



Shared Parental Leave/Pay Application Form

Name:		Pay No:	
Post:		Hours:	
Department		DBH Start Date	
		NHS Start Date	
I have attached a copy of the Birth / Matching Certificate			Yes/No

The Baby / Placement is Due on:			
I wish to take:-	Shared Parental Leave	From	Until
		From	Until
		From	Until
	Shared Parental Pay	From	Until

For Shared Parental Leave/Pay requests, please complete the details below

Partner's Name		Partner's National Insurance Number	
Partner's Address			
Date Maternity /Adoption Leave Commenced			
Date Maternity / Adoption Leave to End			
Date Maternity/Adoption Pay Commenced			
Date Maternity/Adoption Pay to End			
Total Number of weeks SPL remaining (max. 50)			
Total Number of weeks SShPP remaining (max. 37)			
Number of weeks leave partner to take			
Number of weeks leave you will take			
Number of weeks pay partner to take			
Number of weeks pay you will take			

Declaration:

You must be able to place a tick in all three of the bullet points below to get Shared Parental Leave and Shared Parental Pay

• I am	The baby's Mother/Adopter	<input type="checkbox"/>
	Or	
	The baby's biological Father	<input type="checkbox"/>
	Or	



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	Married to or partner of the Mother / Adopter Or Living with the Mother / Adopter in an enduring family relationship, but am not an immediate relative	<input type="checkbox"/>
	• I have responsibility for the Child's upbringing	<input type="checkbox"/>
	• I will take time off work to support the mother or care for the child	<input type="checkbox"/>
Signed		Date



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Partner Declaration: You must be able to place a tick in all four of the bullet points below to get Shared Parental Leave and/or Shared Parental Pay			
NAME			
<ul style="list-style-type: none"> I have 	Been an employed or self-employed earner in Great Britain for a total of 26 weeks in the 66 week period leading up to the child's expected week of birth or adoption matching date and have earned an average of £30 or more during 13 of those weeks.		<input type="checkbox"/>
<ul style="list-style-type: none"> I/My partner has curtailed their Maternity/Adoption leave. I/My partner has curtailed their Maternity/Adoption pay. 			<input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> I meet the earnings and eligibility test and qualify for Shared Parental Leave and Pay – check your eligibility at: https://www.gov.uk/shared-parental-leave-and-pay 			<input type="checkbox"/>
<ul style="list-style-type: none"> I give consent that my partner named at the top of this application takes the Shared Parental Leave/Pay as requested. 			<input type="checkbox"/>
<ul style="list-style-type: none"> I agree to information on this form being used to calculate Shared Parental Leave/Pay 			<input type="checkbox"/>
Signed		Date	

Application for Shared Parental Leave and/or Pay authorised by:			
Signed		Date	
Name		Job title	

This form should be completed and submitted to your line manager, a copy should be kept on your personal file, and a copy submitted to the NHS Shared Business Services (SBS).



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CORP EMP 15 v10 Parental Leave Policy