

MATERNITY 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 **MAT B1** Certificate to this form and that all details are **completed correctly and in full** to avoid delay in processing your maternity 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: Maternity Details	
Expected Week of Childbirth (Please attach your MAT B1 certificate)	/ /
When do you propose to commence your maternity 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 maternity leave. Should I fail to return to work I will be liable to repay all of the maternity pay received, except for any SMP 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 maternity 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 maternity leave.
SIGNED..... DATE.....

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

FOR USE BY HUMAN RESOURCES DEPARTMENT			
Maternity Leave Dates Approved:	From:	To:	
SIGNED (HRO)		Date	