

## Shared Parental Leave - Form 4

### Mother or Adopter taking shared parental leave

This form should be used by an employee who is entitled to maternity or adoption leave and wishes to apply for Shared Parental Leave. **All boxes marked with an asterisk (\*) are mandatory.**

PART 1: Employee Details (Mother)			
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 <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	
PART 2: Partner's Details			
Surname: *		Address:*	
Forename: *			
NI Number:*			
PART 3: Maternity/Adoption Leave Entitlement			
Date you intend to start maternity/adoption leave: *			
Date your maternity/adoption leave will end: *			
Total number of weeks of maternity/adoption leave taken: *			
PART 4: Shared Parental Leave (SPL) Available			
Total number of SPL weeks available:*			
<i>(52 weeks minus total number of weeks leave already taken in Part 3)</i>			
Total number of SPL weeks I intend to take:*			
Please provide details of the dates you wish to take SPL:			
Total number of SPL weeks my partner intends to take:*			
PART 5: Statutory Maternity/Adoption Pay Entitlement			
Date you intend to start receiving SMP/SAP: *			
Date your SMP/SAP payments will end: *			
Total number of weeks SMP/SAP has been paid: *			
PART 6: Shared Parental Pay (ShPP) Available			
Total number of ShPP weeks available:*			
<i>(39 weeks minus total number of weeks SMP/SAP already paid in Part 5)</i>			
Total number of ShPP weeks I intend to take:*			

<b>Please provide details of the dates you wish to take ShPP:</b>	
<b>Total number of ShPP weeks my partner intends to take:*</b>	
<b>PART 7: Mother/Adopter Declaration (LET employee)</b>	
<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 declare 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>d) I declare that both I and my partner have, or will have, the main responsibility for the care of the child at the time of the child's birth or placement.</p> <p>e) I agree to inform my employer immediately if I am no longer responsible for the care of the child.</p> <p>f) I declare that I am entitled to maternity or adoption leave, that my maternity/adoption leave period has been curtailed, and that the remaining weeks are available as SPL.</p> <p>g) 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).</p> <p>h) I agree to take at least two weeks compulsory maternity leave.</p> <p>i) The information provided in this declaration is accurate and meets the notification requirements for Shared Parental Leave and Pay.</p>	
<b>Name: *</b>	
<b>Signature: *</b>	
<b>Date: *</b>	

<b>PART 8: Partner's Declaration</b>	
<p>a) I am the father of the child or the adopter's spouse, civil partner or partner co-habiting with the mother/adopter and the child in an enduring relationship.</p> <p>b) I have, or will have, the main responsibility for the care of our child at the time of birth, along with the child's mother/adopter.</p> <p>c) I have been, or will have been, employed or self-employed in England, Scotland or Wales in 26 of the 66 weeks before the expected week of birth/week in which the adopter was notified of a match with a child.</p> <p>d) I have, or will have, earned at least £390 in 13 of the 66 weeks before the expected week of childbirth/week in which the adopter was notified of a match with a child.</p> <p>e) I consent to the amount of SPL which the mother intends to take as set out in Part 4.</p> <p>f) I consent to the amount of ShPP which the mother/adopter intends to take as set out in Part 6.</p> <p>g) The information provided in this declaration is accurate.</p>	
<b>Name: *</b>	
<b>Signature: *</b>	
<b>Date: *</b>	

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

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

Lead Employer Trust use only:	
Total weeks Maternity/Adoption Leave taken:	Max: 52 weeks
Total weeks remaining as Shared Parental Leave:	Max: 50 weeks
Number of weeks SPL to be taken by the mother/adopter:	Max: 50 weeks
Total weeks paid as SMP/SAP :	Max: 39 weeks
Total weeks remaining to be paid as ShPP:	Max: 39 weeks
Number of weeks paid as ShPP to be taken by the mother/adopter:	Max: 39 weeks
Date Intrepid updated:	
Date payroll informed:	
Signature: *	
Date: *	



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