**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/adopterThe father of the child (in the case of a birth) orThe 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/adopterThe father of the child (in the case of a birth) orThe 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 |