |
| Line Managers Name |  |
| Line Manager Signature |  |
| Date completed by Line Manager |  |

|  |  |
| --- | --- |
| **Notification Two**  (delete as appropriate) | |
| My request is for a continuous block of leave/discontinuous block of leave | |
| I am requesting the following date(s) as SPL |  |
| I am requesting to take these dates as OsPP | Yes/No |
| I am requesting to take these dates as ShPP | Yes/No |
| Request approved by Line Manager | Yes/No |
| If not approved, reasons why |  |
| Line Managers Name |  |
| Line Manager Signature |  |
| Date completed by Line Manager |  |

|  |  |
| --- | --- |
| **Notification Three**  (delete as appropriate) | |
| My request is for a continuous block of leave/discontinuous block of leave | |
| I am requesting the following date(s) as SPL |  |
| I am requesting to take these dates as OsPP | Yes/No |
| I am requesting to take these dates as ShPP | Yes/No |
| Request approved by Line Manager | Yes/No |
| If not approved, reasons why |  |
| Line Managers Name |  |
| Line Manager Signature |  |
| Date completed by Line Manager |  |

**Section 5 – Declaration**

The declarations must be signed and dated

**5.1 Your Declaration**

|  |  |
| --- | --- |
| **I can confirm** | |
| That I meet, or will meet, the eligibility conditions and are entitled to take SPL; | |
| That the information I have given on this form is accurate | |
| That (if you are not the mother/adopter) I am either the father of the child or the spouse of the civil partner or partner of the mother/adopter | |
| That should I cease to be eligible then I will immediately inform the Trust  Yes/No | |
| I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. | |
| Signed |  |
| Print Name |  |
| Date |  |

**5.2 Your Partners Declaration**

|  |  |
| --- | --- |
| **I can confirm** | |
| That I am the mother/adopter of the child or I am the father of the child or are the spouse, civil partner or partner of the mother/adopter | |
| That I satisfy the ‘employment and earnings’ test and has at the date of the child’s birth or placement for adoption the main responsibility for the child, along with the employee; | |
| That I consent to the amount of SPL that the employee intends to take | |
| That I consent to the Trust processing the information contained in the declaration form; and | |
| (If you are the mother/adopter) that I will immediately inform my partner should they cease to satisfy the eligibility conditions | |
| I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. | |
| Signed |  |
| Print Name |  |
| Date |  |

**5.3 Management Declaration**

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Job Title |  |
| Date |  |

**Section 6 – MATERNITY/ADOPTION LEAVE CURTAILMENT NOTICE**

**(To be completed if you are the child’s mother)**

Declaration: I wish to bring my maternity leave (and statutory and occupational maternity pay) to an end to be able to take shared parental leave. I have also completed a [form providing a notice of entitlement and intention to take shared parental leave/declaration that my partner has provided a notice of entitlement and intention to take shared parental leave to his/her employer and that I consent to the amount of leave that he/she intends to take]

|  |  |
| --- | --- |
| I wish to end my [ordinary/additional] maternity leave on |  |
| I wish my statutory and occupational maternity pay period (if applicable) to end on |  |
| Signed |  |
| Print Name |  |
| Date |  |

**Shared Parental Leave Pay and Entitlements**

|  |  | **Leave** | **(1)**  **Employee intends to return to work** | **(2)**  **Employee does not intend to return to work** | **(3)**  **Employee is unsure about returning to work** | **(4)**  **Employee’s contract expires after the qualifying week** |
| --- | --- | --- | --- | --- | --- | --- |
| **Continuous NHS Service at qualifying week** | **(A)**  **Less than 26 weeks at 15th week before expected week of childbirth (EWC)** | **Up to 50 weeks** | **No pay from the Trust**  The individual must have worked for the Trust for at least 26 weeks at the end of the 15th week before the child's expected due date/matching and is still working for the Trust at the start of each leave period. | **No pay from the Trust**  The individual must have worked for the Trust for at least 26 weeks at the end of the 15th week before the child's expected due date/matching and is still working for the Trust at the start of each leave period. | **No pay from the Trust**  The individual must have worked for the Trust for at least 26 weeks at the end of the 15th week before the child's expected due date/matching and is still working for the Trust at the start of each leave period. | **No pay from the Trust**  The individual must have worked for the Trust for at least 26 weeks at the end of the 15th week before the child's expected due date/matching and is still working for the Trust at the start of each leave period. |
| **(B)**  **26 weeks at 15th week before EWC** | Up to 50 weeks | **37 weeks ShPP (less any weeks of statutory maternity pay which have already been taken)**  (if average weekly earnings are at least equal to the lower earnings limit for NI contribution rate)  13 weeks unpaid leave | **37 weeks ShPP (less any weeks of statutory maternity pay which have already been taken)**  (if average weekly earnings are at least equal to the lower earnings limit for NI contribution rate)  13 weeks unpaid leave | **37 weeks ShPP (less any weeks of statutory maternity pay which have already been taken)**  (if average weekly earnings are at least equal to the lower earnings limit for NI contribution rate)  13 weeks unpaid leave | **37 weeks ShPP (less any weeks of statutory maternity pay which have already been taken)**  (if average weekly earnings are at least equal to the lower earnings limit for NI contribution rate)  13 weeks unpaid leave |
| **(C)**  **At least 12 months at 11th week before EWC** | **Up to 50 weeks** | **6 weeks full pay** (inclusive of SSPP)  **18 weeks half pay plus any ShPP** (including dependents’ allowances) receivable up to a maximum of full pay  **13 weeks ShPP**  (less any weeks of full pay, half pay plus statutory maternity pay which have already been taken)  13 weeks unpaid leave | **37 weeks ShPP**  (if average weekly earnings are at least equal to the lower earnings limit for NI contribution rate)  13 weeks unpaid leave | **37 weeks ShPP**  (if average weekly earnings are at least equal to the lower earnings limit for NI contribution rate)  13 weeks unpaid leave | **6 weeks full pay** (inclusive of ShPP)  **18 weeks half pay plus any SSPP or Maternity Allowance** (including dependents’ allowances) receivable up to a maximum of full pay  **13 weeks ShPP**  (less any weeks of full pay, half pay plus statutory maternity pay which have already been taken)  13 weeks unpaid leave |