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| **Maternity Leave Application Form**  When completed and counter-signed by your manager a copy of this form should be sent to the People & OD team at peoplesupport.phw@wales.nhs.uk and a copy retained locally. The original MATB1 certificate should then be sent to the People & OD team, 6th Floor, 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ  Please ensure this form is completed in full to avoid delay in processing. |
| **Section A. PERSONAL DETAILS (to be completed by the Employee)** |

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| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Home Address: |  | | | |
| Telephone: |  | Department: |  | |
| NI Number: |  | Employee Number: |  | |
| Hours per week: | |  | Fixed term contract: |  |
| Commencement date with PHW: | |  | Commencement date with NHS: |  |
| Do you have more than one assignment in PHW? | | Y/N | Do you have a Bank assignment? | Y/N |

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| **Section B:** | | | |
| Expected date of birth: | |  | |
| When do you propose to commence your maternity leave? | |  | |
| Would you like to be provided with an estimate summary of your earnings? | | Y/N | |
| Would you like to receive payments in equal amounts for the duration of your leave? – I understand that this sum will be “averaged out” for the duration of this period. | | Y/N | |
| **Section C: DECLARATION** (please tick applicable option): | | | |
| I will return to work with Public Health Wales or another NHS Trust for a minimum of 3 months at the end of my maternity leave. Should I fail to return to work I may be liable to repay all of the adoption pay received, except for any SMP element to which I am entitled | | |  |
| I will not be returning to work at Public Health Wales at the end of my maternity leave | | |  |
| I am undecided as to whether or not I will not be returning to Public Health Wales at the end of my maternity leave | | |  |
| Signed: …………………………………………………………………………….. Date: ………………….. | | | |
| **Section D: MANAGER DISCUSSION POINTS** | | | |
| Annual leave arrangements agreed: |  | | |
| Any annual leave to be carried over? |  | | |
| Any flexible working arrangements agreed? |  | | |
| Has the My Contribution meeting been carried out? |  | | |
| KIT days discussed? |  | | |
| **Manager Signature:** | **Date:** | | |

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| For use by People & OD / Payroll Department | | | |
| Maternity Leave commences: |  | End date: |  |
| 39 weeks: |  | 52 weeks: |  |
| People & OD Signed: |  | People & OD Date: |  |
| Payroll Signed |  | Payroll Date: |  |