

### ADOPTION LEAVE APPLICATION FORM

When completed and countersigned by your manager this form should be returned to the HR Advisory Team. Please ensure that you attach your original **Matching Certificate** to this form and that all details are **completed correctly and in full** to avoid delay in processing your adoption leave application.

#### A: PERSONAL DETAILS (to be completed by Employee)

Name					
Home Address					
Telephone (home)		Telephone (work)		Hours of work per week	
Department		Employee No.		NI number	
Tick this box if you have more than one post within the UHB				Tick this box if you work for the UHB Nurse Bank	

#### B: Employment Details

Please list employment details for the past **2 years** (present post first)

EMPLOYER	POST	FROM	TO

#### C: Adoption Details

Date of Placement (Please attach your matching certificate)	/ /
When do you propose to commence your adoption leave?	/ /
Do you intend to return to work with this UHB or another NHS employer?	Yes / No / Undecided
If YES when do you intend to return to work? (Please circle desired option)	After 26 weeks After 39 weeks After 52 weeks Other
If other please specify date	/ /

#### Declaration (please sign one and delete the others):

- I agree **to return to work with Cardiff and Vale UHB or another NHS employer** for a minimum of 3 months at the end of my adoption leave. Should I fail to return to work I will be liable to repay all of the adoption pay received, except for any SAP element to which I am entitled.

SIGNED..... DATE.....

- I agree that **I will not be returning to work** with Cardiff and Vale UHB at the end of my adoption leave

SIGNED..... DATE.....

- I am **undecided as to whether or not I will not be returning to work** with Cardiff and Vale UHB at the end of my adoption leave.

SIGNED..... DATE.....

This application is endorsed by:		Date	
SIGNED (manager)			
PRINT NAME (manager)			
Annual Leave arrangements agreed:			
Flexible Working arrangements agreed:			

#### FOR USE BY HUMAN RESOURCES DEPARTMENT

Adoption Leave Dates Approved:	From:		To:	
SIGNED (HRO)				Date