

Shared Parental Leave - Form 3

Partner taking shared parental leave and pay

This form should be used by an employee whose partner has received or will receive maternity or adoption leave/pay and wishes to apply for Shared Parental Leave. **All boxes marked with an asterix (*) are mandatory.**

PART 1: Employee Details (Partner taking SPL)			
Surname: *		Forename: *	
Address: *		Email address: *	
		Tel. number: *	
		GMC number: *	
Programme: *		Grade (e.g. ST3): *	
Are you a Tier 2 visa holder? *	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PART 2: Mother/Adopter's Details			
Surname: *		Address:*	
Forename: *			
NI Number: *			
PART 3: Maternity/Adoption Leave Taken			
Maternity/adoption leave start date:*			
Maternity/adoption leave end date:*			
Total number of weeks leave taken:*			
Total weeks remaining as Shared Parental Leave:*			
PART 4: Maternity/Adoption Pay Received			
Maternity/adoption pay start date:*			
Maternity/adoption pay end date:*			
Total number of weeks pay received:*			
Total weeks remaining as Shared Parental Pay:*			
PART 5: Shared Parental Leave Details - Mother/Adopter			
Does the mother/adopter intend to take any periods of Shared Parental Leave?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many weeks Shared Parental Leave will the mother/adopter take?*			
PART 6: Shared Parental Leave Details – Employee (Partner taking SPL)			
How do you intend to take Shared Parental Leave?*	<input type="checkbox"/> One continuous period <input type="checkbox"/> Several leave periods		
Please provide details of your intended period(s) of leave:*			
PART 7: Declaration - Employee (Partner taking SPL)			
<p>a) I wish to apply for Shared Parental Leave and Pay as appropriate in accordance with the LET's Parental Leave Policy and the NHS Terms and Conditions of Service Handbook.</p> <p>b) I confirm that I meet the eligibility and notification requirements for SPL and ShPP (if applicable) as set out in the LET's Parental Leave Policy.</p> <p>c) I am the father of the child, or at the time of the birth I was (or will be) the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship.</p> <p>d) I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due.</p> <p>e) I will remain employed by the LET until any period of SPL I intend to take and that it is my intention to continue in the service of the LET or another NHS employing authority for at least three months after my return to duty.</p> <p>f) I declare that I have, or will have, the main responsibility for the care of the child at the time of the child's birth or placement</p>			

and intend to care for my child during the SPL period.

g) I agree to provide the LET with a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice.

h) I will give my employer the name and address of the mother's employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice.

i) I agree to inform my employer immediately if I am no longer responsible for the care of the child.

j) I will inform the LET immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period.

k) If I fail to return to work I agree to refund the whole of the ShPP I will have received (apart from that to which I am entitled under the Social Security Act 1986).

l) If eligible for ShPP, I confirm I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th weeks before the expected week of childbirth or placement.

m) The information provided in this declaration is accurate and meets the notification requirements for Shared Parental Leave and Pay.

Name: *	
Signature: *	
Date: *	

PART 8: Declaration - Mother/Partner	
<p>a) I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above).</p> <p>b) I am entitled to maternity leave and/or SMP/MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP/MA.</p> <p>c) I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth.</p> <p>d) I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth.</p> <p>e) I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement.</p> <p>f) I consent to my partner's intended SPL as set out in Part 6 above.</p> <p>g) I consent to my partner's employer processing the information I have provided.</p> <p>h) The information provided in this declaration is accurate and meets the notification requirements for Shared Parental Leave and Pay.</p>	
Name: *	
Signature: *	
Date: *	

PART 9: Manager Authorisation (Host training organisation at the time maternity leave will commence)	
Name: *	
Signature: *	
Date: *	

Please send the completed form to your HR Officer at the Lead Employer Trust.

Lead Employer Trust use only:				
Entitlement:	SPL:	_____ weeks		Up to 50 weeks
	ShPP:	_____ weeks		Up to 18 weeks
Shared Parental Leave dates:	From:		To:	
	From:		To:	
	From:		To:	
Annual leave dates:	From:		To:	
Return to work date:				
Date letter sent:				
Date Intrepid updated:				
Date payroll informed:				
Signature: *				
Date: *				



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