

Maternity Leave



You should read the [NHSScotland Maternity Policy](#)¹ and [Employee Guide](#)². 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 by **you and your manager**

Forward this form and include your original MATB1 form in line with local process as advised by your manager.

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 maternity 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)*

Maternity leave details

Expected week of childbirth

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

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

Section B

Complete this section if you intend to return to work after maternity leave

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

Would you like your occupational maternity pay to be calculated in equal weekly payments?

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 maternity leave will be considered in accordance with the NHSScotland Maternity Policy, which I have read and understood. I am undecided whether I will return to work after my maternity 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 maternity leave, I will be asked to repay the occupational maternity 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

To be completed by you and your manager

Please sign below to confirm that you have read and understood the NHSScotland Maternity Policy.

Employee signature

Date (*dd/mm/yyyy*)

I acknowledge receipt of this application form

Manager signature

Date (*dd/mm/yyyy*)

Please print name

Designation

1. <https://workforce.nhs.scot/policies/maternity-policy-overview/maternity-policy/>

2. <https://workforce.nhs.scot/supporting-documents/guide/maternity-policy-guide-for-employees/>