**Notification of Adoption Leave**

**To be completed no later than 7 days after you are matched with a child**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION A: To be completed if you are adopting a child from within the UK**

|  |
| --- |
| Name and address of adoption agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date you were notified that you had been matched with a child \_\_\_/\_\_\_/\_\_\_\_\_Date you expect to be matched with a child (as per the matching certificate from the adoption agency) \_\_\_/\_\_\_/\_\_\_\_\_Expected start date of adoption leave: \_\_\_/ \_\_\_/ \_\_\_\_\_\_**Please tick the box for the option that applies to you:****OPTION 1**: I intend to return to work**OPTION 2:** I do not intend to return to work **OPTION 3:** I have yet to decide about returning to workIf you ticked Option 1, please specify **your intended date of return**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_*(If you want to return to work before this date, you must give BrisDoc at least 8 weeks’ notice)* |

**SECTION B: To be completed if you are adopting a child outside of the UK**

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| --- |
| Name and address of adoption agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date you or the main adopter received official notification of adopting a child from overseas \_\_\_/\_\_\_/\_\_\_\_\_Date the child is expected to enter the UK \_\_\_/\_\_\_/\_\_\_\_\_*Please supply official notification of the adoption – this is normally issued by the relevant domestic authority (usually the Department for Children, Schools and Families)*Expected start date of adoption leave: \_\_\_/ \_\_\_/ \_\_\_\_\_\_**Please tick the box for the option that applies to you:****OPTION 1**: I intend to return to work**OPTION 2:** I do not intend to return to work **OPTION 3:** I have yet to decide about returning to workIf you ticked Option 1, please specify **your intended date of return**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_*(If you want to return to work before this date, you must give BrisDoc at least 8 weeks’ notice)* |

**SECTION C: To be completed if you ARE a member of the NHS Pension at BrisDoc**

**Pension Contributions during Adoption Leave**

**1) If you DO intend to return to work:**

Your pension contributions will continue during your period of paid AND if you want, also during your unpaid adoption leave. During the period of unpaid adoption leave, contributions can be paid in arrears upon your return to work. Please choose one of the following three options:

During my unpaid adoption leave,

OPTION 1: I wish for my contributions to be paid in one lump sum in my first pay

 packet upon returning to work

OPTION 2: I wish for my contributions to be paid by spreading the payments out

 over \_\_\_\_\_\_\_ months upon my return (please specify)

 *(Please note that this period must not exceed the length of your unpaid leave)*

OPTION 3: I do NOT wish to contribute into my pension during this time

**2) If you DO NOT intend to return to work:**

Your pension contributions will be paid for the statutory adoption leave only. Your last day of membership will be the last day on which you pay pension contributions.

**3) If you DO NOT KNOW whether you intend to return to work:**

Your pension contributions will continue during the period of paid adoption leave and then either (1) or (2) will apply.

**SECTION D: To be completed if you DO NOT intend to return to work**

Declaration:

I understand that completion of this form does not replace the normal requirements for notice and that, if I have not already done so I am required to submit my resignation in writing to my line manager and Workforce Department stating the date I intend to terminate my employment.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_

**SECTION E: To be completed by ALL employees**

Declaration:

(i) I have read the Adoption Policy which I understand and accept.

(ii) I can confirm that I am not receiving Statutory Paternity Pay/Leave.

(iii) I also understand that a change in my circumstances during payment of SAP may affect my entitlement and therefore I agree to notify the Workforce Department of any changes as soon as possible.

(iv) I will inform BrisDoc if I am taken into legal custody.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_

**Please pass this form together with the relevant Form from HMRC to your line manager who will forward to the Workforce Department**

**To be completed by line manager:**

Application for Adoption Leave authorised by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Manager) Date \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_