

Appendix A

Shared Parental Leave – Notice of Entitlement and Intention to take Leave

FW Name:		
Job Role		
NI Number:		
<p><u>Notes</u></p> <p><i>The start date of the first period of shared parental leave that you wish to take must be at least eight weeks after you have provided this notice. Shared parental leave must be taken in blocks of at least one week.</i></p> <p><i>This notice is to allow NHSP to check that you are entitled to shared parental leave and to provide NHSP with an initial indication of the shared parental leave pattern that you wish to take.</i></p> <p><i>NHSP will not submit a copy of this request to any FW's Partner's employer, their Partner must ensure that they follow their own employer's internal processes in respect of shared parental leave, which may differ to that of NHSP.</i></p>		
Section A: Information to be provided by FW		
My entitlement to Shared Parental Leave is/will be following (circle or delete as appropriate):		
My/My Partner's adoption/maternity leave started/is expected to start on:	/	/
My/My Partner's adoption/maternity leave ended/is expected to end on:	/	/
Our child's expected week of placement/birth is: or Our child was placed/born on:	/	/
The total amount of shared parental leave my Partner and I have available to take is: (NB: This is 52 weeks less any adoption/maternity leave already/that will be taken. A maximum 50 weeks SPL is available)		
I intend to take the following number of weeks' shared parental leave:		(NB: the total of these 2 boxes cannot exceed the total number of weeks of SPL available in the above box)
My partner intends to take the following number of weeks' shared parental leave:		

I intend to take shared parental leave on the following dates (please include the start and end dates for each period of leave that you intend to take):	/ /	/ /
The total amount of shared parental pay (if applicable) my partner and I have available is: (NB: there is a maximum of 37 weeks shared parental leave pay available between both the parent/adopter and partner)		
I intend to take the following number of weeks shared parental pay (if applicable):		(NB: the total of these two boxes cannot exceed the total number of weeks SPL pay available in the above box)
My partner intends to take the following number of weeks shared parental pay (if applicable)		
I intend to take shared parental pay on the following dates (if applicable):	/ /	/ /
Section B: Declaration to be completed by FW		
I satisfy/will satisfy the following eligibility requirements to take shared parental leave:		
I (have/will have) by the week before any period of Shared Parental Leave that I take, I will have remained in continuous employment with NHS Professionals and have 26 weeks' continuous employment ending the 15 th week before either: <input type="checkbox"/> the expected week of childbirth (in the case of birth) <input type="checkbox"/> the week in which the adopter/I was notified of having been matched with a child for adoption	Yes / No (please circle/delete as appropriate)	
At the date of the child's birth/placement, I (have/will have) the main responsibility, apart from my partner, for the care of the child	Yes / No (please circle/delete as appropriate)	
(I/my partner) is entitled to statutory adoption/maternity leave in respect of the child	Yes / No (please circle/delete as appropriate)	
(I/my partner) (have/will have) returned to work before the end of our statutory adoption/maternity leave period and will comply with NHSPs shared parental leave notice and evidence requirements	Yes / No (please circle/delete as appropriate)	
Section C: to be completed by the FW's partner		
Partner's Name:		
I have been employed or been a self-employed earner in at least 26 of the last 66 weeks immediately preceding the expected week of childbirth/placement	Yes / No (please circle/delete as appropriate)	
I have average weekly earnings of at least £30 a week in at least 13 of those 66 weeks (NB: £30 is rate as of 2015 but may be subject to change as set out by the Government)	Yes / No (please circle/delete as appropriate)	

At the date of the child's birth/placement, I (have/will have) the main responsibility, apart from the mother/adopter, for the care of the child	Yes / No (please circle/delete as appropriate)
I am the father/adopter/mother of the child, or am married to, civil partner of, or the partner of the mother/adopter	Yes / No (please circle/delete as appropriate)
I consent to the amount of shared parental leave that my partner, the FW has outlined in section A as the amount they intent to take	Yes / No (please circle/delete as appropriate)
I consent to NHSP processing the information provided in this form	Yes / No (please circle/delete as appropriate)
Section D: Signatures	
NHSP FW's Signature:	
Date:	/ /
FW's Partner's Signature:	
Date:	/ /