

Maternity Support (Paternity) Leave Application Form

To access maternity support (paternity) 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 asterisk (*) 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: Maternity Support (Paternity) Leave Details			
Expected date of birth/adoption placement/child arriving in the UK: *			
SC3/SC4/SC5 form provided: *	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To Follow	
If adopting, please confirm if you are adopting from: *	<input type="checkbox"/> UK	<input type="checkbox"/> Overseas	
First date of maternity support/paternity leave: *			
Duration of maternity support/paternity leave: *		<input type="checkbox"/> One week	<input type="checkbox"/> Two weeks
Expected date of return to work: *			
PART 3: Declaration			
<p>a) I wish to apply for maternity support (paternity) 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 declare that I am either the baby's biological father or adopter of the child, the mother or adopter's husband/partner/civil partner, or I have or expect to have responsibility for the child's upbringing.</p> <p>c) I declare that I will take time off work to support the mother and/or care for the child.</p> <p>d) If I wish to change my maternity support/paternity leave dates, I agree to give at least 28 days' notice of the change where practicable.</p>			
PART 4: Employee Declaration			
Name: *			
Signature: *			
Date: *			
PART 5: Manager Authorisation (Host training organisation at the time maternity leave will commence)			
Name: *			
Signature: *			
Date: *			

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

Lead Employer Trust use only:

Entitlement:	<input type="checkbox"/> 1 or 2 weeks unpaid paternity leave or annual leave <input type="checkbox"/> 1 or 2 weeks at Statutory Paternity Pay (SPP) <input type="checkbox"/> 1 or 2 weeks at full pay (OPP)
Date letter sent to trainee:	
Date payroll informed:	
Signature: *	
Date: *	