

Adoption/Surrogacy Leave Application Form

To access adoption leave and pay, you must notify the Lead Employer Trust (LET) at least 15 weeks before the expected week of childbirth (EWC) or within seven days of being notified of a match by an adoption agency. **All boxes marked with an asterix (*) are mandatory.**

PART 1: Employee Details			
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: Adoption Leave Details			
Expected date of placement (adoption) or birth (surrogacy): *			
Matching Certificate/evidence provided: *		<input type="checkbox"/> Enclosed	<input type="checkbox"/> To Follow
First date of adoption leave: *			
Do you wish to have your Occupational Adoption Pay (i.e. 8 weeks at full pay and 18 weeks at half pay), if eligible, spread equally over the leave period? *			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PART 3: Return to Work Details			
I intend to return to work after adoption leave: *		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expected end date for adoption leave: *			
PART 4: Accrued Annual Leave and Bank Holidays			
I will take all annual leave/bank holidays I accrue during adoption leave prior to returning to work:*		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not decided
Please confirm dates of any agreed annual leave:			
PART 5: Declaration			
<p>a) I wish to apply for adoption leave with 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 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>c) If my fixed term contract ends after the 11th week before the EWC and before 6 weeks after the EWC, I agree that my contract may be extended to receive 39 weeks paid leave (please note weeks 27-39 will be at SAP only).</p> <p>d) If I fail to return to work I agree to refund the whole of the maternity pay I will have received (apart from that to which I am entitled under the Social Security Act 1986).</p> <p>e) I agree to notify the LET of any requested changes to my pay no later than 28 days before adoption pay commences.</p> <p>f) If I wish to change my return to work date, I agree to give at least 28 days' notice of the change.</p>			
PART 4: Employee Declaration			
Name: *			
Signature: *			
Date: *			

PART 5: Manager Authorisation <i>(Host training organisation at the time maternity leave will commence)</i>	
Name: *	
Signature: *	
Date: *	

Please return the completed form, along with the appropriate evidence, to your HR Officer at the Lead Employer Trust.

Lead Employer Trust use only:				
Entitlement:	Full Pay:	_____ weeks	Up to 8 weeks	
	Half Pay:	_____ weeks	Up to 18 weeks	
	SAP:	_____ weeks	Up to 39 weeks	
	Unpaid:	_____ weeks	Up to 52 weeks	
Adoption leave dates:	From:		To:	
Annual leave dates:	From:		To:	
Return to work date:				
Date letter sent:				
Date Intrepid updated:				
Date payroll informed:				
Signature: *				
Date: *				

