**LEAD EMPLOYER**

**MATERNITY, PATERNITY AND ADOPTION**

**TOOLKIT**

**April 2019 – January 2021**

**Index**

**Appendices**  **Page Number**

|  |  |  |
| --- | --- | --- |
| Appendix: 1 | Application Form | 3 |
| Appendix: 2 | Maternity Application Form | 4 |
| Appendix: 3 | Paternity Application Form | 5 |
| Appendix: 4 | Adoption Application Form | 6 |
| Appendix: 5  | Initial Risk Assessment (New and Expectant Mothers) | 7 |
| Appendix: 6 | Review Risk Assessment | 10 |
| Appendix: 8 | KIT Days | 17 |
| Appendix: 9 | Contact Details | 19 |

**Maternity Leave Application Form**

To access maternity leave and pay, you must notify the Lead Employer at least 15 weeks before the expected week of childbirth (EWC). **All boxes marked with an \* are mandatory.**

|  |
| --- |
| **Part 1: Employee Details** |
| Surname\* |  | Forename\* |  |
| Address\* | Email Address\* |  |
| Tel Number:\* |  |
| GMC Number\* |  |
| Speciality:\* |  | Grade: CT/ST\* |  |
| Host Organisation:\* |  |
| STHK Start Date:\* |  | Continuous Service Date:\* |  |
| Please Tick One: | Full Time □ Part Time □ | LTFT – What percentage worked: |  % |
| Are you a Tier 2 Visa Holder?\* | Yes □  | No □ |
| Have you worked for STHK LE for less than 26 weeks?\* | Yes □  | No □  |
| **Part 2: Maternity Leave Details** |
| Expected Week of Childbirth:\* | Date: |
| MAT B1 Provided:\* | Yes □  | No □ |
| First Day of Maternity Leave:\* | Date: |
| Do you wish to have your Occupational Maternity Pay (i.e 8 weeks full and 18 weeks half pay)if eligible, spread equally over the maternity leave period?\* | 9 months □ | 12 months □ |
| **Part 3: Return to Work Details** |
| I intend to return to work after maternity leave?\* | Yes □  | No □ |
| Expected end date of Maternity Leave | Date: |
| **Part 4: Salary Sacrifice** |
| Are you in the Childcare Voucher Scheme/or any other salary sacrifice scheme? | Childcare Voucher □ | Other Salary Sacrifice Scheme □ | Neither □ |
| If answered yes to the above question please tick the appropriate box below: |
| □ | I wish to continue with the childcare vouchers/tax efficient scheme and understand that this will reduce my maternity pay as this will be calculated at the lower rate. |
| □ | I do not wish to continue on the childcare voucher/tax efficient scheme. |
| **Please Note:** * If you opt out of the scheme you must opt back in before the 11th month point or you will be unable to re-join the scheme.
* If you have a bike or car under the salary sacrifice scheme please contact the Payroll Department
* on payroll.leademployer@sthk.nhs.uk to discuss the remaining payments of the contract.
 |
| **Part 5: Declarations** |
| * I wish to apply for maternity leave and pay as appropriate and in accordance with the Lead Employer Maternity, Paternity and Adoption Policy.
* I declare that it is my intention to continue in the Service of the Lead Employer or another NHS employing authority for at least three months after my return to work.
* I understand that if I fail to return to work for Lead Employer or another NHS employer within 15 months of being on Maternity leave, I will be liable to refund the maternity pay received, less my statutory entitlement.
 |
| **Part 6: Employee Declarations** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |
| **Part 7: Manager Authorisation (Host Organisation at the time maternity leave will commence** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |

**Paternity Leave Application Form**

To access paternity leave and pay, you must notify the Lead Employer at least 15 weeks before the expected week of childbirth (EWC). **All boxes marked with an \* are mandatory.**

|  |
| --- |
| **Part 1: Employee Details** |
| Surname\* |  | Forename\* |  |
| Address\* | Email Address\* |  |
| Tel Number:\* |  |
| GMC Number\* |  |
| Speciality:\* |  | Grade: CT/ST\* |  |
| Host Organisation:\* |  |
| STHK Start Date:\* |  | Continuous Service Date:\* |  |
| I have one year’s continuous service?\* | Yes □  | No □ |
| Please Tick One: | Full Time □ Part Time □ | LTFT – What percentage worked: |  % |
| Are you a Tier 2 Visa Holder?\* | Yes □  | No □ |
| Have you worked for STHK LE for less than 26 weeks? | Yes □ Please provide address of previous employer below | No □ Please proceed to section 2 |
| Address: |  |
| **Part 2: Paternity Leave Details** |
| Expected Week of Childbirth:\* | Date: |
| Please tick the box below that is relevant to you: |
| □ | The baby’s biological father, or |
| □ | Married to or in a civil partnership with the mother, or |
| □ | Living with the mother in an enduring family relationship but I am not an immediate relative or |
| □ | I have been nominated as a carer |
| I confirm I have read the Maternity, Paternity and Adoption Policy and wish to take the ticked amount of Paternity Leave. | 1 week □ | 2 weeks □ |
| MAT B1 Attached? | Yes □  | No □ |
| SC3 1 Attached? | Yes □  | No □ |
| **Please Note:** * You cannot take Paternity Leave before the baby is born.
* You can choose to take one or two week’s paternity leave but cannot take them as separate weeks.
* You must have taken your leave and returned to work by the 56th day after date of birth.
* You must submit both forms stated above along with this form otherwise the application may not be approved.
 |

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| **Part 3: Declarations** |
| * I wish to apply for paternity leave and pay as appropriate and in accordance with the Lead Employer Maternity, Paternity and Adoption Policy.
* I declare that I have one year’s continuous NHS service.
 |
| **Part 4: Employee Declarations** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |
| **Part 5: Manager Authorisation (Host Organisation at the time maternity leave will commence** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |

**Adoption Leave Application Form**

To access adoption leave and pay, you must notify the Lead Employer at least 15 weeks before the expected date of matching (EDM). **All boxes marked with an \* are mandatory.**

|  |
| --- |
| **Part 1: Employee Details** |
| Surname\* |  | Forename\* |  |
| Address\* | Email Address\* |  |
| Tel Number:\* |  |
| GMC Number\* |  |
| Speciality:\* |  | Grade: CT/ST\* |  |
| Host Organisation:\* |  |
| STHK Start Date:\* |  | Continuous Service Date:\* |  |
| Please Tick One: | Full Time □ Part Time □ | LTFT – What percentage worked: |  % |
| Are you a Tier 2 Visa Holder?\* | Yes □ Please also contact the Tier 2 to confirm change in status | No □ |
| Have you worked for STHK LE for less than 26 weeks?\* | Yes □  | No □  |
| **Part 2: Adoption Leave Details** |
| Expected Date of Matching:\* | Date: |
| Matching Certificate Provided:\* | Yes □  | No □ |
| First Day of Adoption Leave:\* | Date: |
| Do you wish to have your Occupational Adoption Leave Pay (i.e 8 weeks full and 18 weeks half pay)if eligible, spread equally over the Adoption leave period?\* | 9 months □ | 12 months □ |
| **Part 3: Return to Work Details** |
| I intend to return to work after Adoption Leave?\* | Yes □  | No □ |
| Expected end date of Adoption Leave | Date: |
| **Part 4: Salary Sacrifice** |
| Are you in the Childcare Voucher Scheme/or any other salary sacrifice scheme? | Childcare Voucher □ | Other Salary Sacrifice Scheme □ | Neither □ |

|  |
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| If answered yes to the above question please tick the appropriate box below: |
| □ | I wish to continue with the childcare vouchers/tax efficient scheme and understand that this will reduce my Adoption pay as this will be calculated at the lower rate. |
| □ | I do not wish to continue on the childcare voucher/tax efficient scheme. |

|  |
| --- |
| **Please Note:** **If you opt out of the scheme you must opt back in before the 11th month point or you will be unable to re-join the scheme.****If you have a bike or car under the salary sacrifice scheme please contact the Payroll Department on** **payroll.leademployer@sthk.nhs.uk** **to discuss the remaining payments of the contract.** |
| **Part 5: Declarations** |
| I wish to apply for Adoption leave and pay as appropriate and in accordance with the Lead Employer Adoption, Paternity and Adoption Policy.I declare that it is my intention to continue in the Service of the Lead Employer or another NHS employing authority for at least three months after my return to work.I understand that if I fail to return to work for Lead Employer or another NHS employer within 15 months of being on Adoption leave, I will be liable to refund the Adoption pay received, less my statutory entitlement. |
| **Part 7: Employee Declarations** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |
| **Part 8: Manager Authorisation (Host Organisation at the time Adoption leave will commence** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |

**Initial Risk Assessment – New and Expectant Mothers**

Any health concerns which may potentially result in significant changes to working practices or hours of work should immediately be referred to Lead Employer.

**All boxes marked with an \* are mandatory.**

|  |
| --- |
| **Part 1: Employee Details** |
| Surname\* |  | Forename\* |  |
| Address\* | Email Address\* |  |
| Tel Number:\* |  |
| GMC Number\* |  |
| Speciality:\* |  | Grade: CT/ST\* |  |
| Host Organisation:\* |  |
| Expected Week of Childbirth:\* | Date: |
| **Brief Description of your role: (If needed please seek guidance from Lead Employer or your Medical Staffing Dept:)** |
| **Part 2: Physical Job Demands** |
|  | **Yes** | **No** |
| * **Does the work undertaken involve any of the following?**
 |
| * + Lifting or pushing of heavy objects, e.g. lifting boxes?
 |  |  |
| * + *If yes, how frequently is this carried out?*
 |
| * + Driving?
 |  |  |
| * + *If yes, how long for and how frequently is this carried out?*
 |
| * + Standing or squatting for long periods of time?
 |  |  |
| * + *If yes, how long for and how frequently is this carried out?*
 |

|  |  |  |
| --- | --- | --- |
| * + A lot of walking?
 |  |  |
| * + *If yes how long for and how frequently is this carried out?*
 |
| * + Working at heights or climbing steep stairs?
 |  |  |
| * + *If yes how high and how frequently is this carried out?*
 |
| * + The need to access areas with limited space, e.g. store rooms?
 |  |  |
| * + *If yes which areas are being accessed?*
 |  |
| * **Will any tasks become more hazardous to the worker as the pregnancy progresses?**
 |  |  |
| * + *If yes which tasks?*
 |
| * **Does the role involve shift work?**
 |  |  |
| * + If yes what shifts i.e nights and into the night?
 |
| **Any comments:** |
| **Part 3: Specific Hazards** |
|  | **Yes** | **No** |
| * **Does any part of the job involve the use of chemicals, or potential exposure to biological agents?**
 |  |  |
| * + *If yes, please state which.*
 |  |
| * + In addition, are there any risks to the worker whilst she is pregnant and or nursing?
 |  |  |
| * + *If yes, please provide details.*
 |
| * **Is there any exposure to vibration, e.g. through the use of hand tools?**
 |  |  |
| * + *If yes, how long is the exposure?*
 |

|  |  |  |
| --- | --- | --- |
| * **Does the worker need to wear personal protective clothing?**
 |  |  |
| * + *If yes, please state what this is?*
 |
| * + In addition to this will this equipment pose a problem as the pregnancy develops?
 |  |  |
| * + *If yes, please state problem?*
 |
| **Any comments:** |

|  |
| --- |
| **Part 4: General Working Conditions** |
|  | **Yes** | **No** |
| * **Does the work involve lone working or working in remote locations?**
 |  |  |
| * + *If yes, please give details.*
 |
| * **Does the work involve any home working?**
 |  |  |
| * + *If yes, please give details.*
 |
| * **Will the worker have access to toilet facilities?**
 |  |  |
| * + *If no, please give details.*
 |
| * **Are there any restrictions on when the worker can access the toilet facilities?**
 |  |  |
| * + *If yes, please give details.*
 |
| * **Are there any restrictions on when the worker can take a rest break when needed?**
 |  |  |
| * + *If yes, please give details.*
 |
| * **Is the pace of work out of the workers control?**
 |  |  |
| * + *If yes, please state the reason.*
 |

|  |  |  |
| --- | --- | --- |
| * **Are there any risks of violence at work?**
 |  |  |
| * + *If yes, please give details i.e. CAMHs patients?*
 |  |
| * **Does any part of the job involve dealing with members of the public?**
 |  |  |
| * + *If yes please give details?*
 |
| * **In addition, does it involve dealing with distressed or disturbed people?**
 |  |  |
| * + *If yes, please give details.*
 |  |
| * **Does the role involve any of the following?**
 |  |  |
| * + Contact with young children or sick people?
 |  |  |
| * + Unpredictable working hours?
 |  |  |
| * + Dealing with Emergencies?
 |  |  |
| * **Are there any obstacles in corridors or offices that could cause problems for pregnant women e.g. in the event of a fire evacuation?**
 |  |  |
| * *If yes, please provide details.*
 |  |
| * **Is there any form of indoor air pollution i.e. diesel fumes?**
 |  |  |
| * *If yes, please provide details.*
 |  |
| * **Does the worker work in any areas where the temperature is not reasonable?**
 |  |  |
| * *If yes, please provide details.*
 |  |
| * **If the worker uses a workstation has a workstation risk assessment been carried out?**
 |  |  |
| * **Will the workspace be a problem as the pregnancy progresses?**
 |  |  |
| * **Does the worker have an adjustable chair, e.g. with a backrest?**
 |  |  |

|  |
| --- |
| **Any comments:** |

|  |
| --- |
| **Part 5: Mental Job Demands** |
|  | **Yes** | **No** |
| * **Does the job involve meeting challenging deadlines?**
 |  |  |
| * **Does the role involve rapidly changing priorities and demands?**
 |  |  |
| * **Does the role require a high degree of concentration?**
 |  |  |
| **Any comments:** |

**Review Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hazards** | **Nature of risk** | **Control measures / actions** |
| **Physical demands of the job** |  |  |  |
| **Specific hazards** |  |  |  |
| **Working conditions general** |  |  |  |
| **Mental job demands** |  |  |  |

|  |  |
| --- | --- |
| **Name of trainee** |  |
| **Signature of employee** |  | **Date** |  |
| **Name of risk assessor (print)** |  |
| **Risk assessor signature** |  | **Date** |  |
| **Date of next review** |  |

**Application – Keeping In Touch Days (KIT Days)**

\*Mandatory field

|  |
| --- |
| **Part 1: Employee Details** |
| Surname\* |  | Forename\* |  |
| Address\* | Email Address\* |  |
| Tel Number:\* |  |
| GMC Number\* |  |
| Speciality:\* |  | Grade: CT/ST\* |  |
| Host Organisation on return to clinical duties:\* |  |

|  |
| --- |
| **Part 2: Details of KIT Days** |
| I confirm I have worked the following dates as KIT Days (Up to 10 days can be taken). |
| **Date** | **Reason for KIT Day** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| * **An application for payment of ‘KIT’ days worked should be submitted to Lead Employer each month where a KIT day/s has been attended. Payment for ‘Keeping in Touch Days’ will be calculated based on the trainees’ basic hourly rate minus any maternity pay/ allowance received. \*Payment is under review however you will be paid at daily rate whilst national review is taking place.**
* **‘Keep in Touch Days’ should only be worked whilst the trainee is on Maternity Leave and in receipt of Statutory Maternity Pay i.e after the first two weeks and before the last 12 weeks of maternity leave. They also should not be taken during the period of accrued annual leave taken immediately after Maternity Leave. However you may wish to undertake a Supoort Return to Training Day during your accrued annual leave period. This will not be paid however you will accrue a days leave to be taken prior to your return. For further details please see the maternity guidebook and application form below.**
 |

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| **Part 3: Employee Declarations** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |
| **Part 4: Manager Authorisation (Host Organisation where KIT Days were taken)** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |

**Application – Supported Return to Training Days (SRTT Days)**

\* **Denotes a Mandatory field**

|  |
| --- |
| **Part 1: Employee Details** |
| Surname\* |  | Forename\* |  |
| Address\* | Email Address\* |  |
| Tel Number:\* |  |
| GMC Number\* |  |
| Speciality:\* |  | Grade: CT/ST\* |  |
| Host Organisation on return to clinical duties:\* |  |
| **Part 2: Details of SRTT Days** |
| Number of KIT/ SPLIT days already taken | KIT  | SPLIT |
| I confirm I intend to work on the following dates as SRTT Days (Up to 10 days can be taken). |
| **Date** | **Reason for SRTT Day e.g. ALS course, job shadowing, Induction etc.**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| * **An application for payment of ‘SRTT days worked should be submitted to Lead Employer following your meeting with ES or TPD or MEM 12 weeks prior to but by no later than 8 weeks before the SRTT day/s to be attended. For each SRTT day worked during your accrued annual leave period, you will receive one day of annual leave back to be taken prior to your return to work.**
* **‘Supported Return to Training Days’ can only be worked whilst on accrued annual leave following a period of maternity/adoption/ shared parental leave.**
* **A maximum of 10 SRRT days can be worked during the annual leave period minus any KIT/ SPLIT days which have already been taken.**
 |

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| **Part 3: Employee Declarations** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |
| **Part 4: Manager Authorisation (Host Organisation where SRTT Days will be undertaken)** |
| **Name:\*** |  |
| **Signature:\*** |  |
| **Date:\*** |  |

**Contact details**

**North West / London South East:** **lead.employer@sthk.nhs.uk**

**West Midlands:** **leademployerwestmids@sthk.nhs.uk**

**East of England:** **leademployerEOE@sthk.nhs.uk**

**East Midlands:** **leademployer.eastmids@sthk.nhs.uk**

**Thames Valley** **leademployer.TV@sthk.nhs.uk**

**Lead Employer Payroll team** **leademployerpayroll@sthk.nhs.uk**

 **0151 290 4658**

**Lead Employer**

**2nd Floor Court, Alexandra Business Park,**

**Prescot Road,**

**St Helens, WA10 3TP**