



# MATERNITY, MATERNITY SUPPORT (PATERNITY), ADOPTION AND PARENTAL LEAVE POLICY

## January 2019

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#### 1 INTRODUCTION

1.1 This policy and procedure outlines the process for applying for Maternity, Maternity Support (Paternity), Adoption, or Parental Leave. It covers a range of situations that may arise during the process including changes in rates of pay, sickness absence and returning to work. It also sets out the rights and obligations of staff and managers. This policy applies to substantive employees of Hull CCG, including those on fixed term contracts.

#### 2 SCOPE

- 2.1 This policy applies to all employees of Hull CCG.
- 3 POLICY PURPOSE & AIMS
- 3.1 The purpose of this policy and procedure is to give guidance on the maternity, maternity support (paternity), adoption, and parental leave and pay entitlements within Hull CCG.
- 3.2 The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

#### 4. IMPACT ANALYSES

#### 4.1 EQUALITY

In applying this policy, Hull CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to socioeconomic status, offending background, political affiliation, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at Appendix 14. As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. However, monitoring the use of the policy will be essential in order to ensure it is implemented equitably.

#### 4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <a href="http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf">http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf</a>.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist on telephone number 01482 866800 or email at nikki.cooper1@nhs.net.

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review, as appropriate) of this policy document and no specific risks were identified.

#### 5. NHS CONSTITUTION

#### 5.1 The CCG is committed to:

Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

### 5.2 This Policy supports the NHS Constitution as follows:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population

#### 6 ROLES / RESPONSIBILITIES / DUTIES

#### **6.1** Employee

- •Employees are responsible for co-operating within the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures and are to make every effort to attend any meetings arranged by management.
- •Employees are responsible for arranging their own trade union representation or support throughout the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures (if necessary).
- •Employees are responsible for notifying their manager of their pregnancy, as soon as reasonably practicable.
- •Employees are responsible for identifying risks upon notification and at any subsequent point where either the employees' condition requires reassessment of risk and/or the job requires a change to physical requirements which might incur risks to a pregnant employee, to ensure they are not putting themselves or others at risk of harm.

#### 6.2 Manager

- •Requests for Maternity, Maternity Support (Paternity), Adoption and Parental leave will be dealt with without any undue delay by the manager.
- •The manager must view all applications with an open mind and follow a fair and justifiable decision making process.
- •A Maternity Support (Paternity), Adoption or Parental Leave application may, on occasion, be declined due to service needs; this would only be in exceptional circumstances, and a full rationale of why the request was declined will be provided to the employee, and a new date to postpone the leave may be proposed and agreed. Where a grievance is raised in regards to the refusal to grant a Maternity Support (Paternity), Adoption and Parental leave request, the manager must prepare a thorough management case based upon the rationale already provided to the employee outlining their decision which will then be considered by the grievance panel.

#### 6.3 Human Resources

- •The Human Resources department is responsible for the creation and maintenance of records of applications for Maternity, Maternity Support (Paternity), Adoption and Parental leave within Hull CCG in line with best practice for information governance.
- •To support, where necessary, managers through the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedures, including the grievance stage if required.

- •The Human Resources department is responsible for the review and maintenance of the Maternity, Maternity Support (Paternity), Adoption and Parental leave policy through agreed forums within Hull CCG.
- •To provide advice to employees and managers, as required.

#### 6.4 Trade Unions

- •To represent employees (who are members of that Trade Union or professional body) through the Maternity, Maternity Support (Paternity), Adoption and Parental leave procedure.
- •To make every reasonable attempt to attend meetings at the scheduled time to support employees.
- •To adhere to their respective trade union code of conduct when dealing with issues of grievance.
- 6.5 Please see relevant Associated Documents (listed in Section 13 page 9) detailing the roles, responsibilities and duties regarding Maternity Leave, Maternity Support (Paternity) Leave, Adoption Leave and Parental Leave.

#### 7 IMPLEMENTATION

- 7.1 This policy will be communicated to staff through Staff Meetings, Line manager communications and Team Brief and will be available to all staff via Hull CCG's website.
- 7.2 Any deliberate breaches in the application of this policy and procedure may be investigated and may result in the matter being treated as a disciplinary offence under Hull CCG's disciplinary procedure.

#### 8 TRAINING & AWARENESS

8.1 The Policy will be made available on Hull CCG's website. Guidance and support will be provided to all Line Managers in the implementation and application of this policy upon request.

#### 9 MONITORING & AUDIT

- 9.1 Reports will be provided to Hull CCG by the Human Resources Team with regards to Maternity Leave, Adoption Leave, Maternity Support (Paternity) Leave and Shared Parental Leave.
- 9.2 Applications made in line with this policy will be monitored by the Human Resources Team.

#### 10 POLICY REVIEW

10.1 The policy and procedure will be reviewed periodically by the Human Resources Team in conjunction with operational managers and trade union representatives. Where review is necessary due to legislative change, this will happen as soon as possible.

#### 11 REFERENCES

Absence Management Policy Other Leave Policy Flexible Working Policy Grievance Policy

#### 12. **DEFINITIONS**

#### 12.1 Eligibility

You qualify for Statutory Maternity Leave if:

- you're an employee
- •you give your employer the correct notice

#### 12.2 Additional Maternity/Adoption Leave (AML/AAL)

The entitlement to a further period of unpaid leave following Ordinary Maternity/Adoption leave (between 13 to 26 weeks, dependant on eligibility) regardless of how long an employee has worked for Hull CCG.

#### 12.3 Shared Parental Leave (SPL)

The opportunity for eligible mothers, fathers, partners and adopters to choose how to share time off work after their child is born or placed for adoption. This offers another option for taking leave to care for a new child

#### 12.4 Statutory Shared Parental Pay (ShPP)

The pay given to those who take Shared Parental Leave following the birth or placement of a child.

#### 12.5 **Department of Work and Pensions (DWP)**

The Department of work and Pensions (DWP) is responsible for welfare, pensions and child maintenance policy.

#### 12.6 Expected Week of Confinement (EWC)

The week in which the baby is due to be born.

#### 12.7 KIT Days

Keep in Touch days.

#### 12.8 Maternity Allowance (MA)

Usually paid to an employee who does not qualify for Statutory Maternity Pay

#### 12.9 **MATB1 Form**

The certificate provided by the employee's GP or Midwife, anticipating the potential date of the birth of their baby. This is usually issued to the employee from around 20 weeks into pregnancy.

#### 12.10 National Insurance (NI) Contributions

National Insurance Contributions will still continue to be payable

### 12.11 Ordinary Maternity / Adoption Leave (OML/OAL)

The entitlement to a period of 26 weeks leave regardless of how long an employee has worked for the NHS. This will be unpaid unless an employee qualifies for Statutory Maternity Pay or Maternity allowance.

#### 12.12 Occupational Maternity / Adoption Pay (OMP/OMA)

This entitlement is based on eligibility and is payable by the Employer.

### 12.13 Ordinary Maternity Support (Paternity) Leave (OPL)

The entitlement of a father, or mother's partner, to take 2 weeks leave up to 56 days from the birth of the child.

#### 12.14 Qualifying Week (QW)

Qualifying week: 15<sup>th</sup> week before the EWC.

#### 12.15 Allowance (SMA/SAA)

Allowance paid by Department of Work and Pensions to those employees, who do not qualify for Statutory Maternity Pay. Eligibility is determined by the above Government Department.

#### 12.16 Statutory Maternity / Adoption Pay (SMP/SAP)

The minimum level of Maternity/Adoption Pay that an employee is entitled to through State provision if an employee has 26 weeks continuous with Hull CCG by the 15<sup>th</sup> week before their EWC and paid sufficient National Insurance (NI) Contributions.

#### 12.17 Statutory Maternity Support (Paternity) Pay (SPP)

Pay an employee may be eligible for to take time off because their partner is having a baby or adopting a child

#### 12.18 Shared Parental Leave in Touch (SPLIT) Days

Each parent is entitled to shared parental leave will have an individual

entitlement to 20 shared parental leave in touch (SPLIT) days. This will enable them to work up to 20 days either continuously or on odd days without bringing to an end their SPL or ShPP. These days are similar and in addition to the 10 KIT days available for maternity leave.

# SECTION 1 MATERNITY LEAVE

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#### MATERNITY LEAVE

#### 14. POLICY STATEMENT

- 14.1 This policy is designed to provide a framework across Hull CCG for a consistent and timely approach to the new and expectant mothers only.
- 14.2 The policy is intended to promote employees' awareness of their rights and entitlements during, and following pregnancy and conforms to the NHS Staff Council Conditions of Service, the Employment Act 2002, The Equality Act 2010 and other current legislation.

#### 15. PRINCIPLES

15.1 Advice and guidance will be provided to all Line Managers on request, regarding the implementation and application of this policy.

#### 16 ENTITLEMENT TO MATERNITY LEAVE

16.1 All female employees will be entitled to 52 weeks Maternity Leave.

# 17 ENTITLEMENT TO OCCUPATIONAL MATERNITY PAY UNDER THE NHS SCHEME

- 17.1 An employee working full or part-time is entitled to Maternity pay under the NHS scheme provided that she:
  - has 52 weeks continuous service with one or more NHS employers and continues to be employed by Hull CCG until at least the beginning of the 11th week before the expected week of childbirth (EWC); and
  - notifies Hull CCG, on form M1 (Appendix 2) at least 15 weeks before her expected date of childbirth (EDC) that she intends to take Maternity Leave (or as soon as is reasonably practicable thereafter), of the date she wishes to start her Maternity Leave and intends to return to work for a minimum period of three months with the same or another NHS employer; and
  - submits a statement (MATB1) signed by a registered medical practitioner or a practising midwife at least 28 days before the expected commencement of Maternity Leave, indicating the expected date of childbirth.

#### 18 ENTITLEMENTS UNDER THE SCHEME

18.1 An employee who is eligible for full benefits and intends to return to work with the same or another employing authority will be entitled to 52 weeks Maternity Leave, paid as follows:

- 8 weeks at full pay including any SMP, Maternity Allowance (MA) or equivalent benefits receivable;
- 18 weeks at half pay reduced only where half pay plus any SMP, Maternity Allowance (MA) or equivalent benefits payable exceeds full pay;
- 13 weeks at SMP, if payable, or 90% of normal weekly earnings (whichever are the lower)
- 13 weeks unpaid leave.
- 18.2 Where an employee has stated they will be returning to work and fails to do so, please refer to section 34.1.
- 18.3 An employee who is eligble for full benefits and does <u>not</u> intend to return to work for the same or another employing authority will be entitled to 52 weeks Maternity Leave, paid as follows:
  - 6 weeks SMP, paid as 90% of full pay (average weekly earnings);
  - 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings (whichever is the lower);
  - 13 weeks unpaid leave.
- 18.4 An employee who is not eligible for full benefits under the NHS Scheme but who has at least 26 weeks service by the 15th week before the EWC **and** meets the earnings rule whether or not she intends to return to work will be entitled to 52 weeks Maternity Leave, paid as follows:
  - 6 weeks at 90% of full pay;
  - 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings (whichever is the lower);
  - 13 weeks unpaid leave.
- 18.5 An employee who does not qualify for SMP will be entitled to 52 weeks Maternity Leave, whether or not she intends to return to work. No payments will be made during the Maternity Leave period although Maternity Allowance or other benefits may be payable directly from Jobcentre Plus.
- 18.6 By prior agreement with the employer, occupational maternity pay may be paid in a different way e.g. a combination of full pay and half pay or a fixed amount spread equally over the Maternity Leave period.
- 18.7 In exceptional circumstances, for example in the case of a multiple birth or sick pre-term babies, the unpaid element of leave may be extended beyond

13 weeks. Requests for this are to be submitted in writing to the employee's line manager who may seek advice from the Human Resources Team.

#### 19 TIMING OF LEAVE

19.1 Maternity Leave may commence at any time between eleven weeks before the EWC and the expected week of childbirth, provided the required notice is given. Early childbirth and maternity related sickness absence will affect this as follows:

#### 20 EARLY CHILDBIRTH

- 20.1 Where childbirth occurs before the 11<sup>th</sup> week before the EWC and the employee has worked during the actual week of childbirth, Maternity Leave will start on the first day of the employee's absence.
- 20.2 Where childbirth occurs before the 11<sup>th</sup> week before the EWC and the employee has been absent from work on certified sickness absence during the actual week of childbirth, Maternity Leave will start the day after the day of birth.
- 20.3 Where an employee's baby is born before the 11<sup>th</sup> week before the EWC, and the baby is in hospital, the employee would be entitled to split her Maternity Leave entitlement if they wish, taking a minimum period of two weeks' leave immediately following the birth and the rest of her leave following the baby's discharge from hospital.
- 20.4 In either circumstance of early childbirth, the employee (or family member) is to inform the line manager as soon as reasonably practicable. The line manager will then notify Human Resources, who can advise Payroll accordingly.

#### 21 MISCARRIAGE AND STILL BIRTH

- 21.1 Where an employee has a miscarriage before the 25<sup>th</sup> week of pregnancy then normal sick leave provisions will apply.
- 21.2 In the event of a still birth after the 24<sup>th</sup> week of pregnancy the employee will be entitled to the same amount of Maternity Leave and pay as if her baby was born alive.
- 21.3 Hull CCG recognises that this will be a difficult and traumatic time and would encourage any employee who may be affected by such circumstance to seek support from Occupational Health. This service is available to support both

CCG employees that have suffered a miscarriage and CCG employees that are family members of someone that has suffered a miscarriage.

#### 22 SURROGACY

- 22.1 Every pregnant employee who gives birth after the 24<sup>th</sup> week of pregnancy has the right to maternity leave and pay, as detailed above. What a birth mother does after the child is born has no impact on her right to maternity leave and pay.
- 22.2 If an employee uses a surrogate to become a parent, there is currently no provision for paid leave unless the child has been 'matched' with the parent through a formal adoption agency, in which case the employee may be entitled to adoption leave. Please refer to the adoption section for further guidance.

#### 23 SICKNESS ABSNECE DURING PREGNANCY AND LEAVE

- 23.1 Where an employee is off work ill long term, or becomes ill, with a pregnancy related illness during the last four weeks before the EWC, Maternity Leave will normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Absence prior to the last four weeks before the EWC, supported by a medical certificate or self-certificate will be treated as sick leave in accordance with normal leave provisions. Normal sick leave provisions will be suspended once Maternity Leave has commenced.
- 23.2 Odd days of pregnancy related illness during this 4 week period may be disregarded if the employee wishes to continue working until the Maternity Leave start date previously agreed. An employee would need to provide a self-certification for short term absence, as according to the Absence Management Policy (please refer to this in regards to sickness trigger points).
- 23.3 Where an employee is absent due to illness which is not pregnancy related then normal sick leave provisions will apply until the date previously agreed that Maternity Leave would commence.

#### 24 ANTE-NATAL AND POST-NATAL CARE

24.1 Pregnant employees have the right to reasonable paid time off for ante-natal care including relaxation classes and parent craft classes as long as reasonable notice is given and proof of all appointments is provided. Time off to attend classes has to be agreed with the employee's line manager prior to attendance at the class.

24.2 Employees who return to work shortly after giving birth will be given paid time off for post-natal care e.g. attendance at health clinics.

#### 25 CALCULATION OF PAY

25.1 Maternity Pay is calculated on average earnings paid for two months prior to the qualifying week which is the 15<sup>th</sup> week before the EWC. Employees with average weekly earnings below the Lower Earnings Limit who do not qualify for SMP may be entitled to MA or other benefits.

#### 26 IMPLEMENTATION OF A PAY AWARD OR ANNUAL INCREMENT

- 26.1 Absence on Maternity Leave, whether paid or unpaid, counts as service towards the normal annual increment.
- 26.2 Where a pay award and/or annual increment are implemented from a date prior to the paid Maternity Leave period, the Maternity Pay will be calculated as though the pay award had effect throughout the entire SMP calculation period. If a pay award is agreed retrospectively, the Maternity Pay will be recalculated on the same basis.
- 26.3 Where a pay award and/or annual increment is implemented from a date during the paid Maternity Leave period, the Maternity Pay due from the operative date of the pay award or annual increment should be increased accordingly. Again, if such a pay award were agreed retrospectively, the Maternity Pay should be recalculated on the same basis.

#### 27 PAY PROGRESSION FRAMEWORK

27.1 An employee on Maternity Leave will progress through a pay progression gateway on the due date if concerns have not been raised about the employee's capability prior to Maternity Leave commencing. Please refer to the Pay Progression Policy.

#### 28 EMPLOYEES ON A FIXED-TERM OR TRAINING CONTRACT

28.1 An employee who is entitled to full benefits under the NHS Scheme, i.e. who satisfies the conditions under section 17.1 and whose contract is due to end after the 11th week before the EWC, will have her contract extended to enable her to receive 52 weeks Maternity Leave which includes paid occupational and statutory maternity pay and the remaining 13 weeks of unpaid leave.

- 28.2 Under these circumstances, there will be no right of return to be exercised because the contract would have ended if pregnancy and childbirth had not occurred.
- 28.3 Employees who do not satisfy the conditions under section 17.1 and whose contract ends after the 15<sup>th</sup> week prior to the EWC but before the 11<sup>th</sup> week prior to the EWC, will not be entitled to Maternity Leave but SMP may be payable. In this case, the contract will not be extended but Hull CCG will be responsible for paying any SMP due. Under these circumstances, the employee must inform Hull CCG if she starts work for another employer following the birth of the baby and must still provide evidence of pregnancy via the MAT B1 form.

#### 29 CONTRACTUAL RIGHTS

29.1 An employee retains all her contractual rights, except remuneration, during the Maternity Leave period.

#### 30 ANNUAL LEAVE AND BANK HOLIDAYS

- 30.1 Annual leave and Bank Holidays will continue to accrue during Maternity Leave, whether paid or unpaid.
- 30.2 Where the amount of accrued leave would exceed the normal carry over provisions, the manager and employee are to agree arrangements for the leave to be taken either prior to or immediately following the Maternity Leave period.
- 30.3 In exceptional circumstances, where leave cannot be carried over for operational reasons, payment in lieu of annual leave may be considered by the Senior Leadership Team. For example if the employee was due to return to work in February and had 6 weeks annual leave to take before 31<sup>st</sup> March this may be difficult to accommodate operationally. Employees should discuss this with their line manager.
- 30.4 All Maternity Leave, including unpaid Maternity Leave, will count as service for the purpose of satisfying the service qualification for accruing additional annual leave entitlements.

#### 31 PENSION

31.1 Contributions will be deducted from salary as normal during paid Maternity Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from salary over an

agreed period of time. It is the employee's responsibility to arrange this (where necessary). http://www.nhsbsa.nhs.uk/pensions

#### 32 PROCEDURE

#### 33 HOW TO CLAIM MATERNITY LEAVE AND PAY

- 33.1 Form M1 (Appendix 2) is to be completed no later than the end of the 15<sup>th</sup> week before the EWC and signed by the employee and their Line Manager or equivalent. The original form is to be sent to the Human Resources Team, who will then forward a copy to Payroll.
- 33.2 Maternity Leave can start on any day of the week. Any Annual Leave to be taken before the commencement of Maternity Leave is to be taken into account.
- 32.3 On receipt of form MAT B1 from a registered medical practitioner or a practising midwife, the original should be sent to Human Resources, who will arrange for the original to be forwarded to Payroll, at least 28 days before the commencement of leave. Payroll can then determine whether the employee qualifies for SMP. If the employee does not qualify for SMP, they will be sent form SMP1 together with the Maternity Certificate MAT B1. These forms will be needed to claim Maternity Allowance from Jobcentre Plus.
- The employee will receive written confirmation from Human Resources, within 28 days of receipt of Form M1 (Appendix 2), detailing:
  - their maternity entitlements, both paid and unpaid
  - her expected return date based on 52 weeks paid and unpaid leave unless an earlier return date has been given
  - details of any accrued annual leave that is to be taken at the end of the Maternity Leave period
  - the need for her to give at least 28 days' notice in writing if she wishes to return to work before the expected return date.
- 33.5 If the employee subsequently decides that she wishes to change the start date of her Maternity Leave she must notify her Line Manager at least 28 days beforehand or where this is not possible as soon as is reasonably practicable.

#### 34 RETURN TO WORK

34.1 If the employee wishes to take her full entitlement to Maternity Leave she need not give any further notification of her return to work. An employee has the right to return to her job under her original contract and on no less favourable terms and conditions.

- 34.2 If the employee wishes to return to work before the end of her full entitlement to leave, she must give at least 28 days' written notice (as per 32.4) of her date of return. The employee and manager must complete a HR6 payroll form as Notification of Return from Maternity which can be found at Y:\HULLCCG\Corporate Templates and Forms\Templates and Forms\HR Forms Including Annual Leave and Sickness
- 34.3 An employee has the right to apply to return to work on a part-time or flexible working basis. Applications should be made to their line manager and in accordance with the Flexible Working Policy, and will be given fair and objective consideration.
- 34.4 Where an employee is unable to return to work following the date she was due to return as a result of illness, normal sick leave provisions will apply.

#### 35 FAILURE TO RETURN TO WORK

- 35.1 An employee who has notified Hull CCG of her intention to return to work for a minimum of three months for the same or another NHS employer, and fails to do so within 15 months of the beginning of her Maternity Leave will be liable to refund the whole of her maternity pay, less any Statutory Maternity Pay received.
- 35.2 In cases where Hull CCG considers that to enforce this provision would cause undue hardship or distress, Hull CCG has the discretion to waive the right of recovery.

#### 36 HEALTH AND SAFETY

- 36.1 Where an employee is pregnant, has recently given birth or is breastfeeding, then a risk assessment of her working conditions will be carried out. If it is found, or if a medical practitioner considers, that an employee or her child would be at risk were she to continue with her normal duties, she will be provided with suitable alternative work for which she will receive her normal rate of pay. Where it is not reasonably practicable to offer suitable alternative work, the employee will be suspended on full pay.
- 36.2 These provisions also apply to an employee who is breastfeeding if it is found that her normal duties would prevent her from successfully breastfeeding.

#### 37 COMPULSORY PERIOD OF MATERNITY LEAVE

37.1 The legal minimum period of Maternity Leave which an employee is required to take is 2 weeks. This will commence on the day that the baby is born.

#### 38 CHILDCARE VOUCHER SCHEME

38.1 Employees who already access Childcare Vouchers have two options in relation to continuation of these. Employees are advised to consider stopping vouchers from weeks 17-25 as statutory and contractual maternity pay are calculated on earnings during this period. As the voucher providers require one month's notice in writing to cancel a voucher order, the employee will need to inform the providers by the 12th week of pregnancy. If the employee chooses to take Childcare Vouchers up to the date they go on maternity leave and start again on their return to work they should be aware that this option will affect the SMP calculations. Employees may wish to contact the HR team for further information.

Information on the childcare voucher scheme and provisions available locally, will be contained within the Maternity Information pack which will be sent to you on receipt of your Application. If you would like to access this information prior to this, it can be obtained from the Human Resources Team.

Employees that joined a childcare voucher scheme before 4 October 2018 can keep receiving vouchers as long as:

- your wages were adjusted on or before 4 October 2018
- you stay with the same employer and they continue to run the scheme
- you do not take an unpaid career break of longer than a year

More information regarding help with childcare can be found at <a href="https://www.gov.uk/get-childcare">https://www.gov.uk/get-childcare</a> or <a href="https://www.childcarechoices.gov.uk/">https://www.childcarechoices.gov.uk/</a>.

#### 39 KEEPING IN TOUCH

- 39.1 Before going on Maternity Leave employees are to discuss and agree with their Line Manager any voluntary arrangements for keeping in touch during their leave. It is to be noted that staff absent on Maternity Leave are to receive details of vacancies and other pertinent business information; this is normally done via the post to the employee's home address, or by another form of agreed method.
- 39.2 Keeping in Touch (KIT) days allow employees to do a limited amount of work under their contract during the Maternity Pay Period without loss of SMP for the week. They are intended to facilitate a smooth return to work for women returning from Maternity Leave and can include training, team meetings or other activities which enable the employee to keep in touch with the workplace.

- 39.3 An employee may work a maximum of 10 KIT days without bringing her Maternity Leave to an end. Any days of work will not extend the maternity period.
- 39.4 An employee may not work during the two weeks of compulsory Maternity Leave immediately after the birth of her baby.
- 39.5 Working for part of any day will count as a whole KIT day.
- 39.6 The employee will be paid at their basic daily rate for the hours worked, less appropriate Maternity Leave payment for KIT days worked. The KIT day Record form should be sent to Payroll, with a copy sent to Workforce Information.
- 39.7 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 39.8 Employees who are breastfeeding will be risk assessed in accordance with Section 39.1 and facilities will be provided, where possible, in accordance with Section 39.2.
- 39. 9 Please see Appendix 8 for KIT Record form and information.

#### 40 PROVISION FOR BREASTFEEDING MOTHERS

- 40.1 If an employee is a breastfeeding mother returning to work, they are to inform their Line Manager as soon as possible so the necessary arrangements can be made.
- 40.2 Employees will be given reasonable time off to breast-feed or express milk if required. Ideally this should be at the same time of day that they would normally feed their baby at home, or have baby brought in by the partner or carer.
- 40.3 An employee who is breastfeeding will be given suitable access to a private room to express and store milk in an appropriate refrigerator. Requests for flexible working arrangements to support breastfeeding mothers at work will be considered; please refer to the Flexible Working Policy. The CCG will support all mothers regarding their breastfeeding choice and the necessary arrangements will be discussed with the employee and line manager and agreed.

# SECTION 2 MATERNITY SUPPORT (PATERNITY) LEAVE INCLUDING SHARED PARENTAL LEAVE

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# MATERNITY SUPPORT (PATERNITY) LEAVE INCLUDING SHARED PARENTAL LEAVE

#### 41 POLICY STATEMENT

- 41.1 Maternity Support (Paternity) leave is provided to allow employees time away from work following the birth or adoption of a child. This policy details the arrangements within Hull CCG in relation to Maternity Support (Paternity) Leave and pay.
- 41.2 This policy will apply to biological and adoptive fathers, nominated carers and same sex partners.

#### 42 PRINCIPLES

- 42.1 Employees may be entitled to Ordinary Maternity Support (Paternity) leave which can be taken around the time of the birth or placement of the child/children for adoption.
- 42.2 Training and support will be provided to all Line Managers in the implementation and application of this policy

### 43 ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE

- 43.1 To qualify for up to two weeks ordinary Maternity Support (Paternity) Leave, with Occupational Maternity Support (Paternity) Pay, an employee must:
  - have, or expect to have, responsibility for the child's upbringing;
  - be the biological father of the child, or be the mother's spouse, partner or civil partner but not the father of the child, or be the adopter's spouse or partner;
  - have worked continuously for 12 months for one or more NHS employers by the beginning of the week in which the baby is due or the adopted child is due to be placed.
- Where an employee satisfies all of the conditions in 43.1 above, payment will be made at full salary, including regular payments and bonus, less any Statutory Maternity Support (Paternity) Pay (SPP), for up to two weeks.
- 43.3 An employee who satisfies the conditions in 43.1 above, except having worked continuously for 12 months for one or more NHS employers, will be entitled to SPP and leave provided that they:

- have 26 weeks continuous service with one or more NHS employers, ending with the 15<sup>th</sup> week before the baby is due, or the week in which notification of the adoptive match occurs;
- will continue to be employed up to the date of birth or placement of a child;
- have average weekly earnings at or above the Lower Earnings Limit.
- 43.4 SPP is the same as the standard rate for Statutory Maternity Pay or 90% of average weekly earnings if this is less than SPP.
- 43.5 If the baby is born earlier than the fourteenth week before it is due and, but for the birth occurring early, the employee would have been employed continuously for 26 weeks, then the employee will be deemed to have the necessary length of service.
- 43.6 Employees can choose to take either one week's, or two separate or continuous weeks, leave (i.e. not odd days). Only two weeks leave is available irrespective of whether more than one child is born as a result of the same pregnancy or more than one child placed together for adoption.

#### 43.7 Leave can start from:

- the date of the child's birth or placement (whether this is earlier or later than expected), **or**
- a chosen number of days or weeks after the date of the child's birth or placement (whether this is earlier or later than expected), **or**
- a chosen date.
- 43.8 Leave can start on any day of the week on or following the child's date of birth or placement but must be completed:
  - within 56 days of the actual date of birth or placement of the child, or
  - if the child is born early, within the period from the actual date of birth up to 56 days after the expected week of birth.
- 43.9 Employees will be entitled to reasonable paid time off to attend ante-natal classes or official meetings in the adoption process as long as reasonable notice is given and proof of all appointments is provided. There is a legal right for a father or partner to take unpaid leave for up to two appointments for a maximum of 6.5 hours for each antenatal appointment. Line managers are to seek HR advice regarding reasonable time off.
- 43.10 Annual leave will accrue during Ordinary Maternity Support (Paternity) Leave.

43.11 Paid Special/Other leave may be granted where there are difficulties at the time of birth; please refer to the Special Leave Policy and the Flexible Working Policy.

#### 44 PROCEDURE

#### 45 ORDINARY MATERNITY SUPPORT (PATERNITY) LEAVE

- 45.1 An employee must, wherever possible, give at least 28 days' notice of their intention to take ordinary Maternity Support (Paternity) Leave by completing form P1 (Appendix 5) and submitting it to their manager.
- 45.2 Form P1 (Appendix 5) is evidence that the employee meets the eligibility conditions and includes the following information:
  - the week the baby is due or the child is expected to be placed;
  - whether one week or two consecutive weeks is requested;
  - the date ordinary Maternity Support (Paternity) Leave is to start;
  - the employee's confirmation of eligibility.
- 45.3 In the event of a still birth, if the birth takes place after the 24<sup>th</sup> week of pregnancy the employee will be entitled to the same amount of ordinary Maternity Support (Paternity) Leave and pay as if the baby had been born alive.
- Where an employee has a miscarriage before the 25th week of pregnancy then normal sick leave provisions will apply.

#### 46. SHARED PARENTAL LEAVE (SPL)

46.1 This guide gives a general overview of SPL. For more detailed information on the SPL regulations see the BIS guidance www.gov.uk/sharedparentalleave

#### 47. PRINCIPLES

- 47.1 Shared Parental Leave enables eligible parents to choose how to share the care of their child during the first year of birth or adoption. All eligible employees have a statutory right to take SPL and also may have an entitlement to Statutory Shared Parental Pay.
- 47.2 You may be entitled to Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP) if:
  - Your baby is due on or after 5 April 2015
  - You adopt a child on or after 5 April 2015

- 47.3 SPL and ShPP must be taken between the baby's birth and first birthday (or within 1 year of adoption).
- 47.4 You can start SPL if you're eligible and you or your partner end maternity or adoption leave or pay (or Maternity Allowance) early. The remaining leave will be available as SPL. The remaining weeks of pay will be available as ShPP.
- 47.5 You can share the leave with your partner if they are also eligible for SPL, and choose how much of the leave each of you will take.
- 47.6 **Example** A mother and her partner are both eligible for SPL. The mother ends her maternity leave after 12 weeks, leaving 40 weeks (of the total 52 week entitlement) available for SPL. She takes 30 weeks and her partner takes the other 10 weeks.
- 47.7 Employees who take SPL are protected from less favorable treatment

#### 48. ENTITLEMENT TO SHARED PARENTAL LEAVE

- 48.1 Sometimes only one parent in a couple is eligible to get Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP). This means that they can't share the leave between them. For example a self-employed parent will not be entitled to SPL themselves but they may still pass the employment and earnings test so their partner, if they are an employee, may still qualify.
- 48.2 If both parents are employees and both meet the qualifying requirements then there will be a joint entitlement and the parents will have to determine how to divide the leave entitlement once the mother/partner has decided to curtail their maternity/adoption leave.
- 48.3 A mother/partner, subject to certain criteria, will be entitled to statutory pay/adoption pay/ maternity allowance for up to 39 weeks. If the mother/partner gives notice to reduce their entitlement before they will have received it for 39 weeks then the remaining weeks could become available as ShPP.
- 48.4 All notices for continuous periods of leave, from eligible employees will be accepted and all requests for discontinuous leave will be considered.

#### 49. SHARED PARENTAL LEAVE ELIGABILITY CRITERIA

49.1 To qualify for Shared Parental Leave (SPL), you must share care of the child with either:

- Your husband, wife, civil partner or partner (joint adopter)
- The child's other parent
- Your partner (if they live with you and the child)
- Have curtailed, or given notice, to reduce, their maternity/adoption leave, or their pay, allowance (if not eligible for maternity/adoption leave)
- Have properly notified Hull CCG of their entitlement and have provided the necessary declarations and evidence.
- 49.2 You or your partner must be eligible for maternity pay or leave or Maternity Allowance or adoption pay or leave.

#### 49.3 You must also meet the - Continuity of employment test:

- Have been employed continuously for at least 26 weeks by the end of the 15th week before the due date (or by the date you are matched with your adopted child)
- Be employed by the same employer while you take SPL

#### 49.4 In addition your partner's eligibility - Employment and earnings test

- 49.5 During the 66 weeks before the baby is due your partner must:
  - Have been working for at least 26 weeks (which can be discontinuous) they can be employed, self-employed or an agency worker
  - Have earned at least £30 a week on average in 13 of the 66 weeks

#### 50. STATUTORY SHARED PARENTAL LEAVE PAY (ShPP)

- 50.1 In order to qualify for statutory shared parental pay, you must:
  - Meet the qualifying requirements for shared parental leave and have a partner who meets the employment and earnings test;
  - Have earned not less than the lower earnings limit (currently £111 per week) in the relevant period. This is usually the 8 weeks leading up to the qualifying week (as with shared parental leave, the qualifying week is the end of the 15th week before the week in which the baby is due to be born, or the week that the adopter is notified of being matched with a child).
- 50.2 You will also qualify for ShPP if one of the following applies:
  - You qualify for Statutory Maternity Pay
- 50.3 If you're eligible and you or your partner end maternity or adoption leave and pay (or Maternity Allowance) early, then you can:

- Take the rest of the 52 weeks of leave (up to a maximum of 50 weeks) as Shared Parental Leave (SPL)
- Take the rest of the 39 weeks of pay or Maternity Allowance (up to a maximum of 37 weeks) as Statutory Shared Parental Pay (ShPP)
- 50.4 The mother must take a minimum of 2 weeks' maternity leave following the birth
- 50.5 ShPP is paid at the rate of £138.18 a week or 90% of your average weekly earnings, whichever is lower
- 50.6 This is the same as Statutory Maternity Pay (SMP) except that during the first 6 weeks SMP is paid at 90% of whatever you earn (with no maximum).
- 50.7 If the mother or adopter curtails their entitlement to maternity/adoption pay or maternity allowance before they have used their full entitlement then shared parental pay can be claimed for any remaining weeks.
- 50.8 Values based on 2018. For the most up to date values please visit https://www.gov.uk/

#### 51. STARTING SHARED PARENTAL LEAVE

- 51.1 You or your partner can only start (SPL) once the child has been born or adopted. The mother or adopter must have either:
  - Ended any maternity or adoption leave by returning to work
  - Given 'binding notice' (a decision that can't normally be changed) to their employer of the date when they plan to end any maternity or adoption leave
  - Ended maternity pay or Maternity Allowance (if they're not entitled to maternity leave, e.g. they're an agency worker or self-employed)
- 51.2 The mother or adopter must give notice to their employer (at least 8 weeks) to end maternity or adoption pay, or to the Job Centre Plus to end Maternity Allowance.
- 51.3 You can start SPL while your partner is still on maternity or adoption leave as long as they've given binding notice to end it.
- 51.4 A mother can't return to work before the end of the compulsory 2 weeks of maternity leave following the birth.
- 51.5 Where a mother or adopter takes 38 weeks or more of statutory maternity or adoption pay or maternity allowance, then no statutory shared parental pay

can be created.

51.6 **Example** A mother and her partner are both eligible for SPL.

The mother goes on maternity leave 10 weeks before her baby is born. She decides that she'll take 16 weeks of maternity leave and gives notice to her employer.

Since the mother has given binding notice, her partner can start SPL as soon as the baby has been born (as long as they've given at least 8 weeks' notice).

#### 52. PROCEDURE

#### 53. HOW TO CLAIM SHARED PARENTAL LEAVE

- 53.1 You must complete the Notice of Entitlement and Intention to Take Shared Parental Leave form (SPARM1 Appendix 9, for SPL resulting from Maternity. SPARA1 Appendix 10, for SPL resulting from Adoption) giving your employer written notice of your entitlement to SPL and ShPP, including:
  - Your partner's name
  - Start and end dates for maternity or adoption leave and pay
  - The total amount of SPL and ShPP available and how much you and your partner intend to take
  - Confirmation that you're sharing childcare responsibility with your partner
- 53.2 You must also complete the signed declaration from your partner stating:
  - Their name, address and National Insurance number
  - That they satisfy the qualifying requirements for SPL and ShPP
  - That they agree to you taking SPL and ShPP
- 53.3 After receiving this notice, your employer has 14 days if they want to ask for:
  - A copy of the child's birth certificate
  - The name and address of your partner's employer

You must provide this information within 14 days.

- Once a request for leave is made the employee and employer will have a 14 day discussion period to talk about the request. An employee considering/taking SPL is encouraged to contact their line manager to arrange a discussion as early as possible.
- 53.5 You must give at least 8 weeks' notice of any leave you wish to take.

- 53.6 If the child is born more than 8 weeks early, this notice period can be shorter.
- 53.7 If parents don't choose SPL at first, they have the option to use it at a later date while they are still eligible. For example, six months into a maternity leave period, with notice, a mother may choose to reduce their maternity leave by two months, giving their partner the chance to take those two months as SPL (provided they give eight weeks' notice to their employer and take the SPL within a year of the birth/adoption). You must complete the notice to take a period of Shared Parental Leave form (Appendix 9 or 10)

#### 53.8 SPL can:

- Start on any day of the week
- Only be taken in complete weeks (so if SPL lasts for one week and begins on a Tuesday it will finish on the following Monday)
- Be taken by the partner, while the mother is still on maternity/adoption leave if the mother reduces their entitlement to maternity/adoption leave

#### 54. VARYING LEAVE

- 54.1 Qualifying parents can vary there allocation of leave between them at any stage. To vary this you must complete the Application of Variation or Cancellation of Shared Parental Leave form (Appendix 11) both parents must notify each employer in writing of the following:
  - Details of their original division of leave
  - Advising of the fact they are changing it
  - Advising how they now intend to take the available SPL.
- 54.2 Both parents must sign the notice to confirm that they are in agreement with the variation.

# 55. CANCELLING THE DECISION TO END MATERNITY OR ADOPTION LEAVE

- 55.1 The mother or adopter may be able to change their decision to end maternity or adoption leave early if both:
  - The planned end date hasn't passed
  - They haven't already returned to work
- 55.2 One of the following must also apply:
  - You find out during the 8-week notice period that neither of you is eligible for SPL or ShPP

- The mother or adopter's partner has died
- The mother tells her employer less than 6 weeks after the birth (and she gave notice before the birth)

To cancel this you must complete the Application of Variation or Cancellation of Shared Parental Leave form (appendix 11) both parents must notify each employer in writing of the points detailed at 54.1.

### 56. SHARED PARENTAL LEAVE IN TOUCH (SPLIT) DAYS

- You and your partner can both work up to 20 days during SPL. These are called 'shared parental leave in touch' (or SPLIT) days and will be paid. (See Appendix 12.)
- These days are in addition to the 10 'keeping in touch' (or KIT) days already available to those on maternity or adoption leave.
- 56.3 Shared Parental Leave in Touch days are optional both you and your employer must agree to them.

#### 57. BLOCKS OF LEAVE

- 57.1 You can book up to 3 separate blocks of Shared Parental Leave (SPL) instead of taking it all in one go, even if you aren't sharing the leave with your partner.
- 57.2 If your partner is eligible for SPL, you can take leave at different times or both at the same time. Therefore, each notice to book SPL can be for either a 'continuous' block or multiple 'discontinuous' blocks.
- 57.3 You must give your employer at least 8 weeks' notice before you want to begin a block of leave.
- Each eligible employee can give their employer up to 3 separate notices. Each notice can be for a block of leave, or the notice may be for a pattern of "discontinuous" leave involving different periods of leave. If a parent asks for discontinuous blocks of leave in a notification the employer can refuse and require that the total weeks of leave in the notice to be taken in a single continuous block. However, where the employee's notification is for a continuous block of leave the employer is required to agree. It is therefore beneficial for the employee and employer to discuss and attempt to agree the way in which the different blocks of leave can be taken.
- 57.5 Notifying the NHS Hull CCG of a continuous block means taking an unbroken period of leave. For example, this could be a notification for a period of six

weeks' leave. Eligible employees have a statutory right to take SPL in this way and an employer cannot refuse it.

#### 58. SPLITTING BLOCKS

- 58.1 If your employer agrees, you can split blocks into shorter periods of at least a week.
- 58.2 **Example** mother finishes her maternity leave at the end of October and takes the rest of her leave as SPL. She shares it with her partner, who's also eligible. They each take the whole of November as their first blocks of SPL. The partner then returns to work.

The mother also returns to work in December to cover the busy Christmas period. She gives her employer notice that she'll go on leave again in February - this is her second block of SPL. Her employer agrees to a work pattern of 2 weeks on, 2 weeks off during the block.

If a request for a discontinuous leave block is not agreed then the total amount of leave in the request must be taken as one continuous block unless the employee withdraws the notice and submits a new request.

#### 59. EMPLOYMENT COMES TO AN END

59.1 If an employee's employment comes to an end while they are still entitled to some ShPP then any remaining weeks will usually remain payable unless they start working for somebody else.

#### 60 KEEPING IN TOUCH

- 60.1 Arrangements for keeping in touch during the period of Shared Parental Leave will be agreed between the individual and their manager prior to the start of leave.
- 60.2 It should be noted that staff absent on Shared Parental Leave should receive details of vacancies and other pertinent business information; this is normally done via the post to the employee's home address, or by another form of agreed method.
- 60.3 Keeping in Touch (KIT) days allow employees to do a limited amount of work under their contract during the SPL Pay Period without the loss of SPP for the week. They are intended to facilitate a smooth return to work for parents returning from SPL and can include training, team meetings or other activities which enable the employee to keep in touch with the workplace.

- 60.4 An employee may work a maximum of 10 KIT days without bringing their SPL to an end. Any days of work will not extend the SPL period.
- 60.5 Working for part of any day will count as a whole KIT day.
- 60.6 The employee will be paid at their basic daily rate for the hours worked less appropriate SPL payment for KIT days worked. The KIT days Record form should be sent to Payroll, with a copy sent to Workforce Information.
- 60.7 Any work must be by agreement and neither the employer nor the employee can insist upon it.
- 60.8 In certain circumstances, Hull CCG may consider the reimbursement of reasonable childcare costs in order to enable the employee to take up the opportunity to work KIT days.

Please see Appendix 8 for KIT Record form and information.

#### 61. ANNUAL LEAVE

61.1 SPL is granted in addition to annual leave which will continue to accrue throughout SPL.

#### 62 TERMS AND CONDITIONS

- 62.1 During the period of SPL, the employee's contract of employment remains in force and entitlement to receive all contractual benefits, except for salary.
- An employee on Shared Leave will progress through a pay progression gateway on the due date if concerns have not been raised about the employee's capability prior to Adoption Leave. Please refer to the Pay Progression Policy.
- 62.3 Pension contributions will continue to be made during paid SPL. During a period of unpaid SPL, if an employee is part of the NHS Pension Scheme, then these deductions can be either made during the leave or upon return to work.

#### 63. RETURNING TO WORK AFTER SHARED PARENTAL LEAVE

63.1 On returning to work after SPL, the employee will have the right to return to the same job on no less favourable terms and conditions. If this is not reasonably practicable the employee will have the right to return to a job of the same pay band and to work of a similar responsibilities and status.

# SECTION 3 ADOPTION LEAVE

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#### **ADOPTION LEAVE**

#### 64 POLICY STATEMENT

64.1 The Adoption Leave policy is designed to implement the statutory rights to leave following the placement of a child for adoption. Adoption Leave and pay entitles eligible employees to take paid leave when a child is newly placed for adoption. It is available to individuals who adopt and to one member of a couple where a couple adopt jointly (the couple may choose which partner takes Adoption Leave). Where Hull CCG employs both parents, one parent will be identified as the primary carer and will be entitled to leave under this policy, however the entitlement may be split jointly bus must not exceed the total leave allowance. There is also entitlement to leave under the Maternity Support (Paternity) Leave policy.

#### 65 PRINCIPLES

65.1 Training and support will be provided to all Line Managers in the implementation and application of this policy

#### 66 ENTITLEMENT TO ADOPTION LEAVE

66.1 All employees will be entitled to 52 weeks Adoption Leave.

# 67 ENTITLEMENT TO OCCUPATIONAL ADOPTION PAY UNDER NHS SCHEME

- 67.1 An employee working full or part-time is entitled to Adoption pay under the NHS scheme provided that they;
  - have completed at that time 12 months continuous service with one or more NHS employing authorities ending with the week in which they are notified of being matched with a child for adoption; and
  - notify Hull CCG on Form A1 (Appendix 7) within seven days of being notified by their adoption agency that they have been matched with a child, unless this is not reasonably practicable and intends to return to work for a minimum period of three months with the same or another NHS employer;
     and
  - submit documentary evidence in the form of a 'matching certificate' from their approved adoption agency as proof of entitlement to leave.
- 67.2 Where an employee has stated they will be returning to work and fails to do so, please refer to section 65.1.

#### 68 ENTITLEMENTS UNDER THE SCHEME

- An employee who qualifies for full benefits and intends to return to work with the same or another employing organisation will be entitled to 52 weeks Adoption Leave, paid as follows:
  - 8 weeks at full pay including any Statutory Adoption Pay (SAP) or equivalent benefits payable;
  - 18 weeks at half pay reduced only where half pay plus any SAP, Adoption Allowance (AA) or equivalent benefits payable exceeds full pay;
  - 13 weeks at SAP, if payable;
  - 13 weeks unpaid leave.
- An employee who qualifies for full benefits and does <u>not</u> intend to return to work for the same or another employing authority will be entitled to 52 weeks Adoption Leave, paid as follows:
  - 6 weeks SAP, paid as 90% of full pay (average weekly earnings);
  - 33 weeks paid at the lesser of standard rate SAP or 90% of average weekly earnings, if payable, (whichever is the lower);
  - 13 weeks unpaid leave.
- 68.3 An employee who does not qualify for full benefits but who has at least 26 weeks service leading into the week in which they are notified of having been matched with a child, whether or not they intend to return to work, will be entitled to 52 weeks Adoption Leave which will be paid as follows:
  - 39 weeks paid at the lesser of standard rate SAP or 90% of average weekly earnings (whichever is the lower);
  - 13 weeks unpaid leave.
- 68.4 An employee who does not qualify for SAP whether or not they intend to return to work will be entitled to 52 weeks Adoption Leave. No payments will be made during the Adoption Leave period.

#### 69 TIMING OF LEAVE

- 69.1 Leave can start from the date of the child's placement (whether this is earlier or later than expected) or from a fixed date which can be up to 14 days before the expected date of placement. Leave can start on any day of the week.
- 69.2 Only one period of leave will be available irrespective of whether more than one child is placed for adoption as part of the same arrangement.

- 69.3 If the date of a placement changes, the employee should give 28 days' notice to change the start date of their Adoption Leave, where this is reasonably practicable. In any event, as much notice as possible should be given and the adopter's manager must be kept informed.
- 69.4 If the placement is delayed but adoption leave has already commenced the employee should contact their line manager who will need to contact HR for advice as normally the employee would not be able to recommence their adoption leave at a later date. It is strongly advised that the employee identifies that the placement will commence prior to starting their adoption leave.
- 69.5 If there is an established relationship with the child, e.g. fostering prior to adoption or when a step-parent is adopting a partner's child/children, there may be scope for local arrangements to be agreed on the amount of leave and pay in addition to time off for official meetings.

### 70 CALCULATION OF PAY

70.1 Adoption Pay is calculated on average earnings paid for two months prior to the start of the week after that in which the adopter is notified of having been matched with a child for adoption.

# 71 IMPLEMENTATION OF A PAY AWARD OR ANNUAL INCREMENT

- 71.1 Absence on Adoption Leave, whether paid or unpaid, counts as service towards the normal annual increment.
- 71.2 Where a pay award and/or annual increment are implemented from a date prior to the paid Adoption Leave period, the Adoption Pay will be calculated as though the pay award had effect throughout the entire SAP calculation period. If a pay award is agreed retrospectively, the Adoption Pay will be recalculated on the same basis.
- 71.3 Where a pay award and/or annual increment is implemented from a date during the paid Adoption Leave period, the Adoption Pay due from the operative date of the pay award will be calculated as though the pay award had effect throughout the SAP calculation period. Again, if such a pay award were agreed retrospectively, the Adoption Pay should be recalculated on the same basis.

### 7.2 PAY PROGRESSION FRAMEWORK

72.1 The expectation is that an employee on Adoption Leave will progress through a pay progression gateway on the due date if concerns have not been raised about the employee's capability prior to Adoption Leave. Please refer to the Pay Progression Policy.

### 73 EMPLOYEES ON A FIXED-TERM CONTRACT

- 73.1 An employee on a fixed-term contract which expires after the week in which the adopter is notified of a match with a child for adoption will, subject to satisfying the conditions in 51.1, have their contract extended to enable them to receive 52 weeks Adoption Leave which includes occupational and statutory adoption pay and 13 weeks unpaid leave.
- 73.2 Under these circumstances, there will be no right of return to be exercised because the contract would have ended if the adoption had not occurred.
- 73.3 An employee not satisfying the conditions in 51.1 but who is entitled to SAP will, have their contract extended to allow them to receive SAP. The contract will not be extended to cover a period of unpaid leave.

### 74 CONTRACTUAL RIGHTS

74.1 All contractual rights, apart from remuneration, will continue to accrue during the whole Adoption Leave period.

### 75 ANNUAL LEAVE AND BANK HOLIDAYS

- 75.1 Annual leave will continue to accrue during both paid and unpaid Adoption Leave.
- 75.2 Where the amount of accrued leave would exceed the normal carry over provisions, the manager and employee should agree arrangements for the leave to be taken either prior to or immediately following the Adoption Leave period.
- 75.3 In exceptional circumstances, where leave cannot be carried over for operational reasons, payment in lieu of annual leave may be considered.
- 75.4 All Adoption Leave including unpaid Adoption Leave will count as service for the purpose of satisfying the service qualification for accruing additional annual leave entitlements.
- 75.5 Bank Holidays are also accrued whilst on paid or unpaid Adoption Leave.

### 76 PENSION

76.1 Contributions will be deducted from salary as normal during paid Adoption Leave and continue to be payable during unpaid leave. On return to work, arrears of contributions will be recovered and deducted from salary, over an agreed period of time. It is the employee's responsibility to arrange this (where necessary.) http://www.nhsbsa.nhs.uk/pensions

### 77 MATERNITY SUPPORT (PATERNITY) LEAVE

77.1 The partner of an individual who adopts, or the other member of a couple who are adopting jointly, may be entitled to Maternity Support (Paternity) Leave and pay. Please refer to the Maternity Support (Paternity) Leave procedure (Section 2 of this policy – Page 20)

### 78 ENTITLEMENT TO TIME OFF FOR PRE-ADOPTION ARRANGEMENTS

78.1 An employee who is the Adopter or an employee who is the partner of the adopter may take reasonable time off with pay for adoption related meetings, as long as reasonable notice is given and proof of all appointments is provided. This must be agreed by the employee's line manager, prior to the date of the appointment.

### 79 PROCEDURE

- 79.1 Employees must inform their manager of their intention to take Adoption Leave within seven days of them being notified by their adoption agency that they have been matched with a child for adoption, unless this is not reasonably practicable. Form A1 (Appendix 7) should be completed for this purpose and the original sent to Human Resources Team, who will send a copy to Payroll.
- 79.2 Adoption Leave can start on any day of the week. Any Annual Leave to be taken before the commencement of Adoption Leave should be taken into account.
- 79.2 Employees need to inform their manager of the date that the child is likely to be placed with them and the date they would like their Adoption Leave to start. The start date of leave may be changed provided that 28 days' notice is given, unless this is not reasonably practicable.
- 79.3 Employees also need to provide a matching certificate from their adoption agency as evidence of their entitlement to Statutory Adoption Pay and leave that includes basic matching and expected placement details. The original should be sent to the Human Resources Team, who will send a copy on to Payroll.

- 79.4 The employee will receive written confirmation within 28 days of receipt of Form A1 of:
  - their adoption entitlements, both paid and unpaid
  - their expected return date based on 52 weeks paid and unpaid leave unless an earlier return date has been given
  - details of any accrued annual leave that is to be taken at the end of the Adoption Leave period
  - the need to give at least 28 days' notice in writing if they wish to return to work before the expected return date.

### 80 RETURN TO WORK

- 80.1 If an employee wishes to take full entitlement to leave, then no further notification of return to work need be given.
- 80.2 An employee wishing to return to work before the end of their full entitlement to leave must give at least 28 days' written notice of their date of return. The employee and manager must complete a HR7 payroll form as Notification of Return from Adoption Leave which can be found <a href="https://example.com/here">here</a>

### 81 FAILURE TO RETURN TO WORK

- An employee who has notified Hull CCG of their intention to return to work for a minimum of three months for the same or another NHS employer, and fails to do so within 15 months of the beginning of their Adoption Leave will be liable to refund the whole of their adoption pay, less any Statutory Adoption Pay received.
- 81.2 In cases where Hull CCG considers that to enforce this provision would cause undue hardship or distress, Hull CCG has the discretion to waive the right of recovery,

### 82 CHILDCARE VOUCHER SCHEME

- 82.1 Employees that joined a childcare voucher scheme before 4 October 2018 can keep getting vouchers as long as:
  - your wages were adjusted on or before 4 October 2018
  - you stay with the same employer and they continue to run the scheme
  - you do not take an unpaid career break of longer than a year

More information regarding help with childcare can be found at https://www.gov.uk/get-childcare or https://www.childcarechoices.gov.uk/.

### 83 KEEPING IN TOUCH

- 83.1 Before going on Adoption Leave employees should discuss and agree with their Line Manager any voluntary arrangements for keeping in touch during their leave. It should be noted that staff absent on Adoption Leave should receive details of vacancies and other pertinent business information; this is normally done via the post to the employee's home address, or by another form of agreed method.
- 83.2 Keeping in Touch (KIT) days allow employees to do a limited amount of work under their contract during the Adoption Pay Period without the loss of SAP for the week. They are intended to facilitate a smooth return to work for an employee returning from Adoption Leave and can include training, team meetings or other activities which enable the employee to keep in touch with the workplace.
- 83.3 An employee may work a maximum of 10 KIT days without bringing his/her Adoption Leave to an end. Any days of work will not extend the adoption leave period.
- 83.4 Working for part of any day will count as a whole KIT day.
- 83.5 The employee will be paid at their basic daily rate for the hours worked less appropriate Adoption Leave payment for KIT days worked. The KIT day Record form should be sent to Payroll, with a copy sent to Human Resources.
- 83.6 Any work must be by agreement; neither the employer nor the employee can insist upon it.
- 83.7 In certain circumstances, Hull CCG may consider the reimbursement of reasonable childcare costs in order to enable the employee to take up the opportunity to work KIT days.
- 83.8 Please see Appendix 8 for KIT Record form and information.

# SECTION 4 PARENTAL LEAVE

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93.	RETURNING FROM PARENTAL LEAVE	40

#### 84 **POLICY STATEMENT**

- 84.1 Parental Leave is provided to enable employees to take time off work to look after a child or make arrangements for a child's welfare. Parents or those who have formal parental responsibility can use it to spend more time with children and strike a better balance between their work and family commitments.
- 84.2 This Policy should also be seen as operating with the provisions on flexible working arrangements and employment breaks (see appropriate policies for more information). It should be noted that Parental Leave is unpaid.

### 85 PRINCIPLES

- 85.1 Employees who have nominated caring responsibility for any child under the age of 18 are eligible for Parental Leave.
- 85.2 Training and support will be provided to all Line Managers in the implementation and application of this policy

### 86 ENTITLEMENT TO LEAVE

- 86.1 The right to parental leave entitles all employees who have completed 12 months continuous NHS service to take a period of unpaid leave to care for any child under 18.
- 86.2 The entitlement is 18 weeks unpaid leave per child or adopted child, to be taken in periods of at least one week at a time. In the case of twins, each parent will be entitled to 18 weeks for each child.
- 86.3 Both parents are entitled to take parental leave; a maximum of four weeks per child can be taken by an employee in any one year.

#### 87 TIMESCALES FOR TAKING PARENTAL LEAVE

- 87.1 Up to 18 weeks leave up until the child or adopted child's 18<sup>th</sup> birthday.
- 87.2 Parents can start taking parental leave as soon as a child is born or placed for adoption, or as soon as they have completed one year's continuous NHS service, whichever is later.

### 88 REQUESTS FOR PARENTAL LEAVE

88.1 All requests for parental leave must be made on form PAR 1 (Appendix 13), be signed by line manager and copied to Human Resources and Payroll for monitoring and recording and payment purposes.

### 89 PROCEDURE

#### 90 APPLYING FOR PARENTAL LEAVE

- 90.1 When applying for parental leave the employee must, where possible, complete and hand in the form PAR 1 (Appendix 13) and:
  - specify the length of leave required;
  - give at least 21 days' notice before the beginning of the period of leave.

### 91 POSTPONING PARENTAL LEAVE

- 91.1 Parental Leave may be postponed in exceptional circumstances where the timing would cause significant operational problems.
- 91.2 If a request for leave is postponed:
  - it will only be deferred once and alternative dates will be offered;
  - postponement will be for no longer than three months;
  - deferred leave offered will be for the same length of time as that requested, and the start and end dates of deferred leave will be mutually agreed;
  - an employee will be given reasonable written notice of a deferral together with the reasons.

### The minimum notice will be:

- two weeks before the start of the requested leave where the leave is for two weeks or less:
- where the leave is more than two weeks, the same length as the parental leave requested;

An employee who considers that his/her request for leave has been unreasonably postponed, may appeal through Hull CCG's Grievance Procedure.

# 92 ARRANGEMENTS DURING PARENTAL LEAVE

92.1 Whilst taking parental leave, employees are on unpaid leave.

92.2 During the period of parental leave, the employee will retain all contractual rights except remuneration, including entitlement to annual leave, eligibility for an annual incremental payment, and pension rights. Pension contributions will continue to be payable during periods of parental leave. Arrears of contributions will be deducted by the Salaries department over an agreed period of time. Bank Holidays will also accrue whilst on Parental Leave.

### 93 RETURNING FROM PARENTAL LEAVE

- 93.1 On resuming work after a period of parental leave, employees will return to their job on remuneration and other terms and conditions no less favourable than if they had not taken parental leave.
- 93.2 Where the employee's job has been changed in his/her absence, the employee must be notified in writing of this change prior to their return and allocated a similar job with no less favourable remuneration and terms and conditions.

# **Maternity Leave Options / Entitlements**

12 months or more continuous service with NHS at the beginning of 25 <sup>th</sup> week of pregnancy	Returning to work following Maternity Leave  OPTION 1      8 weeks at Full Pay including     any SMP, MA or equivalent     benefits receivable      18 weeks at Half Pay reduced     only where half pay plus SMP,     MA or equivalent benefits     exceeds full pay      13 weeks at SMP (if payable)      13 weeks Unpaid Leave	Not returning/undecided whether to return to work following Maternity Leave  OPTION 2  • 6 weeks SMP, paid as 90% of Full Pay (of average weekly earnings)  • 33 weeks at the lesser of standard rate SMP or 90% of average weekly earnings  • 13 weeks Unpaid Leave
More than 26 weeks but less than 12 months continuous service with NHS by the start of 15 <sup>th</sup> week before EWC	<ul> <li>OPTION 3</li> <li>6 weeks at 90% Full Pay</li> <li>33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>	<ul> <li>OPTION 4</li> <li>6 weeks at 90% Full Pay</li> <li>33 weeks at the lesser standard rate of SMP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>
Less than 26 weeks continuous service with NHS at the beginning of 25 <sup>th</sup> week of pregnancy	OPTION 5  ■ 52 weeks Unpaid Leave	OPTION 6  ■ 52 weeks Unpaid Leave

M1 - Application for Maternity Leave

Appendix 2

PERSONA	LINFORMATION		
Full Name		Assignment Number:	
Job Title:	-	Base:	
Line Mana	nger:	Hours	
		Worked:	
Date of A	ppointment with	Date Joined this	
NHS:		Organisation:	
Address fo	or Correspondence:		
		Postcode	
E-mail Ad	drace.	:	
Contact N			
Home:	Work:	Mobile:	
	TY OPTIONS	THOUSE.	
	ted date of confinement is:		
	commence my Maternity Leave	Reason: annual leave/mate	rnitv
on:	,,,	leave	,
MATB1	Yes / No If not, please forwar	d at least 28 days prior to commencement of	
Attached:	Maternity Leave		
I have read tick)	d and understood the Maternity Policy an	d I wish to take the following Maternity Leave (ple	ase
		- · ·	
Option 1	Lhave 12 months or more continuous so	<b>Detail</b> rvice with the NHS and I wish to take 52 Weeks	Tick
Option 1		ipational and statutory Maternity pay, plus up to	
		return to work at any time up to 52 weeks after	
	•	rlier I will inform the organisation in writing 28	
		Inderstand I must return to work with Hull CCG	
	•	num period of 13 weeks. In the event of failing to	
	return to work, I agree that I shall be liab	ole to repay any money not due to me.	
Option 2	I have 12 months or more continuous se	rvice with the NHS, but I am undecided at this	
	,	o work. Please therefore, pay my Statutory	
		eturn to work for a minimum period of 13	
0 11 0	weeks, the organisation will pay the bala		
Option 3		the NHS but less than 12 months continuous the 25 <sup>th</sup> weeks of my pregnancy, and may be	
		Il remain absent from work for up to a total of 52	
	weeks, after which I will be returning to	•	
Option 4		ervice with the NHS at the beginning of the 25 <sup>th</sup>	
Option 4		eturning to work. Please arrange for payment of	
	my Statutory Maternity pay.	The state of the s	
Option 5		vice with the NHS at the beginning of the 25th	
		g unpaid Maternity Leave for a period of up to 52	
	weeks after which I will be returning to v	work.	

<b>Option 6</b> I have less than 26 weeks continuous service with the NHS at the beginning of the 25 <sup>th</sup>				
weeks of my pregnancy and will no	ot be returning to work.			
SIGNATURES				
I confirm have read the Maternity Policy and a	attachments and fully understand and accept the conditions			
that permit such leave to be granted to me				
Signed	Signed			
(Employee):	(Manager):			
Print Name:	Print Name:			
Date:	Date:			
Please forward the original of this form to the	Human Resources Team by the <b>15<sup>th</sup> week</b> before your			
expected week of childbirth				
Office Use Only - Mat B1 Seen? Yes / No	Copy of form taken and sent to payroll (date and			
initials)				

# Maternity Risk Assessment for Expectant / New Mother Appendix 3

Full Name					Assignm	ent Number:	
Job Title:					Base:		
Line Manager:					Hours W	orked:	
Expec	tant Mother	to complete			New N	Nother to compl	ete
Number of Wee	ks Pregnant:		Da	te of k	oirth date	of baby:	
<b>Expected Week</b>	of		Da	te Ret	urned/Re	turning to	
Confinement:			wo	rk:			
Please Tick 'Yes complete)	' or 'No' and	enter comments in th	e spa	ce pro	ovided (Exp	pectant and Nev	v Mothers to
			Yes	No	Commen	its	
out for them?	hazardous sul s? late with her i DSHH assessm sessments bed	ostances or					
MANUAL HANDLING Is the new / expectant mother likely to undertake manual handling? Have specific assessment/s been carried out for them? Is any remedial action necessary? Has remedial action (if required) been carried out? Is lifting equipment available required?							
VISUAL DISPLAY UNIT (VDU) EQUIPMENT Does the new / expectant mother use VDU equipment? Has their workstation been assessed? Were any problems highlighted? If required, has remedial action been taken / initiated?  PERSONAL PROTECTIVE EQUIPMENT (PPE)							
Is the new / exp wear any PPE?	ectant mothe	r required to use /					

Are they aware of the reasons for using PPE?  Do they find the PPE comfortable to wear / use?  Has maternity uniform been ordered or obtained?		
MACHINERY EQUIPMENT Is the new / expectant mother likely to use any machinery or equipment? Does any of the machinery or equipment used present a greater risk to her than any other worker? Have they been trained and informed regarding the use / hazards of the equipment?		
DRIVERS  Does the new / expectant mother drive a vehicle as an integral part of her job?  Is the driving position adjustable for drive comfort?		
ENVIRONMENT  Does the department have sufficient welfare facilities? E.g. toilets, washing facilities, drinking water  Is the temperature and ventilation generally comfortable?  Is the lighting suitable and sufficient?  Is there sufficient space for workers?  Is the area kept clean and tidy?  Are floors even and intact?		
OTHER  This section is to include any other risks not highlighted above e.g. violence and aggression, working hours, pace of work etc.		

Please ensure both signatures are obtained and for the HR Team.	orward a copy of the completed assessment form to
SIGNATURES	
Signed (Employee):	Signed (Manager):
Print Name:	Print Name:
Date:	Date:

		owing Paternity Leave
12 months or more continuous service with NHS by the beginning of the week in which the baby is due or the adopted child is due to be placed	<ul> <li>Payment made at full salary, including regular payments and bonus, less any SPP, for up to two weeks (two consecutive weeks or two separate occasions of one week.)</li> </ul>	
More than 26 weeks but less than 12 months continuous service with NHS, by the beginning of the 15th week before the baby is due or, at the end of the week prior to being matched with a child	<ul> <li>OPTION 2</li> <li>1 week Paternity Leave paid at three days Paternity Leave plus remaining days SPP only</li> </ul>	OPTION 3     2 consecutive weeks     Paternity Leave paid at three days basic pay and remaining days SPP only
Less than 26 weeks continuous service with NHS, by the beginning of the 15th week before the baby is due or, at the end of the week prior to being matched with a child	Up to three days Occupational Paternity Leave plus average pay (inclusive of SPP)	

PERSONA	AL INFORMATION		
Full Name	ne Assignment		
	Number:		
Job Title:	: Base:		
Line Mana	nager: Hours		
	Worked:		
Date of A	Appointment with Date Joined this		
NHS:	Organisation:		
Address fo	for Correspondence:		
E-mail	Postcode:		
Address:	:		
Contact N	Numbers:		
Home:	Work: Mobile:		
	ITY OPTIONS		
-	d date of birth of your child or placement of your		
child:			
Date you	u expect to start first week of leave:		
-	u expect to start your second week of		
leave:			
	apply for paternity leave/pay. I attach a copy of my partners Matching		B1
for the pu	ourposes of the Occupational Paternity Pay showing the expected week o	of childbirth:	
	ead and understood the Paternity Leave Policy and I wish to take the follow	ing Paternity Leave	5
(please tic	cick)		
			l
Option			Tick
Option 1		cupational	
	Paternity entitlement less Statutory Paternity Pay (SPP)		
Option 2		•	
	beginning of the 15th week before the baby is due or, at the end of the		
	being matched with a child: 1 week or 2 consecutive weeks paternity le	eave (3 days paid	
	paternity leave and remaining days SPP only)		
Option 3			
	the 15th week before the baby is due or, at the end of the week prior to	-	
	with a child the time of confinement / placement of child: Up to 2 wee	•	
Statutory	y Paternity Pay = 90% of your average weekly earnings or current rate, w	hichever is the less	ser.
FURTHER	R FORMS TO COMPLETE		
FOR TO	To be submitted following the birth or placement of child		
.41			

SC3 To claim Ordinary Statutory Paternity Pay/ord	inary paternity leave – becoming a parent form
SC4 To claim Ordinary Statutory Paternity Pay/ord	linary paternity leave – becoming an adoptive parent
form	
SIGNATURES	
I confirm have read the Paternity Policy and attachme	nts and fully understand and accept the conditions
that permit such leave to be granted to me	
Signed	Signed
(Employee):	(Manager):
Print Name:	Print Name:
Date:	Date:
Please forward the original of this form to the Human	Resources Team at least 28 days before you want
your leave to start, or as soon as reasonable practicab	le. If for any reason you need to amend the date of
your Paternity Leave, please contact the Human Resou	rces Team as soon as possible, so dates and records
can be amended.	
Office Use Only - Mat B1 / Matching Certificate seen	Yes / No
Statutory forms completed? Yes / No Copy of form	ns taken and sent to payroll (date and initials)

12 months or more continuous service with NHS at the end of the week prior to being matched with a child	Returning to work following Adoption Leave  OPTION 1      8 weeks at Full Pay including     any SAP, MA or equivalent     benefits receivable      18 weeks at Half Pay reduced     only where half pay plus SAP,     MA or equivalent benefits     exceeds full pay      13 weeks at SAP (if payable)      13 weeks Unpaid Leave	Not returning/undecided whether to return to work following Adoption Leave  OPTION 2  • 6 weeks SAP, paid as 90% of Full Pay (of average weekly earnings)  • 33 weeks at the lesser of standard rate SAP or 90% of average weekly earnings  • 13 weeks Unpaid Leave
More than 26 weeks but less than 12 months continuous service with NHS at the end of the week prior to being matched with a child	<ul> <li>OPTION 3</li> <li>39 weeks at the lesser standard rate of SAP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>	<ul> <li>OPTION 4</li> <li>39 weeks at the lesser standard rate of SAP or 90% of average weekly earnings</li> <li>13 weeks Unpaid Leave</li> </ul>
Less than 26 weeks continuous service with NHS at the end of the week prior to being matched with a child	OPTION 5  • 52 weeks Unpaid Leave	OPTION 6  ■ 52 weeks Unpaid Leave

# A1 - Application for Adoption Leave

Appendix 7

PERSONAL	INFORMATION			
<b>Full Name</b>			Assignment Number:	
Job Title:			Base:	
Line Mana	ger:		Hours Worked:	
Date of Ap	pointment with NHS:		Date Joined this	
	=		Organisation:	
Address fo	r Correspondence:			
			Postcode	
- ·ı			::	
E-mail				
Address:				
Contact Nu	impers:	Moule	Mahila	
Home:	LODTIONS	Work:	Mobile:	
ADOPTION		ro to bo:		
i wish my i	irst day of adoption lea	/e to be:		
Matching (	Certificate Attached:	Yes / No If not, plo	ease forward as soon as reasonably practicable	
watering (	Lei tilicate Attaclieu.	Tes / NO II Hot, pi	ease forward as soon as reasonably practicable	
I have read	l and understood the Add	ontion Leave Policy a	and I wish to take the following Adoption Leave	
(please tick		option Leave I only a	and I wish to take the following Adoption Leave	
(picase tiei	<b>`</b>			
Option		D	etail	Tick
Option 1	I have 12 months or mo	re continuous servic	e with the NHS and I wish to take 52 Weeks	
•			ional and statutory adoption pay, plus up to 13	
	•	•	to work at any time up to 52 weeks after the	1
	date I left work, and if I	do return earlier I w	ill inform the organisation in writing 28 days	
	before I return of this in	ntention. I understar	nd I must return to work with Hull CCG or	1
	another NHS organisati	on for a minimum pe	eriod of 13 weeks. In the event of failing to	
			to repay any money not due to me.	
Option 2	I have 12 months or mo	re continuous servic	e with the NHS, but I am undecided at this	1
	=		ork. Please therefore, pay my Statutory	
			n to work for a minimum period of 13 weeks,	1
	<u> </u>	•	Occupational Adoption Pay.	
Option 3			NHS but less than 12 months continuous	1
			e week I have been notified by the Adoption	1
	= :		haybe entitled to Statutory Adoption Pay. I will	
	work.	rk for up to a total o	f 52 weeks, after which I will be returning to	1
Option 4		eks continuous servi	ice with the NHS at the beginning of the week I	
Option 4			of being matched with a child and will not be	1
			ent of my Statutory Adoption pay.	i
Option 5			e with the NHS at the beginning of the week I	
5 pt. 1011 5			of being matched with a child and will be	i
	•		of up to 52 weeks after which I will be returning	
	to work.		,	į
Option 6		ks continuous servic	e with the NHS at the beginning of the week I	

	have been notified by the Adoption Agency of being matched with a child and will not be			
	returning to work.			
SIGNATUR	ES			
I confirm h	ave read the Adoption Policy and attachment	s and fully understand and accept the condition	s that	
permit suc	h leave to be granted to me			
Signed (Em	nployee):	Signed (Manager):		
Print Name:		Print Name:		
Date:		Date:		
Please forward the original of this form to the Human Resources Team within 7 days of being notified of				
being mate	ched with a child.			
Office Use Only - Matching Certificate Seen? Yes / No Copy of forms taken and sent to payroll (date and				
initials)				

### **Keeping in Touch**

### **Keeping In Touch (Kit) Occasions**

The employee will be able to work **up to a maximum of 10** voluntary occasions during his/her Maternity, Adoption or Shared Parental Leave without losing any Statutory Maternity/Adoption/Shared Parental Leave Pay.

KIT occasions are intended to help employees keep in touch with the workplace and could also help ease eventual return to work. The type of work done could be attending work for a training course, team meetings or for an appraisal interview. These are just examples, but whether employees take advantage of these occasions is their choice. Time that is worked should be agreed by both employee and their manager. Their manager does not have any right to insist that the employee works any KIT occasions.

Any work carried out as a KIT occasion, (the minimum time is half an hour) will be counted as a whole KIT occasion. They can be taken as single days; hours; in blocks of two or more days; or can be taken consecutively. In order to ensure that employees still qualify to receive SMP, SAP or ShPP no more than 10 occasions should be worked during the entire Maternity/Adoption/Shared Parental Leave period.

### **Payment for KIT**

Payment will be received for any KIT occasions that are worked, paid at the employees basic rate for the hours worked. However the employee will not be able to take their earnings above full pay by receiving payment for KIT. The amount of pay received for KIT will vary depending on where they occur in an employee's Maternity/Adoption/Shared Parental Leave (e.g. if the employee is on full pay they will receive no additional pay but if they are on unpaid leave then they would receive the full hourly rate for the time worked) as explained in the table below.

When the KIT occasion occurs	How much will be paid
Weeks 1-8 of Maternity / Adoption leave	No additional payment if already receiving full pay
Weeks 9-26 of Maternity / Adoption / Shared Parental Leave	Hourly rate will be paid until full pay is met for that week
Weeks 27-39 of Maternity / Adoption / Shared Parental Leave	Hourly rate will be paid until full pay is met for that week
Weeks 40-52 of Maternity / Adoption / Shared Parental Leave	Full hourly rate for the hours worked as this period of maternity is taken as unpaid leave.

It is also possible for employees to claim the time back that they work as time in lieu. This may be of particular interest when the hours work fall at the beginning of the Maternity / Adoption / Shared Parental Leave period when no or little extra pay would be received for the hours worked.

Either payment of hours worked will be given *or* time in lieu may be taken. It is not possible for an employee to receive payment for hours worked and then claim the time back in lieu

as well. Payment for hours worked as Keep in Touch will be paid when the employee returns to work.

A change form should be submitted to inform payroll of your return to work date and any changes to be made e.g. working hours. <u>Hours worked should be recorded on the KIT</u>

<u>Record Form on the following page</u>, and be submitted to Payroll in order to claim payment, where eligible.

If you require any further information please refer to the Maternity/Maternity Support (Paternity)/Adoption sections within this policy, or contact the Human Resources Team.

# **Keep in Touch Record**

After carefully reading the guidelines on the previous page, please record any hours worked as Keep in Touch whilst on Maternity, Adoption or Shared Parental Leave in the table below. Payment for hours worked will be paid when the employee returns to work.

Base:

**Employee Name:** 

**Manager Signature:** 

Assignment Number:			Type of leave: Maternity / Adoption / Shar Parental (delete as appropriate.)			
Date	Week number of leave	Start time	Fin	ish time	Total hours worked (excluding breaks)	Please indicate: time in lieu or payment
	· ·				1	
Employee S	Signature:			Date:		

Once signed by both employee and Manager, please forward a copy to:- Human Resources Team, Health Consortium, Health House, Grange Park Lane, Willerby, HU10 6DT

Date:

# **SPARM 1 – Application for Shared Parental Leave (resulting from Maternity)**

This form will need to be completed by a mother and the person (referred to as the Partner) she will share the Shared Parental Leave (SPL) with. This is used to confirm eligibility and entitlement with their employers, in regards to Shared Parental Leave, as well as confirm eligibility and entitlement to Shared Parental Pay (ShPP). Different parts of the form will need to be completed, dependent on who will be taking any Shared Parental Leave; please see below.

Which parts of the form need to be completed?			
Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL	
Parts 1, 2 & 4	Parts 1 & 2	Parts 1, 3 & 4	

Key abbreviations used:			
SPL	Shared Parental Leave	SMP	Statutory Maternity Pay
ShPP	Statutory Shared Parental Pay	MA	Maternity Allowance

# Part 1: Curtailment of Maternity Leave and Pay (for Mother's Employer) Complete if:

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
✓	✓	✓

MOTHER'S PERSONAL INFORMATIO	N (must be completed)			
Full Name		Assignment		
		Number:		
Job Title:	Base	:		
Line Manager:	Hour			
	Worl			
Date of Appointment with		Joined this		
NHS:	Orga	nisation:		
Address for Correspondence:				
E-mail		Postcode:		
Address:				
Contact Numbers:				
Home:	Work:	Mobile:		
BIRTH DATE DETAILS (must be comp	leted)			
Child's Expected Date of Birth				
Actual date of child's birth (if				
born)				
STATUTORY MATERNITY LEAVE DET	AILS (must be complete	d)		
Date statutory maternity leave started/is intended to start				
Date statutory maternity leave will	come to an end			
Total number of weeks of statutory	maternity leave that			
will have been taken at the date tha	t statutory maternity			
leave ends				
SMP DETAILS (must be completed)				
Date SMP started/is intended to start				
Date SMP will come to an end				
Total number of weeks of SMP that will have been paid at				
the date that SMP ends				
I understand that I can only reinstate my maternity leave if I revoke this notice before my maternity				
leave comes to an end, date given a	s above. I understand t	nat if I am eligible for myself or my partner to		

opt into SPL and ShPP I can only reinstate my SMP if I revoke this notice before my SMP comes to an				
end, date given as above.				
Signature of mother				
Date signed				

# Part 2: Notification that Mother is intending to take SPL (for Mother's employer) Complete if:

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
✓	✓	×

PERSONAL INFORMATION (must be completed)					
Mother's Full Name:		Assignment Number:			
Partner's Forename:		Partner's Surname:			
Partner's Address					
(including postcode):					
Partner's National Insu	rance Number:				
BIRTH DATE DETAILS (n	nust be completed)				
Child's Expected Date of	-				
Actual date of child's bi	rth (if child not yet born I will				
provide this informatio	n as soon as reasonably				
	irth and before I take any SPL)				
	Y LEAVE AND SMP DETAILS (mu	. ,			
Date statutory materni	ty leave started/is intended to s	start			
Date statutory materni	ty leave will come to an end				
Total number of weeks	of statutory maternity leave th	at			
	the date that statutory matern	ity			
leave ends					
Date SMP or MA starte	Date SMP or MA started/is intended to start				
Date SMP or MA will co	ome to an end				
	of SMP or MA that will have be	en			
•	Total number of weeks of SMP or MA that will be reduced				
(i.e. 39 weeks minus total number of weeks SMP or MA has					
been paid or will have been paid at date of curtailment)					
SPL DETAILS (must be completed)					
Total number of weeks of SPL created (52 weeks less total					
number of maternity weeks taken and any SPL from a					
previous notice and revocation)					
Total number of weeks of SPL I (the mother) intend to take					
		<u> </u>			

I (the mother) currently expect to take SPL as follow	s: From:	(Date)
	To:	(Date)
Total number of weeks of SPL my partner intends to	take	
ShPP DETAILS (To be completed ONLY if claiming Shi	PP)	
Total number of weeks of ShPP created (39 weeks		
less total number of SMP taken and any ShPP paid		
from a previous notice and revocation)		
Total number of weeks of ShPP I (the mother)		
intend to take:		
I (the mother) currently expect to take ShPP as	From:	(Date)
follows:	To:	(Date)
		(2000)
Total number of weeks of ShPP my partner intends		
to take:		

# Mother's declaration (must be completed)

# The following points apply in all circumstances where a mother is entitled to maternity leave:

- I am giving notice that I am entitled to and intend to take SPL
- I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below)
- I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL
- I will inform my employer immediately if I am no longer caring for my child
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place
  of the birth where no certificate is available if my employer asks for this within 14 days of the
  date of this notice
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I (or my partner) have given a period of SPL notice
- The information provided in this declaration is accurate and meets the notification requirements for SPL

### The following points only apply if ShPP DETAILS Section has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)

•	<ul> <li>I intend to care for my child in the weeks I receive ShPP</li> <li>I will remain employed with this employer until before the date of my first period of ShPP</li> <li>I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMF or MA</li> </ul>			
Th	e information provided in this de	eclaration is accurate		
Sigr	nature of mother			
Dat	e mother signed			
Par	tner's declaration (must be comp	•		
•	<ul> <li>I am the father of the child, or at the date of the birth I was/will be the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship</li> </ul>			
•	<ul> <li>I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother)</li> </ul>			
•	I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth			
•	<ul> <li>I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of childbirth</li> </ul>			
•	I consent to the amount of SPL which the mother intends to take, as set out in Section D above.			
•	I consent to the mother's employer processing the information I have provided			
•	• I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.			
Th	e information provided in this de	eclaration is accurate		

Signature of partner

Date partner signed

# Part 3: Notice confirming that Partner is taking SPL but the mother is not (for Mother's employer)

# Complete if:

PERSONAL INFORMATION (must be completed)

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
*	*	✓

Mother's Full Name:		Assignment Number:	
Partner's Forename:		Partner's Surname:	
CONFIRMATION (must	be completed)		
I am either not ent ShPP where releva	titled to SPL (or ShPP where rele ant)	evant), or I do not intend to ta	ke SPL (or claim
I declare that my p	partner has given a notice to the	eir employer to take SPL and/o	or ShPP.
I consent to my partner's intended claim for SPL and/or ShPP.			
Please accept this as no but that my partner wi	otification that I (the mother) de	o not intend to take SPL (or Sh	PP where relevant)
Signature of mother			
Date signed			

### Part 4: Notification that Partner is intending to take SPL (for Partner's Employer) Complete if:

PERSONAL INFORMATION (must be completed)

Both parents want to take SPL	Just the mother wants to take SPL	Just the partner wants to take SPL
✓	*	✓

Mother's Forename:  Mother's Address (including postcode):  Mother's National Insurance Number:  Mother's National Insurance Number:  BIRTH DATE DETAILS (must be completed)  Child's Expected Date of Birth  Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Total number of weeks SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Partner's Full Name:		
(including postcode):  Mother's National Insurance Number:  BIRTH DATE DETAILS (must be completed)  Child's Expected Date of Birth  Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Mother's Forename:		Mother's Surname:
Mother's National Insurance Number:  BIRTH DATE DETAILS (must be completed)  Child's Expected Date of Birth  Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mothers started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Mother's Address		
BIRTH DATE DETAILS (must be completed)  Child's Expected Date of Birth  Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	(including postcode):		
Child's Expected Date of Birth  Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Mother's National Insu	rance Number:	
Child's Expected Date of Birth  Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced			
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	BIRTH DATE DETAILS (m	nust be completed)	
provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Child's Expected Date o	f Birth	
provide this information as soon as reasonably practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced			
practicable following birth and before I take any SPL)  STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced			
STATUTORY MATERNITY LEAVE AND SMP DETAILS (must be completed)  Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	•	-	
Date mother started, or intends to start, maternity leave (if applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced			
applicable)  Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced		· · · · · · · · · · · · · · · · · · ·	
Date mothers maternity leave ended, or will come to an end (if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	•	r intends to start, maternity lea	ve (if
(if applicable)  Total number of weeks of maternity leave that will have been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	<u> </u>		
been taken at the date that maternity leave ends  Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced		y leave ended, or will come to a	in end
Date mother started, or intends to start, SMP or MA (if applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Total number of weeks	of maternity leave that will have	/e
applicable)  Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	been taken at the date	that maternity leave ends	
Date mothers SMP or MA ended, or will come to an end (if applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Date mother started, or	r intends to start, SMP or MA (i	f
applicable)  Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	applicable)		
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	Date mothers SMP or N	/IA ended, or will come to an en	d (if
have been paid at date of curtailment  Total number of weeks by which SMP or MA will be reduced	applicable)		
Total number of weeks by which SMP or MA will be reduced	<b>Total number of weeks</b>	SMP or MA has been paid or w	ill
•	have been paid at date	of curtailment	
Pro 20 male of a state of the control of the CNAD and A base		-	
(i.e. 39 weeks minus total number of weeks SMP or MA has	(i.e. 39 weeks minus to	tal number of weeks SMP or Ma	A has
been paid or will have been paid at date of curtailment)	been paid or will have b	peen paid at date of curtailmen	t)

# **SPL DETAILS (must be completed)**

The total number of weeks of SPL created depends on the mothers leave and pay entitlements:

- If the mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken
- If the mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52

weeks less ally weeks illaterility leave taken			
<ul> <li>If the mother was/is not entitled to maternity le will be 52 weeks less any weeks of SMP/MA that</li> </ul>		itled to SMP/MA, th	ne total created
If the mother previously revoked her curtailmer be deducted	nt notice any SPL	that was taken by t	he partner must
Total number of weeks of SPL created (50 max)			
Total number of weeks of SPL I (the partner) intend	to take		
I (the partner) currently expect to take SPL as follows:		From:	(Date)
		То:	(Date)
Total number of weeks of SPL the mother intends to applicable)	take (if		
ShPP DETAILS (To be completed ONLY if claiming ShF	PP)		
Total number of weeks of ShPP created (39 weeks			
less total number of SMP or MA taken and any			
ShPP paid from a previous notice and revocation)			
Total number of weeks of ShPP I (the partner)			
intend to take:			
I (the partner) currently expect to take ShPP as	From:		(Date)
follows:	То:		(Date)

Double out a de alouation l	/
Partner's declaration	must be completed)

to take:

Total number of weeks of ShPP the mother intends

# The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the father of the child, or at the time of the birth I was/will be the mother's spouse, the
  mother's civil partner and/or the mother's partner living with her and the child in an enduring
  relationship
- I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the child's mother who has made the declaration below)
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of the mother's employer or a declaration that she does not have an employer if my employer asks for this within 14 days of the date of this notice
- I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period
- I (or my partner) have given a period of SPL notice
- The information provided in this declaration is accurate and meets the notification requirements for SPL

### The following points only apply if ShPP DETAILS Section has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I intend to care for my child in the weeks I receive ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks
   (if
- entitled to SPL)
- I will remain employed with this employer until before the date of my first period of ShPP

### The information provided in this declaration is correct

### Mother's declaration (must be completed)

### The following points apply in all circumstances:

- I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above)
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth

- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

### The following points only apply if ShPP DETAILS Section has been completed:

- I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided

The information provided in this declaration is correct

Signature of mother	
Date mother signed	

### SPARA 1 – Application for Shared Parental Leave (resulting from Adoption)

This form will need to be completed by an adopter and the person (referred to as the Partner) that they will share the Shared Parental Leave (SPL) with. This is used to confirm eligibility and entitlement with their employers, in regards to Shared Parental Leave, as well as confirm eligibility and entitlement to Shared Parental Pay (ShPP). Different parts of the form will need to be completed, dependent on who will be taking any Shared Parental Leave; please see below.

What forms need to be completed?			
Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL	
Parts 1, 2 & 4	Parts 1 & 2	Parts 1, 3 & 4	

Key a	bbreviations used:		
SPL	Shared Parental Leave	SAP	Statutory Adoption Pay
ShPP	Statutory Shared Parental Pay		

# Part 1: Curtailment of Adoption Leave and Pay (for Adopter's Employer) Complete if:

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
✓	✓	✓

ADOPTER'S PERSONAL INFORMATION (must be completed)			
Full Name		Assignment	
		Number:	
Job Title:		Base:	
Line Manager:		Hours	
Line Manager.		Worked:	
Date of Appointment with		Date Joined this	
NHS:		Organisation:	
Address for Correspondence:			
E-mail		Postcode:	
Address:		i osteoue.	
Address.			
Contact Numbers:			
Home:	Work:	Mobile:	
PLACEMENT DATE DETAILS (must be	completed)		
Child's Expected Date of			
Placement			
Actual date of child's placement (if			
known)			
ADOPTION LEAVE DETAILS (must be			
Date statutory adoption leave starte	ed/is intended to s	start	
Balandar I and a disable and illin			
Date statutory adoption leave will c	ome to an end		
Total number of weeks of statutory	adontion leave th	at will	
have been taken at the date that sta	•		
ends	aratory adoption is		
SAP DETAILS (must be completed)			
Date SAP started/is intended to star	rt		
·			
Date SAP will come to an end			
Total number of weeks of SAP that	will have been paid	d at	
the date that SAP ends			
I understand that my adoption leave	e will end on the d	ate given above and that my SAP will finish on the	

end date given above, unless my notice is revoked or there is no entitlement.		
Signature of adopter		
Date signed		

# Part 2: Notification that Adopter is intending to take SPL (for Adopter's employer) Complete if:

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
✓	✓	×

PERSONAL INFORMATION (must be completed)				
Adopter's Full Name:		Assignment Number:		
Partner's Forename:		Partner's Surname:		
Partner's Address				
(including postcode):				
Partner's National Insu	rance Number:			
BIRTH DATE DETAILS (m	nust be completed)			
Child's Expected Date o	f Birth			
Actual date of child's bi	rth (if child not yet born I will			
provide this information	n as soon as reasonably			
practicable following pl	acement and before I take any			
SPL)				
STATUTORY ADOPTION	<b>LEAVE AND SAP DETAILS (must</b>	be completed)		
Date statutory adoption	n leave started/is intended to st	rart		
Date statutory adoption	n leave will come to an end			
Total number of weeks of statutory adoption leave that will				
have been taken at the date that statutory adoption leave				
ends				
Date SAP started/is into	ended to start			
Date SAP will come to a	nn end			
Total number of weeks	of SAP that will have been paid	at		
the date that SAP ends				
<b>Total number of weeks</b>	of SAP that will be reduced (i.e.	. 39		
weeks minus total number of weeks SAP has been paid or				
will have been paid at o	late of curtailment)			
SPL DETAILS (must be co	ompleted)			
	of SPL created (52 weeks less to	otal		
•	eks taken and any SPL from a			
previous notice and revocation)				
Total number of weeks	of SPL I (the adopter) intend to	take		

I (the adopter) currently expect to take SPL as follows:	From:	(Date)
	То:	(Date)
Total number of weeks of SPL my partner intends to tak	е	
ShPP DETAILS (To be completed ONLY if claiming ShPP)		
Total number of weeks of ShPP created (39 weeks less		
total number of SAP taken and any ShPP paid from a		
previous notice and revocation)		
Total number of weeks of ShPP I (the adopter) intend		
to take:		
I (the adopter) currently expect to take ShPP as	From:	(Date)
follows:	To:	(Data)
	10.	(Date)
Total number of weeks of ShPP my partner intends to		
take:		

#### Adopter's declaration (must be completed)

#### The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I have been continuously employed for 26 weeks at the end of week in which I (the adopter) was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of the child at the time of the child's
  placement (along with my partner who has made the declaration below) and I intend to care for
  the child during each week of SPL
- I am entitled to adoption leave in respect of the child, my adoption leave period is reduced and will be available as SPL
- I will inform my employer immediately if I am no longer responsible for the care of the child
- if my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched me with the child, of (i) the name and address of the adoption agency; (ii) the date that I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with me.
- I (or my partner) have given a period of SPL notice
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate

#### The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week in which I (the adopter) was notified of having been matched for adoption with the child
- I am entitled to SAP in respect of the child placed with me, my adoption pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and, if I am entitled to it, I will be on SPL in those weeks

- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who pays ShPP if I revoke curtailment of my SAP

The information pro	vided in	this dec	laration i	s accurate
---------------------	----------	----------	------------	------------

Signature of adopter	
Date adopter signed	

#### Partner's declaration (must be completed)

- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of the child at the time of the placement (along with the child's adopter)
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks
  preceding the week in which the adopter was notified of having been matched for adoption with
  the child
- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which the adopter was notified of having been matched for adoption with the child
- I consent to the amount of SPL which the adopter intends to take, as set out in Section D above.
- I consent to the adopter's employer processing the information I have provided
- I consent to the amount of ShPP which the adopter intends to take, as set out in Section E above.

The information provided in this declaration is accurate

Signature of partner	
Date partner signed	

# Part 3: Notice confirming that Partner is taking SPL but the adopter is not (for Adopter's employer) Complete if:

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
×	*	✓

PERSONAL INFORMATION (must be completed)						
Adopter's Full Name:		Assignment Number:				
Partner's Forename:		Partner's Surname:				
<b>CONFIRMATION</b> (must	be completed)					
I am either not ent	titled to SPL (or ShPP where re	elevant), or I do not intend to ta	ke SPL (or claim			
ShPP where releva	ınt)					
	•					
I declare that my p	oartner has given a notice to the	heir employer to take SPL and/o	or ShPP.			
<ul> <li>I consent to my partner's intended claim for SPL and/or ShPP.</li> </ul>						
		do not intend to take SPL (or SI	hPP where relevant)			
but that my partner will be.						
Signature of adopter						
Date signed						

## Part 4: Notification that Partner is intending to take SPL (for Partner's Employer) Complete if:

PERSONAL INFORMATION (must be completed)

Both parents want to take SPL	Just the adopter wants to take SPL	Just the partner wants to take SPL
✓	*	✓

Partner's Full Name:				
Adopter's Forename:		Ad	opter's Surname:	
Adopter's Address				
(including postcode):				
Adopter's National Insu	ırance Number:			
PLACEMENT DATE DETA	•	npleted)		
Child's Expected Date o	f Placement			
Actual date of child's pl	acement (if child	not yet placed I		
will provide this inform	ation as soon as	reasonably		
practicable following pl	acement and bef	ore I take any		
SPL)				
STATUTORY ADOPTION		•		
Date adopter started, o applicable)		•		
Date adopter started, o	or intends to start	, adoption leave (i		
Date adopter started, o applicable) Date adopter's adoptio	r intends to start n leave ended, oi	r will come to an		
Date adopter started, of applicable) Date adopter's adoption end (if applicable)	or intends to start n leave ended, or of adoption leave	r will come to an		
Date adopter started, of applicable) Date adopter's adoption end (if applicable) Total number of weeks	or intends to start or leave ended, or of adoption leave that adoption lea	r will come to an e that will have	f	
Date adopter started, of applicable) Date adopter's adoption end (if applicable) Total number of weeks been taken at the date	or intends to start  n leave ended, or  of adoption leave that adoption leave or intends to start	e that will have ends	f	
Date adopter started, of applicable)  Date adopter's adoption end (if applicable)  Total number of weeks been taken at the date between taken at the	or intends to start  n leave ended, or  of adoption leave that adoption leave or intends to start	e that will have ends	f	
Date adopter started, of applicable) Date adopter's adoption end (if applicable) Total number of weeks been taken at the date Date adopter started, of Date adopter's SAP end applicable) Total number of weeks	or intends to start  n leave ended, or  of adoption leave that adoption leave or intends to start  led, or will come  SAP has been pa	r will come to an e that will have ave ends r, SAP (if applicable to an end (if	f	
Date adopter started, of applicable)  Date adopter's adoption end (if applicable)  Total number of weeks been taken at the date date adopter started, of applicable)  Total number of weeks paid at date of curtailm	or intends to start  n leave ended, or  of adoption leave that adoption leave or intends to start  led, or will come  SAP has been painent	r will come to an e that will have eve ends r, SAP (if applicable to an end (if	f Part of the second of the se	
Date adopter started, of applicable)  Date adopter's adoption end (if applicable)  Total number of weeks been taken at the date date adopter started, of applicable)  Date adopter's SAP end applicable)  Total number of weeks paid at date of curtailmy applicable of the started	or intends to start  n leave ended, or  of adoption leave that adoption leave or intends to start  led, or will come  SAP has been parent by which SAP will	r will come to an e that will have ave ends r, SAP (if applicable to an end (if	f Part of the second of the se	
Date adopter started, of applicable)  Date adopter's adoption end (if applicable)  Total number of weeks been taken at the date date adopter started, of applicable)  Total number of weeks paid at date of curtailm	or intends to start  n leave ended, or  of adoption leave that adoption leave or intends to start  led, or will come  SAP has been pare ent by which SAP will ber of weeks SAF	r will come to an e that will have ave ends r, SAP (if applicable to an end (if id or will have bee	f Part of the second of the se	

## **SPL DETAILS (must be completed)**

The total number of weeks of SPL created depends on the adopter's leave and pay entitlements:

• If the adopter was/is entitled to adoption leave and SAP, the total created will be 52 weeks less any weeks adoption leave taken

- If the adopter was/is entitled to adoption leave but not to SAP, the total created will be 52 weeks less any weeks adoption leave taken
- If the adopter was/is not entitled to adoption leave but was entitled to SAP, the total created will be 52 weeks less any weeks of SAP that was paid
- If the adopter previously revoked her curtailment notice any SPL that was taken by the partner must be deducted

Total number of weeks of SPL created (50 max)		
Total number of weeks of SPL I (the partner) intend to take		
I (the partner) currently expect to take SPL as follows:	From:	(Date)
	То:	(Date)
Total number of weeks of SPL the adopter intends to take (if applicable)		

ShPP DETAILS (To be completed ONLY if claiming ShP	P)	
Total number of weeks of ShPP created (39 weeks less total number of SAP taken and any ShPP paid from a previous notice and revocation)		
Total number of weeks of ShPP I (the partner) intend to take:		
I (the partner) currently expect to take ShPP as	From:	(Date)
follows:	То:	(Date)
Total number of weeks of ShPP the adopter intends to take:		

Partner's declaration (must be completed)	

### The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL
- I am the adopter's spouse, the adopter's civil partner or the adopter's partner living with them and the child in an enduring relationship
- I have been continuously employed for 26 weeks at the end of week in which the adopter was notified of having been matched for adoption
- I will remain employed with this employer until any period of SPL that I intend to take
- I had (or will have) the main responsibility for the care of our child at the time of the child's placement (along with the child's adopter who has made the declaration below)
- If my employer asks within 14 days of the date of this notice, I will give my employer evidence, in the form of one or more documents issued by the adoption agency that matched the adopter with the child, of (i) the name and address of the adoption agency; (ii) the date that the adopter and/or I was notified of having been matched for adoption with the child; and (iii) the date on which the adoption agency expects to place the child with the adopter and/or me.
- I will give my employer the name and address of the adopter's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- I (or my partner) have given a period of SPL notice
- I will inform my employer immediately if I am no longer caring for our child
- The information provided in this declaration is accurate

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the week
- in which the adopter was notified of having been matched for adoption with the child
- I intend to care for my child and to be absent from work in the weeks I receive ShPP and if I am an employee I will be on SPL in those weeks
- I will remain employed with this employer until before the date of my first period of ShPP

The information provided in this declaration is accurate

Signature of partner	
Date partner signed	
Date partifer signed	

### Adopter's declaration (must be completed)

#### The following points apply in all circumstances:

- I had (or will have) the main responsibility for the care of the child at the time of the placement of the child (along with my partner who has made the declaration above)
- I am entitled to adoption leave and/or SAP in respect of the child and I have curtailed (or will curtail) my entitlement to adoption leave (or I have returned to work) and/or my entitlement to SAP
- I have been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66
  weeks preceding the week in which the adopter was notified of having been matched for
  adoption with the child
- I have earned in total at least £390 in 13 weeks of the 66 weeks preceding the week in which I

(the adopter) was notified of having been matched for adoption with the child

- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

#### The following points only apply if ShPP DETAILS Section has been completed:

- I am entitled to SAP, and I have reduced (or will reduce) the SAP period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided
- I will immediately inform my partner if I revoke the curtailment of my SAP

## The information provided in this declaration is accurate

Signature of adopter	
Date adopter signed	

# VCSPL1 - Application for Variation or Cancellation of Shared Parental Leave Appendix 11

PERSONAL INFORMATION					
Full Name			Assignme	nt	
			Number:		
Partner's Full Name					
I am aware that I am entitled to s	ubmit a maximui	n of 3 n	otifications	to take SPL (wh	ich includes
original application, any addition		-	variation for	ms) which can	be taken in one
continuous block, or up to three		cks.			
Date Original SPL application was					/:C !: !! \
Date/s of any additional booking submitted	notices				(if applicable)
Date/s of any variations to booki	ng notices				(if applicable)
submitted	ing notices				(ii applicable)
I have already taken	_ weeks Shared P	arental	Leave (if ap	plicable)	
I have already taken	weeks Statutor	v Shared	d Parental Pa	av (ShPP) (if ann	nlicable)
Thave already taken	_ weeks statutory	y Sharet			
VARIATION to Shared Parental Le	2240				
CURRENT SPL is booked as follows					
Start date		End o			
I had intended to take ShPP for th applicable)					
My partner was due to take SPL fr	om:		to		
and ShPP for the period:	t	0		(if application	able)
REVISED dates that I wish to take	as SPL and ShPP a	s follow	/S:		
Start date		End			
I intend to take ShPP Yes / No (plo	ease delete) If y	es, date	s must be pr	ovided below.	
I wish to take ShPP for the period:			to		(if applicable)
My Partner will be taking SPL as fo	ollows: Start date			End	
date					
My partner intends to take ShPP	Yes / No (please o	delete)	If yes, dates	must be provid	ed below.
for the period:	to		(if a	pplicable)	
CANCELLATION of Shared Parents only applicable if: The planned Maternity / Adoption					·
to work.					
Dates of SPL to be cancelled:	to				
From:	_ 10				
Along with the two conditions me	entioned above, a	at least	one of the fo	ollowing must a	pply: (please

specify)				
At the control of the light of the city of the CDD on the CDD on		Maria I Nia		
Neither partner is eligible for either SPL or ShPP or	Yes / No			
The employee's partner has died <u>or</u>	notice hefere	Yes / No		
It is less than 6 weeks after the birth (and the mother the birth)	er gave notice before	Yes / No		
the birth)	the birth)			
I request authority for the above variation/Cancella	tion to my Shared Parenta	al leave as above 1		
understand that alterations to leave requested can	•			
circumstances and a written explanation will be pro		п слосрегона.		
I have read and understood the Shared Parental Lea		Maternity. Maternity		
Support (Paternity), Adoption and Parental Leave Po				
responsibilities of both myself and my manager.	,			
Applicant Signature:				
• I confirm that the mother / adopter has given a no	otice of entitlement to his	or her employer and that		
the mother / adopter consents to me taking the leav	ve set out in the notice of	that entitlement.		
<ul> <li>I confirm that the information given is accurate an</li> </ul>	nd that we will inform the	Human Resources		
department as soon as reasonably practicable if we				
, , ,				
A Provide Charles				
Applicant Signature:	Date:			
Partner's Signature:	Date:			
Partner's Signature:				
Partner's Signature:	Date:	Leave		
Partner's Signature:  To be completed by Manager  I authorise this application for the Variation / Cance	Date:	Leave		
Partner's Signature:  To be completed by Manager	Date:	Leave		
Partner's Signature:  To be completed by Manager  I authorise this application for the Variation / Cance	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete) OR	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental	Date:	Leave		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental This is for the following reason(s):	Date:  Ellation of Shared Parental			
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental This is for the following reason(s):  Therefore Shared Parental Leave will commence as	Date: Ellation of Shared Parental Leave.  follows (unless a new app	olication is submitted):		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental This is for the following reason(s):	Date: Ellation of Shared Parental Leave.  follows (unless a new app			
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental This is for the following reason(s):  Therefore Shared Parental Leave will commence as Start date	Date:  Ellation of Shared Parental  Leave.  follows (unless a new apprend date	olication is submitted):		
Partner's Signature:  To be completed by Manager I authorise this application for the Variation / Cance Yes / No (please delete)  OR I wish to decline / defer this application for Parental This is for the following reason(s):  Therefore Shared Parental Leave will commence as	Date:  Ellation of Shared Parental  Leave.  follows (unless a new apprend date	olication is submitted):		

Date:	
Job Title:	

## **Shared Parental Leave In Touch (SPLIT) Days Record**

**Employee Name:** 

Manager Signature:

Please record any hours worked as Shared Parental Leave In Touch days whilst on Shared Parental Leave, in the table below. Payment for hours worked will be paid when the employee returns to work.

Base:

Assignment Number:			Block	Block of leave: First / Second / Third (delete as appropriate.			
Date	Week number of leave	Start time	Finish time	Total hours worked (excluding breaks)	Please indicate time in lieu or payment		
mplovee S	Signature:		Date:	•	•		

Date:

Once signed by both employee and Manager, please forward a copy to:- Human Resources Team, Health Consortium, Health House, Grange Park Lane, Willerby, HU10 6DT

# Appendix 13

PERSON <i>A</i>	AL INFORMATION					
Full Nam	e Assignment					
	Number:					
Job Title:		Base:				
Departm	ment: Team:					
Line Man	ne Manager: Hours (pe					
		Worked:				
Date of A	ppointment with	Date Joined th	nis			
NHS:		Organisation:				
Address f	for Correspondence:					
		Ро	stcode			
		:				
E-mail Ac						
Contact N	Numbers:					
Home:		Work:	Mobile:			
PARENTA	AL LEAVE REQUEST					
Amount	of Leave Requested:	Days / Weeks	s (delete as appropriate)			
Date Lea	ve is to start:					
(you mus	t endeavour to give at least	21 days' notice prior to requeste	ed leave starting)			
understa	-	ntal leave and I accordingly authorse postponed in exceptional circular circular circular properties and the contract of the c				
	ad and understood the Parer bilities of both myself and my	ital Leave Policy, including my en manager.	titlement to time off and the			
	Applicant Signature:					
пррпсан	Applicant Signature.					
Date:	Date:					
Date.	paic.					
To be cor	mpleted by Manager					
Please						
Tick						
		for Parental Leave. I confirm that we used Days/Weeks	-			
OR	I wish to defer this application for Parental Leave until(enter new date)					
	This is for the following reason(s):					
	I have discussed this with t	he applicant and the new date h	as been agreed.			

	I confirm that, including this period of Parental Leave, you will have used  Days/Weeks Parental Leave.		
Manager	r Signature:		
Date:	Date:		
Job Title	:		





Appendix 14

Please refer to the EIA Guidelines located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA)

HR / Corporate Policy Equality Impact Analysis:			
Policy / Project / Function:	Maternity, Maternity Support (Paternity), Adoption and Parental Leave Policy		
Date of Analysis:	September 2018		
Completed by: (Name and Department)	Stacey Oglesby, HR Manager		
What are the aims and intended effects of this policy, project or function?	The purpose of this policy and procedure is to give guidance on the maternity, maternity support (paternity) adoption, and parenta leave and pay entitlements within the organisation		
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	Changes to Childcare vouchers from 4 October 2018, childcare voucher schemes will close to new applicants but there is provision to get Tax-Free Childcare instead.		
Please list any other policies that are related to or referred to as part of this analysis	<ul><li>Absence Management Policy</li><li>Special / Other Leave Policy</li><li>Flexible Working Policy</li></ul>		
Who will the policy, project or function affect?	Employees		
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Consultation has taken place both locally and nationally with Trade Unions and staff  SLT  CCG Employees		

# Promoting Inclusivity and Hull CCG's Equality Objectives.

How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?

How does the policy promote our equality objectives:

- Ensure patients and public have improved access to information and minimise communications barriers
- To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job
- 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve
- Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs
- 5. To demonstrate leadership on equality and inclusion and be an active champion of equalities in partnership programmes or arrangements

- SPF Sub group
- SPF
- Governing Body (approval)

The policy provides a framework for the provision of maternity, adoption, Maternity Support (Paternity) and parental leave and pay entitlements within the organisation. The application of the policy should contribute towards eliminating discrimination

	Equality Data	
Is any Equality Data available relating to the use or implementation of this policy,	Yes	✓

## project or function?

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as 'Equality Groups'.

Examples of *Equality Data* include: (this list is not definitive)

- 1: Recruitment data, e.g. applications compared to the population profile, application success rates
- 2: Complaints by groups who share / represent protected characteristics
- 4: Grievances or decisions upheld and dismissed by protected characteristic group
- 5: Insight gained through engagement

No

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document). If you answered No, what information will you use to assess impact?

Please note that due to the small number of staff employed by the CCG, data with returns small enough to identity individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.

Equality Impact Analysis: Local Profile Data				
Local Profile/Demography of the Groups affected at July 2018				
General	neral Total number of employees in the CCG is 79			
Age	58.2% of staff are aged 30-55 34.2% of staff are aged over 55 7.6% of staff are under 30			
Race	94.4% of staff employed in the CCG declared themselves White 5.6% selected undefined			
Sex	72% of staff employed are female 28% of staff employed are male			
Gender reassignment No information as yet				
Disability	46.8% of staff employed declared themselves as having no disability % of staff did not declare or selected undefined 3.8% of staff declared a disability			
Sexual Orientation	48.1% of staff described themselves as heterosexual 51.9% did not wish to respond / undefined			
Religion, faith and belief  Christianity is the largest religious group declared by s in the CCG 32.9%  55.7% were undefined or did not wish to declare 7.6% of staff declared themselves as Atheist 3.8% of staff declared themselves as 'Other', Buddist Islam				

Marriage and civil partnership	65.8% of employees are married 20.3% of staff are single 10.1% of employees are widowed/ divorced/legally separated 2.5% of staff are in a civil partnership 1.3% of employees have selected undefined
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

#### **Assessing Impact** Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups? (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy) **Protected** Neutral **Positive Negative Evidence of impact** Characteristic: and, if applicable, Impact: Impact: Impact: justification where a Genuine Determining Reason<sup>1</sup> exists (see footnote below seek further advice in this case) It is anticipated that these guidelines will have a positive impact as they support policy writers to complete meaningful EIAs, by providing this template and a range of potential issues to consider across the protected characteristics below. There may of course be other issues relevant to your policy, not listed below, and some of the issues listed below may not be relevant to your policy. Gender Maternity Support (Paternity)/Maternity Support leave can be taken by either male or female staff. This policy also has a potential positive impact on the males and partners of any gender who wish adopt This has been Age

✓

considered and has a neutral impact.

<sup>1.</sup> The action is proportionate to the legitimate aims of the organisation (please seek further advice)

		l	-	
Race / ethnicity /	✓			This has been
nationality				considered and has
				a neutral impact.
Disability				This has been
				considered and has
				a neutral impact.
				Any disabled
				employee who was
				pregnant or adopting
				would have had any
				reasonable
				adjustments made.
Religion or Belief				This has been
Kengion of Beller	<b>✓</b>			considered and has
				a neutral impact.
Savuel Orientation		<b>√</b>		
Sexual Orientation		•		The policy is explicit
				in applying to same
				sex couples, and
				recognising that
				there exists a
				diversity of family
				units
Donato de la Marta del Marta de la Marta de la Marta de la Marta de la Marta del Marta de la Marta de				TITE DUTY
Pregnancy and Maternity		✓		This Policy provides
				a framework to
				ensure that those
				who meet the
				qualification criteria
				will receive their legal
				rights and
				entitlements –
				positive impact for
				pregnant women.
				Positive impact on
				sickness absence
				relating to pregnancy
				and policy aims to
				eliminate
				discrimination due to
				maternity status
				post-partum. Also
				positive impact for
				additional maternity
				leave and parental
				leave.
Transgender / Gender				This has been
reassignment	✓			considered and has
				a neutral impact.
Marriage or civil				This has been
partnership	✓			considered and has
•				a neutral impact. The
		1		5. 1.0 S. 1. 1. 10 G. 0.1. 1710

	policy does not discriminate based
	on the marriage or
	civil partnership
	status of the
	employee.

# **Action Planning:**

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs internal 'portal' and external website signpost individuals to alternative formats such as large print, braille or another language	Communications Team	Ongoing	October 2019

## Sign-off

All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs

I agree with this assessment / action plan

If disagree, state action/s required, reasons and details of who is to carry them out with timescales:

1.11
Aleena.
Signed:
Signed:
On behalf of Mike Napier
Date: 26.10.2018