

**SPECIALITY REGISTRARS
REMOVAL EXPENSES POLICY**

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St Helens & Knowsley Teaching Hospitals NHS Trust
SPECIALITY REGISTRARS REMOVAL EXPENSES POLICY

GUIDANCE NOTES FOR CLAIMANTS

Please note: -

- **The Postgraduate Medical Dean holds this budget.**
- **The level of removal expenses paid are at his discretion and are limited to a maximum of £5,000, inclusive of all expenses.**
- **Relocation expenses are only payable when Speciality Registrars reside outside a 30-mile radius and make applications prospectively to move residence and receive written confirmation that the new location is central to the specialty rotation scheme.**
- **Thereafter, only hospitals which are outside the 30-mile radius may Speciality Registrars claim excess travel rather than move home (as excess travel claims only arise as a result of Speciality Registrars being eligible to claim under the Removal Expenses policy).**
- **Retrospective claims for Removal Expenses will not be reimbursed.**

1. Removal of Furniture and Personal Effects

All claimants must obtain three written quotes from separate firms. Claimants may choose which firm to use, but please note **only the lowest quote will be reimbursed.**

2. Storage of Furniture and Personal Effects

Again, three written quotes must be obtained. The lowest quote being the basis of reimbursement. Payment will be reviewed after six months.

3. Legal Expenses on House Purchase

NB:- House purchase costs will not be reimbursed to first time buyers or to applicants whose existing property isn't being sold.

- i) Solicitors Fees
- ii) Stamp Duty (if applicable) to the value of property sold
- iii) Survey Fees etc

4. Legal Expenses on House Sale

- i) Solicitors Fees
- ii) Estate Agents Fees

5. Preliminary Visit

Employees are entitled to claim travelling expenses and subsistence for a maximum of two nights.

6. Return Visit to Supervise Removal

Employees are entitled to claim for one return visit when supervising removal.

7. Invoices

Where Speciality Registrars have paid invoices and are claiming back their expenses, original, receipted copies of invoices must be forwarded to the Lead Employer Service, St Helens & Knowsley Teaching Hospitals NHS Trust. Failure to do so may result in delay of repayment.

8. Estate agents description

If Speciality Registrars are buying or selling property, a copy of the Estate Agent's description will be required and should be sent to the Lead Employer Service, St Helens & Knowsley Teaching Hospitals NHS Trust,

9. Appointments of 12 months or less

Appointments of 12 months or less (LATs/FTTAs) may only claim for the cost of removal of furniture and personal effects.

All correspondence, application forms, completed claim forms etc., should be sent in the first instance to:

Lead Employer Service
Lower Ground 1
Nightingale House
Whiston Hospital
Prescot
L35 5DR

ST HELENS AND KNOWSLEY TEACHING HOSPITALS
SPECIALITY REGISTRARS REMOVAL EXPENSES
APPLICATION FORM

1. Surname: _____
2. Forenames: _____
3. Number (and age) of children: _____
4. Staff No. (If known): _____
5. Reason for move (e.g., promotion): _____
6. New Post (Title/Grade & Department): _____
Based at: _____
i) Length of Contract: _____ ii) Annual Salary: _____
7. Full / Part Time Officer: _____
i) Substantive / Locum / Temporary: _____
ii) Residential / Non-Residential: _____
8. Date of Appointment: _____
9. Post / Title & Grade immediately prior to commencing new post: _____
i) Date from: _____ ii) Date to: _____
10. Full / Part Time Officer: _____
11. Name of Employer: _____
12. Permanent address immediately prior to commencing new post: _____

13. Length of stay at this address: _____
14. Type of accommodation in old area (delete as appropriate)
a) Solely owner occupied b) Jointly owner occupied c) Private rented
d) Hospital accommodation e) Furnished f) Unfurnished

15. Please give an indication of the type of permanent property you intend to occupy in the new area (delete as appropriate)

- | | | |
|---------------------------|---------------------------|-------------------|
| a) Solely owner occupied | b) Jointly owner occupied | c) Private rented |
| d) Hospital accommodation | e) Furnished | f) Unfurnished |

16. Please give brief indication of your intention in connection with your move (e.g. selling present property):

17. Will expenses be recoverable from any other source? (e.g. spouse's employers):

18. Signed _____ Date _____

Print Name _____

WHEN COMPLETED, THIS FORM SHOULD BE RETURNED TO:

Lead Employer Service
Lower Ground 1
Nightingale House
Whiston Hospital
Prescot
L35 5DR

YOU WILL BE NOTIFIED IN DUE COURSE OF YOUR ELIGIBILITY FOR REMOVAL EXPENSES

Comments from Finance Department:

Application for removal expenses approved by : _____

Date: _____ On behalf of the Mersey Deanery

ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST
SPECIALITY REGISTRARS REMOVAL EXPENSES
FORM OF UNDERTAKING

Surname: _____

Forenames: _____

Appointment _____

Hospital: _____

Effective Date of Appointment _____

In consideration of the Mersey Deanery / St Helens & Knowsley Teaching Hospitals NHS Trust – agreeing to pay me Grant in Aid of Removal Expenses, on taking up the above appointment, I hereby agree that I will not leave the service of St Helens & Knowsley Teaching Hospitals NHS Trust – within a period of two years, unless the further move to other employment is by arrangement and in accordance with the recommendations of the Mersey Deanery or is the result of unforeseen circumstances, acceptable to the Postgraduate Medical Dean.

I understand that in the event of my breaking this undertaking, I will be required to refund all such expenses paid to me, abated by 1/24th for each calendar month of service completed.

I also confirm that the expenses I will claim will be legitimate costs incurred by me and are / are not recoverable in part or whole from any other source.

If, as a result of St Helens & Knowsley Teaching Hospitals NHS Trust paying an Estate Agent, Solicitor or Removal Company direct, costs incurred exceed the maximum allowable, then I authorise St Helens & Knowsley Teaching Hospitals NHS Trust to deduct from my salary, at an agreed rate, the amount of overpayment.

Signed: _____

Print Name: _____

Date: _____

St Helens & Knowsley Teaching Hospitals NHS Trust

SPECIALITY REGISTRAR REMOVAL EXPENSES POLICY

CHECKLIST OF ELIGIBILITY FOR POSSIBLE REIMBURSEMENT

Provision	Householder	Non Householder (inc. First time buyer)	Appointment of 12 months or less (LATs/FTTAs)
Removal of furniture and effects			
Storage of furniture and effects			N/A
Legal etc expenses on house purchase		N/A	N/A
Legal etc expenses on house sale		N/A	N/A
Preliminary visit			N/A
Return visit to superintend removal			N/A

NOTE

Please inform the Trust (on the application form) if the property is owned in a joint mortgage situation.

**DETAILS REQUIRED FOR CLAIMING EXCESS TRAVEL EXPENSES
INCLUDING THAT OF BASE HOSPITAL**

Excess travelling expenses are paid in accordance with the Mersey Deanery Removal Expenses Policy.

In particular:

In order to be able to claim excess, travel, Practitioners must be eligible to receive removal expenses but, have chosen instead to travel rather than move.

In order to be eligible for removal expenses Practitioners must reside more than 30 miles from the hospital etc. in which they are working.

Reimbursement is limited to that part of the journey that exceeds the length of the journey from home to chosen base hospital.

There is an absolute maximum payment of £5,000 for the duration of the contract.

This form must be completed if you wish to claim excess travel expenses as part of your Rotational Training Programme rather than removal expenses. You cannot claim both.

SURNAME.....FORENAME.....

HOME ADDRESS.....

.....

POST TITLE.....SPECIALTY.....

ASSIGNMENT NUMBER: _ _ _ _ _

EMAIL ADDRESS.....

Please state the hospitals you will be rotating to during your Training Programme:

.....

.....

INITIAL PLACEMENT.....

CHOSEN BASE HOSPITAL.....

Please also provide all current car details:

Make & Model..... Engine size.....cc

Registration Number.....