



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Shared Parental Leave Application Form

Please note that you must read the Shared Parental Leave Procedure before you complete this form.

In order to claim Shared Parental Leave [a maternity / adoption leave curtailment notice](#) must have been submitted **Please note that the curtailment notice is binding and can not be withdrawn (except in certain circumstances)**

## Part 1 Notice of Entitlement and Intention to take Shared Parental Leave

You can use **PART 1** of this form to give notice of your entitlement and intention to take Shared Parental Leave. This can be done at the same time as the curtailment notice, or separately, as long as the required 8 weeks notice is given. When completed in full please pass this form to your manager. **Please note that these dates will be treated as non-binding until a period of leave notice (Part 3) is given.**

## Part 2 Notice of Entitlement and Intention to receive Shared Parental Pay (ShPP)

You can use **PART 2** of this form to give notice of your entitlement and intention to receive Shared Parental Pay. When completed in full please pass this form to your manager.

## Part 3 Period of Leave Notice for Shared Parental Leave

You can use **PART 3** of this form to give formal notice of the dates you wish to take Shared Parental Leave.

Please note that this section must be completed at least 8 weeks before the date you wish to commence Shared Parental Leave.

If one continuous block of leave is requested this must be accepted by your manager.

If discontinuous blocks of leave are requested then your manager is required to carefully consider the request. The request may be granted in full or in part and your manager may propose a modified version of the request. For further information please see section 4 of the Shared Parental Leave Procedure.

To withdraw or vary a request you must use the Variation of Period of Leave notice form.

## Part 1 – Notice of Entitlement and Intention to take Shared Parental Leave

### Personal Details ( to be completed by Employee)

Name of employee:	
Employee number:	
National Insurance Number:	
Home address:	
Email address:	
Home Contact Telephone Number:	
Job Title:	
Department:	
Band / Grade:	
Hours of Work:	
Work Contact Telephone Number:	
Start date with this UHB:	____/____/____
Start date with the NHS:	____/____/____
Do you have more than one post with the UHB (please delete as appropriate):	Yes / No If Yes please give details:

Please list previous appointments with the NHS:

Employer	Post	From	To

### Maternity/Adoption Leave Details: (this may be with a different organisation)

What is the expected week of childbirth or actual date of birth / placement	____/____/____
What is the start date of any statutory maternity/adoption leave/pay?	____/____/____
What is the end date of any statutory maternity/adoption leave/pay?	____/____/____
Please confirm the total number of weeks Maternity/Adoption Leave Pay taken (or to be taken)	_____ weeks

### Shared Parental LEAVE Details:

What is the total amount of shared parental leave available? (i.e. how much maternity/adoption leave will remain unused)	_____ weeks
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Please indicate how much shared parental leave you both intend to take	Mother/Primary Adopter _____ weeks Partner _____ weeks
Please indicate when you intend to take your shared parental leave (these dates are not binding)	<p>I wish to take one continuous block of leave from ____/____/____ to ____/____/____</p> <p><b>Or</b></p> <p>I wish to take more than one period of leave as follows:</p> <p>____/____/____ to ____/____/____</p> <p>____/____/____ to ____/____/____</p> <p>____/____/____ to ____/____/____</p>

**Part 2 – Notice of Entitlement and Intention to receive Statutory Shared Parental PAY (ShPP):**  
**(To be completed if you wish to claim Shared Parental Pay)**

Please confirm the total amount of ShPP available (maximum of 37 weeks)	_____ weeks
Please indicate the total number of whole weeks ShPP to be taken by the child's mother/Primary adopter and Partner	Mother/Primary Adopter _____ weeks Partner _____ weeks
Please indicate what dates you would like to take ShPP (you can take up to 3 blocks)	<p><b>You</b></p> <p>____/____/____ to ____/____/____</p> <p>____/____/____ to ____/____/____</p> <p>____/____/____ to ____/____/____</p> <p><b>Your partner</b></p> <p>____/____/____ to ____/____/____</p> <p>____/____/____ to ____/____/____</p> <p>____/____/____ to ____/____/____</p>

**Please note that these dates will be treated as non-binding until a period of leave notice (Part 3) is given.**

**If you are the Mother/Primary Adopter please sign the declaration below**

- I have submitted a curtailment notice.
- I confirm that I satisfy, or will satisfy, the eligibility requirements to take shared parental leave
- I will be sharing responsibility for the care of the child
- I confirm that the information I have given on this form is accurate
- I will inform the UHB if I cease to care for the child.
- Should I cease to be eligible for shared parental leave I will inform my employer immediately
- That I will still be working for the UHB at the start of each period of shared parental leave
- (if claiming ShPP) I meet the criteria for ShPP and will inform my employer if I cease to meet this criteria

Employee signature:	
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Date:	
<b>If you are the Partner please sign the declaration below</b>	
<ul style="list-style-type: none"> <li>• I confirm that I satisfy, or will satisfy, the eligibility requirements to take shared parental leave</li> <li>• The information given by my partner in the notice of entitlement and intention is accurate</li> <li>• I will be sharing responsibility for the care of the child</li> <li>• The mother/primary adopter has given notice to end their maternity/adoption entitlement</li> <li>• The confirm that the information I have given on this form is accurate</li> <li>• Should I cease to care for the child I will inform my employer immediately or if the mother/primary adopter advises me that they no longer meet the requirement to have curtailed their maternity/adoption leave or pay period.</li> <li>• (if claiming ShPP) I meet the criteria for ShPP and will inform my employer if I cease to meet this criteria</li> </ul>	
Employee signature:	
Date:	

**NOW PASS THIS APPLICATION TO YOUR PARTNER**

<b>Partners declaration (to be completed by employees partner)</b>	
Full Name:	
National Insurance Number:	
Address:	
Employer's Name and Address (or your Business Address if Self Employed):	
<b>If you are the Mother/Primary Adopter please sign the declaration below</b>	
<ul style="list-style-type: none"> <li>• I confirm that I am the mother of the child or Primary Adopter</li> <li>• I meet the criteria for the employment and earning test</li> <li>• I am entitled to statutory maternity leave, statutory maternity pay or maternity allowance and I have given notice to reduce that leave and pay allowance</li> <li>• At the time of the birth or placement I share the responsibility for the care of the child with the employee seeking to take Shared Parental Leave</li> <li>• I consent to the amount of leave and pay that the employee is seeking to take and to the UHB processing any Shared Parental Pay payments to the employee</li> <li>• I consent to you receiving this declaration to process the information contained in it</li> <li>• I confirm that I satisfy, or will satisfy, the eligibility requirements to take shared parental leave</li> </ul>	

- I will immediately inform my partner should I cease to meet the requirements to have curtailed my maternity / adoption leave or pay period
- I confirm that the information I have given on this form is accurate
- Should I cease to be eligible for shared parental leave I will inform the employee immediately

Signed:

Date:

**If you are the Partner please sign the declaration below**

- I confirm that I am the father of the child, married to, civil partner or partner of the child's mother / primary adopter
- I meet the criteria for the employment and earning test
- At the time of the birth or placement I share the responsibility for the care of the child with the employee seeking to take Shared Parental Leave
- I consent to the amount of leave and pay that the employee is seeking to take
- I consent to you receiving this declaration to process the information contained within it

Signed:

Date:

**NOW PASS THIS APPLICATION TO YOUR MANAGER**

**For use by Line Manager**

I confirm that I have been informed of the employee's notice of intention to take shared parental leave.

Full Name (Please print):

Job Title:

Signed:

Date:

**It is advised that a formal discussion takes place between the manager and employee to determine if there are any foreseen issues with the proposed dates before a period of leave notice is submitted.**

**NOW PASS THIS APPLICATION BACK TO YOUR EMPLOYEE**

**PLEASE COMPLETE PART 3 – PERIOD OF LEAVE NOTICE FOR SHARED PARENTAL LEAVE TO FORMALLY AGREE THE DATES YOU WISH TO TAKE SHARED PARENTAL LEAVE (PLEASE NOTE THAT WHEN THESE DATES HAVE BEEN AGREED THEY ARE BINDING)**

**Part 3 - Period of Leave Notice for Shared Parental Leave**

I wish to formally agree the following dates for Shared Parental Leave.

☐ The dates requested are as indicated above

Or

☐ The dates requested are different to the above, as follows

I wish to take one continuous block of leave from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
**(in which case the UHB is required to accept the request if eligible and notice requirements are met)**

Or

I wish to take up to 3 discontinuous blocks **(in which case I need the UHB's agreement)**

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

My partner wishes to take one continuous block of leave from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Or

My partner wishes to take up to 3 discontinuous blocks

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed:

Date:

**NOW PASS THIS FORM TO YOUR MANAGER (YOUR MANAGER MUST RESPOND TO THIS LEAVE NOTICE WITHIN 14 DAYS OF RECEIPT)**

**For use by Line Manager (you must respond to this request within 14 days of receipt)**

Date of Receipt of this Period of Leave Notice \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ I agree to the dates requested in the Period of Leave Notice above (n.b. to be ticked)

for all single block requests)

**Or**

☐ I am unable to authorise the dates requested in the Period of Leave notice (please state reasons below) (n.b. can only be rejected where discontinuous blocks are requested)

**Or**

☐ (discontinuous blocks only) I am unable to agree to the request in full, however the following alternative dates are proposed. Employee should sign below when alternative dates are agreed

Line Manager Name (Please print in full)	
Line Manager Signature:	
Date:	

**For use where alternatives dates have been proposed**

I agree to the alternative dates as proposed by my manager above

Employee's signature	
Date of receipt:	

**Employee:** If you wish to vary the dates detailed in your Period of Leave Notice or cancel a period of leave you should do so using the Variation of Period of Leave Notice Form.

**Please note:** Where a discontinuous pattern is refused then the employee may withdraw the request without detriment on or before the 15<sup>th</sup> day after the notification was given; or may take the total number of weeks in the notice in a single continuous block. If the employee chooses to take the leave in a single continuous block, the employee has until the 19<sup>th</sup> day from the date the original notification was given to choose when they want the leave period to begin. This cannot be earlier than 8 weeks from the date the original notification was submitted.

**NOW SEND THIS FORM TO THE HUMAN RESOURCES ADVISORY TEAM**

For use by Human Resources Department

HR Officer Name (Please Print)	
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HR Officer Signature:	
Date of receipt:	

**Notes on completion:**

**Part 1 and Part 2** - to be completed by Employee and Employee's Partner and then forwarded to Line Manager.

Manager to confirm receipt and return completed form to employee

Copy of form to be sent to Human Resources Department

**Part 3** – to be completed by Employee and then forwarded to Line Manager

Line Manager responds to request within 14 days of receipt

When completed in full original form to be returned to Employee, copy to be kept on Employee's personal file

Copy of completed form to be sent to Human Resources Department