

SINGLE LEAD EMPLOYER MATERNITY, PATERNITY AND ADOPTION TOOLKIT

January 2018 – January 2021

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APPLICATION FORM

**MATERNITY & ANTE-NATAL LEAVE
MATERNITY SUPPORT (PATERNITY) LEAVE
ADOPTION LEAVE**

This form should be submitted to the Lead Employer Employment Services Team as soon as possible and in any event before the end of the 15th week **before the Expected week of Childbirth (EWC)** for Maternity and Paternity Leave. For adoption leave applications you should forward the matching certificate confirming your date of matching as soon as possible but **within 7 days of matching**.

You are **advised to discuss the options available** and any queries regarding leave with your designated Lead Employer Human Resources Team Member.

Personal Details

Name (Mr/Mrs/Miss/Ms/Dr).....

Assignment Number (*found on the top left corner of your payslip*).....

Address.....

.....

Postcode **Home Telephone**.....

Employment Details

Job title..... **Grade**.....

Department **Ext. No**.....

Location

Contract Type:.....

Full Time Y/N **If Less Than Full Time please state %**.....

Date of commencement of employment with St Helens and Knowsley Hospitals Trust.....

Date of continuous of employment with the NHS.....

If you have worked for the Trust for less than 26 weeks give name and address of previous employment.

.....

From To

Please complete the following relevant application forms

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Maternity Leave Application

Expected date of childbirth.....

Please state when you intend to commence maternity leave:

Date:

I expect to return to duty on.....

MAT B1 Attached? YES / NO

Please note: you must submit a MAT B1 certificate with this application form. Failure to do so could result in your application not being approved which may affect your salary.

Are you in the Childcare Voucher Scheme/Trust's Hospital Tax efficient scheme? Yes/No

**Delete whichever is not applicable and tick whichever is applicable*

- 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 and understand that my maternity pay will be calculated on the higher rate.

I wish to apply for childcare vouchers and have completed the appropriate form.

MATERNITY PAY

Do you wish to have your maternity pay spread equally over your maternity leave?

- Yes
- No

If yes, over 9 months 12 months Other

If other please state _____

DECLARATION

**Delete whichever is not applicable and tick whichever is applicable*

I confirm that I have read the guidance notes on **Maternity Leave, Pay and Conditions.**

- It is my intention to continue in the NHS for at least 3 months after my return to duty.
- I understand that if I fail to return to work for this Trust or another NHS employer within 15 months of the beginning of my maternity leave, I will be liable to refund the maternity pay received, less my statutory entitlement.
- I do not intend to continue in the service of this or another NHS employer following the expiry of my leave

Signed:.....**Date:**.....

Name of Line Manager Tel No.....

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Paternity Leave Application

I am: *(Please tick as applicable)*

- The baby's biological father, **or**
- Married to or in civil partnership with the mother, **or**
- Living with the mother in an enduring family relationship but am not an immediate relative
- I am the nominated carer for(full name)
who is my

Expected date of childbirth.....

Please state when you wish your Paternity Leave to start.....

DECLARATION

I confirm I have read the **Maternity Support (Paternity) Leave Policy** and wish to take:

- 1 Week
- 2 Weeks

You cannot take your paternity leave before the baby is born.

You can choose to take one or two whole weeks leave, but not two separate weeks which must end by 56th day after the date of birth.

MAT B1 Attached? YES / NO

SC3 1 Attached? YES / NO

Please note: you must submit both of these forms with this application form. Failure to do so could result in your application not being approved.

Signed:.....**Date**.....

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Adoption Leave Application

Expected date of Matching

Please state when you intend to commence your Adoption Leave

Date:

DECLARATION

**Delete whichever is not applicable and tick whichever is applicable*

I confirm that I have read the guidance notes on **Adoption Leave, Pay and Conditions**.

- It is my intention to continue in the NHS for at least 3 months after my return to duty.
- I understand that if I fail to return to work for this Trust or another NHS employer within 15 months of the beginning of my adoption leave, I will be liable to refund the adoption pay received, less my statutory entitlement.
- I do not intend to continue in the service of this or another NHS employer following the expiry of my leave.

Signed:.....**Date**.....

NOTE FOR ALL APPLICATIONS

1. This application does not confer any right to particular benefits. Your entitlements will be checked and subsequently confirmed to you in writing as soon as possible.
2. Return your completed application form to the Lead Employer Employment Services Team, 2nd Floor Court, Alexandra Business Park, Prescott Road, St Helens, WA10 3TP.

Contact Details –

Cheshire and Mersey: 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

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INITIAL RISK ASSESSMENT – NEW AND EXPECTANT MOTHERS

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

Name of Pregnant employee Assignment No.....

Position held.....Ward/Department/Host.....

Expectant Date of Childbirth

Brief description of job role (If needed please seek guidance from Lead Employer HR or your Medical Staffing dept.):

Pregnancy Health and Safety Checklist		
1.	Y	N
Physical Job Demands		
Does the work involve: -		
- Lifting or pushing of heavy objects, e.g. lifting boxes? - How Frequently?		
- Driving - For how long? How Frequently?		
- Standing or squatting for long periods? - How Long?		
- A lot of walking? - How Much?		
- Working at height or climbing steep steps? - How High etc?		
- The need to access areas with limited space, e.g. store rooms? - Which Area?		
Will any tasks become more hazardous to the worker as the pregnancy progresses? Which Tasks?		
Does the role involve shift work? Which Shifts?		
If so, does it involve working at night or into the night? Please states Time/s of Shift		
Comments:		

2. Specific Hazards	Y	N
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	Does any part of the job involve the use of chemicals, or potential exposure to biological agents? Please state which chemicals		
	If so, are there any risks to the worker whilst she is pregnant or nursing? Risk Identified		
	Is there any exposure to vibration, e.g. through the use of handtools? How long is the exposure?		
	Does the worker need to wear personal protective clothing? Please state what clothing?		
	If so, will this present a problem as the pregnancy develops? State Problem		
	Comments:		

3.	Working Conditions - general	Y	N
	Does the work involve lone working or working in remote locations? Please give details		
	Does the role involve any home working?		
	Will the person have problems accessing toilet facilities? Give details		
	Are there any restrictions on when the person can access the toilets? Reason for restriction		
	Are there restrictions on when the person can take a rest break when needed? Reason for restriction		
	Is the pace of work out of the employee's control? Reason		
	Are there any risks of violence at work? Comment Potential problems with CAMHs patients		
	Does any part of the job involve dealing with members of the public?		
	If so, does it involve dealing with distressed or disturbed people? Comment		
	Does the role involve: -		
	- 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		

Name of employee (print)

Signature of Employee Date

Name of Risk Assessor (print)

Risk Assessor Signature Date

Date of Next Review

CC:

Lead Employer, 2nd Floor Court, Alexandra Business Park, Prescott Road, St Helens,
WA10 3TP

By email to –

Cheshire and Mersey: 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

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REVIEW RISK ASSESSMENT

	Hazards	Nature of Risk	Control Measures / Actions
1. Physical Demands of the Job			
2. Specific Hazards			
3. Working Conditions General			
4. Mental Job Demands			

Name of Trainee (print)

Signature of Employee Date.....

Name of Risk Assessor (print)

Risk Assessor Signature Date

Date of Next Review

cc: 2nd Floor Court, Alexandra Business Park, Prescott Road, St Helens, WA10 3TP

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**AUDIT FOR MATERNITY/PATERNITY/ADOPTION LEAVE
PROCESS APPLICATIONS**

Randomly select 10% of the names from across the main Trainees groups and audit details of when the applications were received and the HR Response sent out.

Date of Audit Period	Name of Auditor
Specialty	Name of Trainee
Was the HR response to the Maternity/Paternity/Adoption within 14 days?	Yes/No
Date Application received.....	Date Response sent.....

Date of Audit Period	Name of Auditor
Specialty	Name of Trainee
Was the HR response to the Maternity/Paternity/Adoption within 14 days?	Yes/No
Date Application received.....	Date Response sent.....

Date of Audit Period	Name of Auditor
Specialty	Name of Trainee
Was the HR response to the Maternity/Paternity/Adoption within 14 days?	Yes/No
Date Application received.....	Date Response sent.....

TOTAL COMPLIED WITHIN 14 DAY TIMESCALE =..... % COMPLIANCE =....

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KEEPING IN TOUCH DAYS

Application for KEEPING IN TOUCH DAYS

Speciality Trainees - Lead Employer

NAME	
GRADE	
SPECIALITY	
TRUST PLACEMENT (where KIT days have been worked)	

I confirm I have worked the following dates as KEEPING IN TOUCH DAYS
(Up to ten days may be taken).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Signature of Applicant: **Date:**
My Supervisor / GP Trainer/ Manager or Practice Manager
 (in the Trust where KEEPING IN TOUCH DAYS have been worked) has
 confirmed my working on the above day/s.

Name (print).....

Signature

Date :.....

**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.**

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Please submit the completed form to the Lead Employer Employment Services Team via email:

Contact Details –

Cheshire and Mersey: 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

Alternatively documents can be sent by post FAO the Employment Services team

Lead Employer, 2nd Floor Court, Alexandra Business Park, Prescott Road, St Helens, WA10 3TP

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