

# Adoption Leave



You should read the [NHSScotland Adoption, Fostering and Kinship Policy](#)<sup>1</sup> and [Employee Guide](#)<sup>2</sup>. Discuss any issues and local application processes with your manager before completing this form.

How to complete this form:

- **Section A** to be completed by **all** applicants
- **Sections B, C** and **D** choose **one section** that applies to you
- **Section E** should be completed if you are **adopting a child from abroad**
- **Section F** to be completed by **you and your manager**

Forward this form and include copies of relevant documentation in line with local process as advised by your manager:

- Written confirmation of approval to adopt
- Under surrogate arrangements, a MATB1 form or evidence of an application for a parental order

If you have more than one post with a single NHS Board, you only need to complete one form. Please ensure that you provide all payroll numbers.

**For digital signature functionality, please open this form in Adobe Acrobat. Viewing this form in a browser may not support signature features.**

## Section A

### Personal details

Name

Payroll number/s

Job title

Department

Work base

Telephone number

Email

Home address

Preferred method for confirmation of adoption leave

Email

Post

## Current employment details

### Current contracted hours

**Date of commencement with current employer** *(dd/mm/yyyy)*

**Type of contract** *(please select)*

Permanent

Temporary

Fixed term

Training

Bank

**If fixed term / training contract, state date of expiry** *(dd/mm/yyyy)*

## Previous employment details

If the period of employment with your current employer **is less than one year**, please give details of previous NHS employment over the last year.

**Previous employer**

**Post held**

**Hours worked** *(per week)*

**Date started employment** *(dd/mm/yyyy)*

**Date left employment** *(dd/mm/yyyy)*

## Adoption leave details

**Expected date of placement** *(dd/mm/yyyy)*

**Date adoption leave to start** *(dd/mm/yyyy)*

**Date adoption leave to end** *(dd/mm/yyyy)*

## Section B

### Complete this section if you intend to return to work after adoption leave

Please confirm how many weeks adoption leave you wish to take?

Would you like your occupational adoption pay calculated and paid weekly?

yes

*(please contact local payroll department for advice)*

no

**PLEASE NOTE** if you do not maintain payments to the NHS pension scheme during the unpaid period this will impact on your superannuable service.

## Section C

### Complete this section if you are undecided whether you intend to return to work

Please tick to show agreement

I am aware that my application for adoption leave will be considered in accordance with the NHSScotland Adoption, Fostering and Kinship Policy, which I have read and understood. I am undecided whether I will return to work after my adoption leave.

If I do decide to return to work for the NHS, it will be for a minimum period of three months. I will advise my manager no less than eight weeks before the date I would like to return.

I understand that if I do not return for three months following my adoption leave, I will be asked to repay the occupational adoption pay as set out in conditions of service.

## Section D

### Complete this section if you do not intend to return to work

I confirm that I wish to resign

Please state your last working day *(dd/mm/yyyy)*

## Section E

### Complete this section if you are adopting a child from abroad

Please tick to show agreement

I declare that I am adopting a child from abroad with my spouse, civil partner or partner (including same sex partners) and I want to receive SAP and adoption leave not SPP and paternity leave.

## Section F

### To be completed by you and your manager

Please sign below to confirm that you have read and understood the [NHSScotland Adoption, Fostering and Kinship Policy](#)<sup>1</sup>.

Employee signature

Date (dd/mm/yyyy)

I acknowledge receipt of this application form

Manager signature

Date (dd/mm/yyyy)

Please print name

Designation