**Application Form for Relocation Expenses for Specialty Trainees**

**Personal Details**

Surname:

Forename:

Payroll Number (if known)

Reason for move: (e.g. promotion)

**Employment Details**

Start Date:

Length of Contract:

Contract Type: **ST run through / FTSTA / LAT / FTTA** (delete as appropriate)

Specialty:

Level:

Hospital:

Rotational Date: (if applicable) (This date may have a bearing on this or future claims)

**Employer Details immediately Prior to Commencing New Post**

Employer’s Name:

Post Title:

Start Date:

End Date:

**Permanent Address immediately Prior to Commencing New Post**

Length of Stay at this address

I am claiming eligibility for reimbursement of the expenses associated with the relocation from

 to (new area). Type of Accommodation in Old Area (delete as appropriate)

|  |  |  |
| --- | --- | --- |
| **Solely Owner Occupied** | **Joint Owner Occupied** | **Privately Rented Hospital** |
| **Accommodation** | **Furnished** | **Unfurnished** |

Intended type of Accommodation intended to occupy in new area (delete as appropriate)

|  |  |  |
| --- | --- | --- |
| **Solely Owner Occupied** | **Joint Owner Occupied** | **Privately Rented Hospital** |
| **Accommodation** | **Furnished** | **Unfurnished** |

Please give a brief statement of your intention in connection with your move (e.g. selling present property)

Will expenses be recovered from any other source? (E.g. spouse’s employer)

**Yes / No** If yes, please provide further details

Trainee Signature: Date:

When complete, please return this application form to:

**Human Resources (Lead Employer Trust) Waterfront 4**

**Goldcrest Way Newburn Riverside Newcastle upon Tyne**

**NE15 8NY**

**Notification of your eligibility for relocation expenses will be notified to you in writing.**

**OFFICE USE ONLY**

This trainee **is / is not** eligible for relocation expenses

If eligible, this trainee comes under category **A / B / C** (delete as appropriate)

Send Eligibility Letter **A / B / C/ Ineligible** (select as appropriate)

Date Eligibility Letter Sent

Human Resources Officer Signature:

Date:

**Notes:**

**Relocation Expenses – Form of Undertaking**

Surname:

Forename:

Start Date:

Length of Contract:

Contract Type: **ST run through / FTSTA / LAT / FTTA** (delete as appropriate)

Specialty:

Level:

In consideration of County Durham and Darlington NHS Foundation Trust (Lead Employer) agreeing to pay me relocation expenses, on taking up the above appointment, I hereby agree that I will not leave the service of County Durham and Darlington NHS Foundation Trust (Lead Employer) within a period of two years. I understand that in the event of my breaking this undertaking I will be required to refund expenses paid to me in accordance with section 8 of the policy, unless it is the result of unforeseen circumstances, acceptable to the Head of Human Resources.

I understand that in the event of my breaking this undertaking, I will be required to refund all such expenses paid to me as a proportion of the total percentage outlined in section 8 of this policy.

I also confirm that the expenses I will claim will be legitimate costs incurred by me and are /

are not recoverable in part or whole from any other source.

Signed:

Date:

**REMOVAL AND STORAGE CHARGES**

**CLAIMS IN RESPECT OF REMOVAL OF HOUSEHOLD FURNITURE AND EFFECTS**

Name:

Specialty:

Please detail items and enclose recited accounts

|  |  |  |
| --- | --- | --- |
|  | **Amount Claimed £ p** | **For office use only** |
| **Cost of removal of Goods** |  |  |
| **Insurance for removal (If any)** |  |  |
| **Storage charge (if any)****Number of weeks at****£ per week** |  |  |
| **Insurance for storage (if any)** |  |  |
| **TOTAL COST** |  |  |

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

Payroll Officer

Date:

**VISITS HOME AND TEMPORARY ACCOMMODATION ALLOWANCE**

**Remember: - The initial claim for expenses must be submitted within 3 months of taking up post.**

Visits Home, Temporary Accommodation Allowance

Name:

Specialty:

**Permanent Home Address in the Deanery**

Postcode

Nominated Base Hospital:

Has your family/dependents joined you in the new area **YES / NO** (delete as appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Persons****Claiming** | **Temporary Accommodation Allowance** | **Visits Home****Travel – Train / Coach / Air/ Motor Car (mileage)** | **£ p** |
|  |  |  |  |  |

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

Payroll Officer

Date:

**EXPENSES OF SELLING PROPERTY IN OLD AREA**

**CLAIM FOR EXPENSES RELATING TO HOUSE SALE**

Name:

Specialty:

Property Address (for Sale)

Postcode

|  |  |  |
| --- | --- | --- |
|  | **Amount Claimed £ p** | **For office use only** |
| **Sale price** |  |  |
| **LEGAL EXPENSES** |  |  |
| **Estate agent fees** |  |  |
| **Solicitors fees** |  |  |
| **Storage charges** |  |  |
| **House agents of auctioneers fees** |  |  |
| **TOTAL £** |  |  |

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

Payroll Officer

Date:

**HOUSE PURCHASE, TENANCY AGREEMENT AND ABANDONDED PURCHASE**

**Please Note: FIRST TIME BUYERS are NOT ELIGIBLE for expenses relating to: House Purchase and House Sale**

Name:

Specialty:

**New Address in the Northern Deanery**

Postcode

I am a first time buyer **Yes / No** (please delete)

If no, please confirm - **Address of the property owned by you:**

Postcode

|  |  |  |
| --- | --- | --- |
| **(Please detail items and enclose receipted accounts)** | **Amount Claimed****£ p** | **For office use only** |
| **House Purchase** |  |  |
| **Legal expenses** |  |  |
| **Stamp duty** |  |  |
| **Search fees / surveys** |  |  |
| **Tenancy Agreement** |  |  |
| **Cost** |  |  |
| **Agreement** |  |  |
| **House agent fees** |  |  |
| **Drains test** |  |  |
| **Abandoned Purchase** |  |  |
| **Cost** |  |  |
| **TOTAL £** |  |  |

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

Payroll Officer

Date:

**EXPENSES OF A PRELIMINARY VISIT**

Name:

Specialty:

**Preliminary Visit - to new area of new appointment to obtain accommodation**

**Dates of visit:**

|  |  |  |
| --- | --- | --- |
| **Subsistence allowance****(no more than 4 nights)** | **Amount Claimed****£ p** | **For office use only** |
| **Self nights @ £**  |  |  |
| **Partner nights @ £**  |  |  |
| **Children nights @ £ (50% of Self)** |  |  |
| **Sub Total** |  |  |
| **Travelling Expenses - For one visit****Please state mode of travel****(rail, coach, motor car)** |  |  |
| **Rail / Coach - tickets attached** |  |  |
| **Motor car (please state mileage)** |  |  |
| **Self** |  |  |
| **Partner** |  |  |
| **Children** |  |  |
| **TOTAL £** |  |  |

Signature:

Date:

**EXPENSES OF THE JOURNEY FROM THE OLD TO THE NEW HOME**

Name:

Specialty:

**CLAIM IN RELATION TO JOURNEY FROM OLD TO NEW HOME AND TO SUPERINTEND REMOVALS**

Date travelled

Self Partner (Please tick) Children (number)

|  |  |  |
| --- | --- | --- |
| **Mode of travel** | **Amount Claimed****£ p** | **For office use only** |
| **Train / Coach / Air / Other** **please specify****(please attach tickets)** |  |  |
| **Motor car (mileage)****paid at public transport rate (23p per mile)** |  |  |
| **Passengers** |  |  |
| **Partner** |  |  |
| **Children** |  |  |
| **Expenses** |  |  |
| **Self nights @ £**  |  |  |
| **Partner nights @ £**  |  |  |
| **Children nights @ £ (50% of Self)** |  |  |
| **Total** |  |  |

Signature:

Date:

 **LOSSES ARISING FROM EDUCATIONAL ARRANGEMENTS**

Name:

Specialty:

|  |  |  |
| --- | --- | --- |
| **Mode of travel** | **Amount Claimed****£ p** | **For office use only** |
| **Travel costs incurred between school and home at beginning****and end of term** |  |  |

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

Payroll Officer

Date:

**Miscellaneous Expenses Grant: Replacement Domestic Goods**

Name:

Specialty:

**I am/I am not a first time buyer.** (delete as appropriate)

Are you buying the property where the goods will be replaced? **Yes/No** (delete as appropriate) My previous home was owned **/ rented (furnished) / rented (unfurnished) / hospital**

**accommodation** (Please delete as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of****Goods** | **Cost** | **Selling Price of Old****Goods****If “Nil” Please indicate** | **For office use only** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify that:

• The domestic goods I am claiming for replaced goods, which I owned in my old home but are unsuitable for installation in my new home.

• I have indicated how much I sold the old goods for.

If you wish to claim for tax exemption, in accordance with the conditions outlined in section

5.13 please complete the claims below. Please attach original receipts for the goods you are claiming for. You must not complete this claim for goods, which are not replacement items, or for home improvements in your new home.

I claim exemption from Income Tax.

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

Payroll Officer Date:

**CONTINUING COMMITMENTS ALLOWANCE**

Name:

Specialty:

**Married / Single / Single Householder** (delete as appropriate)

**Start Date of New Appointment**

**Date joined in the new area by family**

**DETAILS OF ACCOMMODATION**

|  |  |  |
| --- | --- | --- |
|  | **OLD AREA** | **For office use only** |
| **Owner occupied or rented** |  |  |
| **Selling price / Asking price / Rent** |  |  |
| **Mortgage repayment or interest on Loan if Endowment Mortgage** |  |  |
| **Annual water rates** |  |  |
| **Annual ground rent** |  |  |
| **Annual insurance of property****(Building insurance only)** |  |  |
| **Council Tax (annual)** |  |  |

If you are receiving rent on the property in the old area please state the amount per month £

**The allowance is payable for an initial period of three months or until the property is sold whichever is the earlier date.**

Are you currently living in Temporary Accommodation? **YES/NO**

If YES please indicate where

I wish to apply for the payment of a Continuing Commitments Allowance in respect of the above property, which I continue to maintain in the area of my previous NHS appointment. I have been joined by my family and am incurring accommodation expenses in the new area.

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

**APPLICATION FOR EXCESS RENT ALLOWANCE (Taxable)**

Name:

Specialty:

**Date appointed**

**Date occupied new property**

**New Address in the Northern Deanery**

Postcode

**Old Address of the property owned by you:**

Postcode

**NB: Please submit documentary evidence for each item.**

|  |  |  |
| --- | --- | --- |
|  | **NEW AREA** | **OLD AREA** |
| **Rent / Selling price / Notional purchase price** |  |  |
| **Annual general Rate** |  |  |
| **Annual water rate** |  |  |
| **Annual property insurance** |  |  |
| **Total** |  |  |

Total Excess = - =

Excess rent will be payable for one year only from the date of your move into permanent accommodation. This will be up to a maximum of **£1,000** in total for any eligible applicant, and is only payable whilst you continue to occupy the same property and remain in the employment of the Co Durham and Darlington NHS Foundation Trust.

Signature:

Date:

Checked by:

**OFFICE USE**

HR Officer Date:

**Mileage Table For Hospitals**

**1** Royal Victoria Infirmary **1**

**2** 2 Newcastle General Hospital **2**

**3** 5 4 Freeman Hospital 3

**4** 4 4 3 St Nicholas’ Hospital **4**

**5** 16 17 16 16 Sunderland Royal Hosp 5

**6** 21 20 21 21 5 Cherry Knowle **6**

**7** 11 12 11 11 7 12 South Tyneside G H **7**

**8** 8 10 8 8 13 14 7 North Tyneside G H **8**

**9** 6 6 6 6 12 12 9 10 Queen Elizabeth Hospit **9**

**10** 15 15 15 15 24 24 19 14 18 St Marys Hospital **10**

**11** 19 20 19 19 29 29 21 19 25 15 Wansbeck /Ashington Hospital **11**

**12** 26 26 26 26 38 38 30 33 24 35 42 Hexham General Hospital **12**

**13** 14 14 14 14 25 25 20 20 11 25 32 12 Prudhoe Hospital **13**

**14** 18 18 18 18 29 29 23 19 19 25 7 35 27 Northgate Hospital **14**

**15** 17 17 17 17 29 29 24 19 19 9 7 28 26 2 St Georges Hospital Morpeth **15**

**16** 31 31 31 31 24 25 30 33 26 42 49 51 38 47 47 Winterton Hospital **16**

**17** 34 34 34 34 25 26 32 34 12 49 53 38 48 48 51 13 Bishop Auckland Hospital 1**7**

**18** 19 14 14 14 27 27 25 26 10 28 35 16 9 28 27 31 25 Shotley Bridge General Hosp **18**

**19** 17 17 17 17 15 14 23 22 15 30 39 30 24 36 13 11 13 10 Dryburn Hospital **19**

**20** 20 20 20 20 15 14 23 22 15 30 39 30 24 36 13 11 13 10 1 Earls House Hospital **20**

**21** 13 13 13 13 11 12 13 15 8 23 30 28 19 29 25 17 19 15 6 7 Chester-le-Street

General Hospital **21**

**22** 36 36 36 36 34 34 38 41 34 50 57 48 45 54 54 14 15 40 19 19 25 Darlington Memorial

Hospital **22**

**23** 105 105 105 105 118 118 115 112 106 110 117 81 93 115 115 118 103 98 109 109 113 109 West Cumberland

Hospital **23**

**24** 63 63 63 63 77 77 74 72 65 69 76 41 52 74 74 94 67 57 79 79 72 85 44 Cumberland

Infirmary **24**

**25** 43 43 43 43 28 31 39 42 41 52 58 66 53 57 57 18 26 46 28 28 35 18 124 100 North Riding

Infirmary **25**

**26** 47 47 47 47 28 31 39 42 41 52 58 66 53 57 57 18 26 46 28 28 35 18 124 100 2 Middlesbrough

Gen Hospital 26

**27** 48 48 48 48 28 31 39 42 41 52 58 66 53 57 57 18 26 46 28 28 35 18 124 100 3 2 St Lukes/South

Cleveland Hosp **27**

**28** 52 52 52 52 28 31 39 42 41 52 58 66 53 57 57 21 26 46 28 28 35 18 124 100 6 4 4 Poole Hospital **28**

**29** 39 39 39 39 28 28 36 39 35 50 55 59 46 55 55 9 19 39 25 25 28 14 121 97 7 7 8 8 North Tees

General Hospital **29**

**30** 34 34 34 34 20 16 26 26 23 44 49 58 45 49 49 15 25 35 20 20 24 23 132 94 14 15 16 16 12 Hartlepool

General Hosp **30**

Revised: - 01/01/2009

**Eligibility A**

**Eligibility – Appendix 1**

Trainee has moved 30 miles or more, holds a post which lasts longer than 1 year, and will sell a property in their old area and purchase a new property within an appropriate proximity of their new place of work. Here a Specialty Trainee would meet eligibility requirements for claims up to

£8000 subject to point 7, for reimbursements of expenses relating to:

**House Purchase**

• Solicitor’s fees

• Estate agents or auctioneers fees

• Finders fees

• Stamp Duty

• Land Registration fees

• Survey fees

• Incidental legal expenses

**House Sale**

• Solicitor’s fees

• Estate agents or auctioneers fees

• Incidental legal expenses

**Removal and Storage of Goods**

• Furniture removal

• Storage expenses

• Insurance of goods in transit and storage

**Other Expenses**

• Travelling expenses in connection with the move

• Subsistence expenses in connection with the move

• Continuing Commitments allowances

• Miscellaneous expenses

And VAT where applicable on any of the above

**Excluded Expenses**

The following categories of expenses will be excluded:

• Interest on bridging loans

• Increase in insurance premiums

**Eligibility – Appendix 1**

**Eligibility B**

Trainee has moved 30 miles or more, holds a post which lasts longer than 1 year, and will move from a rented property in their old area to a new property within an appropriate proximity of their new place of work. Here a Specialty Trainee would meet eligibility requirements for claims up to

£8000 subject to point 7, for reimbursements of expenses relating to:

**Removal and Storage of Goods**

• Furniture removal

• Storage expenses

• Insurance of goods in transit and storage

**Property Rental**

• Agency fees

**Other Expenses**

• Travelling expenses in connection with the move

• Excess Rent

• Subsistence expenses in connection with the move

• Continuing Commitments allowances

And VAT where applicable on any of the above

**Eligibility – Appendix 1**

**Eligibility C**

Trainee has moved 30 miles or more, holds a post which lasts longer than 6 months, but less than 12 months and 1 day and will move within an appropriate proximity of their new place of work. Here a Specialty Trainee would meet eligibility requirements for claims up to £250, for reimbursements of expenses relating to:

**Removal and Storage of Goods**

• Furniture removal

• Storage expenses

• Insurance of goods in transit and storage

And VAT where applicable on any of the above