

STAFF PERSONAL INFORMATION

Part 6: Change of Circumstances *and*

Statutory Leave Entitlements *(other than annual leave)*

to be completed during employment
whenever there are relevant changes

NAME	
POSITION	

CHANGE OF CIRCUMSTANCES DETAILS

As per the GDPR all staff members have the 'right to rectification', meaning that information we hold on you must be accurate and hence, whenever there are any changes you should inform us to enable us to make the necessary amendments. This is also needed to enable us to fulfil our contractual obligations (such as payment of your wages), as well as our legal duties (such as to ensure that there are sufficient number of staff on duty, sufficiently qualified and experienced). Your co-operation is greatly appreciated.

The information below is to be completed only if, and when there are changes to your circumstances or any other facts during your employment with the company

- A.** *If the change(s) is / are related to your personal details such as address, marital status, citizenship, then you should complete section 'A' below and sign, and date below each change*
- B.** *If the change(s) is / are related to your bank details, then you should complete section 'B' below and sign, and date below each change*
- C.** *If the change(s) is / are related to dependants (such as pregnancy: maternity or paternity, adoption, ill health, disabled and / or frail relative), then you should complete section 'C' below and sign, and date below each change*
 1. *Statutory Maternity Leave and Pay*
 2. *Statutory Paternity Leave and Pay*
 3. *Statutory Shared Parental Leave and Pay (forms 1 to 4)*
 4. *Statutory Parental Bereavement Leave and Pay*
 5. *Ill health / Disabled Family Member that requires looking after*
- D.** *If there any other changes you may wish to inform us, please complete section 'D'*

In all cases you must write your name and date of birth in section 'A'. You request our admin assistant to e-mail you the form.

Please write a 'cross' or type capital 'X' (if you are completing a digital copy) in black pen where appropriate.

If you make a mistake or something with the format goes wrong press and hold down the 'control' key (Ctrl) and then press the key for the letter 'Z' (undo). Please make sure you save frequently your work

A CHANGE OF PERSONAL CIRCUMSTANCES / DETAILS

Title	Mr		Mrs		Miss		Ms		Other	
Surname					Forenames					
Date of birth (dd/mm/yyyy)					My Nationality has changed to / also have					
New Address								Post Code		
My Marital Status has now changed to	Single		Married		Divorced		Widowed			
I have now dependent children under 18 and in school?					<i>(Please write how many children?)</i>					
Signature of Employee							Date			

B CHANGE OF BANK / BUILDING SOCIETY ACCOUNT DETAILS

Name of Account Holder																						
Name of New Bank / Building Society																						
Address of Bank / Building Society											Post Code											
Account Number																Sort Code						
Signature of Employee											Date											

C DEPENDANTS

The information provided in this section 'C' will enable the manager to fulfil required legal duties and ensure the smooth running of the home, *more specifically in the planning that there are sufficient number of staff on duty, sufficiently qualified and experienced.*

The information that you will provide below will not be taken at face value, but it will be used as an indication of your intention and not as what exactly will happen. You can always change your mind at a later date, as long as you inform the manager in advance (4 weeks), so necessary arrangements can be made.

1 STATUTORY MATERNITY LEAVE AND PAY: Expectant Mothers / Adoption

Please visit the government website: <https://www.gov.uk/employers-paternity-pay-leave> for complete information regarding your Statutory Maternity Entitlements

You must obtain from your GP Form MAT B1 and give it to our admin assistant at least 28 days prior to the commencement of your planned Maternity Leave

Expected Date of Birth / Adoption					
Intended Date to Start Maternity Leave					
How long do you intend to be on a Maternity Leave?	3 months		6 months		
	12 months		longer	<i>specify:</i>	
Do you Intend to Return to Work for Kindcare (UK) Ltd at the end of your Maternity Leave?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'YES' would you Return to Work on	Part Time Basis?	<input type="checkbox"/>	Full Time Basis?	<input type="checkbox"/>	
Do you Intend to Reduce the number of shifts / hours of work prior to your Maternity Leave?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If 'YES', please specify below how many hours per week, what shifts, kind of work you would ideally like to work prior to your maternity leave:</i>					
<i>The Deputy Manager / Clinical Lead will be informed of your pregnancy, who will then undertake together with you a risk assessment</i>					
<i>Please ensure that you give us 4 weeks (28 days) notice for any changes. Additionally, you must contact the admin assistant to specify of your intended date to return to work from maternity leave</i>					
Signature of Employee			Date		

2 STATUTORY PATERNITY LEAVE AND PAY: Expectant Fathers / Adoption

If you are an employed new father (either birth or an adoption of a child), you are entitled to either one or two weeks' paternity leave. This is the same for multiple births.

To get Statutory Paternity Pay, you must have been working for the same employer without a break for at least 26 weeks by the 15th week before the baby is due. You must also carry on working for that employer without a break up to the date the child is born or placed with you for adoption. You must be earning an average of at least £116 a week (before tax).

If your partner does not use up all their statutory maternity or adoption leave, and goes back to work, you may be able to take the remainder of their leave to look after your child. You would be paid the remainder of the statutory pay or maternity allowance that they would have been entitled to.

For more information, please visit the government website: <https://www.gov.uk/employers-paternity-pay-leave>

I would like to take Paternity Leave / adoption from		to		<i>2 weeks is the max</i>
I would like to take the remainder of my spouse's statutory maternity / adoption leave from		to		
Other information you may wish to provide related to your Paternity Leave				
<i>Please ensure that you give us 4 weeks (28 days) notice</i>				
Signature of Employee			Date	

3 SHARED PARENTAL LEAVE AND PAY

How it works

You and your partner may be able to get Shared Parental Leave (SPL) and Statutory Shared Parental Pay (ShPP) if you're:

- having a baby
- using a surrogate to have a baby
- adopting a child

To get SPL and ShPP, you and your partner need to:

- meet the eligibility criteria - there's different criteria for birth parents and criteria for adoptive parents or parents using a surrogate
- give notice to your employers

Applying for leave and pay

To get Shared Parental Leave (SPL) or Shared Parental Pay (ShPP) you must:

- follow the rules for starting SPL and ShPP
- **give your employer at least 8 weeks' written notice of your leave dates**

If the mother (or person taking adoption leave) plans to take SPL or ShPP, they must apply to their employer.

If the partner plans to take SPL or ShPP, both the partner and the mother (or person taking adoption leave) must apply to their employers.

You must complete the forms to:

- give your employer notice that you plan to take SPL and ShPP
- give your employer notice of when the mother or adopter is going to end their maternity or adoption leave, and when they'll stop getting maternity or adoption pay
- book your leave dates

You can change your mind later about how much SPL or ShPP you plan to take and when you want to take it. You must give notice of any changes at least 8 weeks before the start of any leave.

You might not get SPL or ShPP if you do not include all the required information.

We may ask you for more information within 14 days of you applying for SPL or ShPP. We can ask for:

- a copy of the birth certificate
- a declaration of the place and date of birth (if the birth has not been registered yet)
- the name and address of your partner's employer or a declaration that your partner has no employer

If you're adopting, we can ask for the:

- name and address of the adoption agency
- date you were matched with the child
- date the child will start to live with you
- name and address of your partner's employer or a declaration that your partner has no employer

You must give this information within 14 days of being asked for it.

Please visit the government websites for more information on SPL and ShPP:

- <https://www.gov.uk/shared-parental-leave-and-pay>
- <https://www.gov.uk/shared-parental-leave-and-pay/applying-for-leave-and-pay>
- <https://www.acas.org.uk/shared-parental-leave-forms>

Forms overleaf that will need to be complete if:

	Both Parents want to take SLP	Just the Birth parent wants to take SLP	Just the Partner wants to take SLP
Form 1	✓ Yes	✓ Yes	✓ Yes
Form 2	✓ Yes	✓ Yes	✗ No
Form 3	✗ No	✗ No	✓ Yes
Form 4	✓ Yes	✗ No	✓ Yes

- See advice on SPL and ShPP at www.acas.org.uk/spl
- Parents can use the calculator at www.gov.uk/pay-leave-for-parents
- Parents and employers should keep a copy of any completed forms.
- If the birth parent is getting Maternity Allowance (MA), they need to notify Jobcentre Plus to curtail this entitlement.

Abbreviations used in these forms:

SPL Shared Parental Leave
 ShPP Statutory Shared Parental Pay
 SMP Statutory Maternity Pay
 MA Maternity Allowance

Form 1	Curtailment of maternity leave and pay (for birth parent's employer - must be completed by birth parent/ mother)		
SECTION A	General (must be completed)		
<p>Please accept this as my notice to curtail my maternity leave and/or Statutory Maternity Pay (SMP). This form is accompanied by notification that either I or my partner intend to take SPL and/or ShPP.</p> <p>I understand my maternity leave will end on the date given in Section B and my SMP will end on the date given in Section C. I understand that I can only reinstate my maternity leave if I revoke this notice before the curtailment date given in Section B.</p> <p>I understand that I can only reinstate any SMP that I am eligible for if I revoke this notice before the end date given in Section C.</p>			
Birth parent/ mother's last name			
Birth parent/ mother's first name(s)			
Expected date of child's birth			
Actual date of child's birth (<i>if born</i>)			
SECTION B	Curtailing maternity leave (must be completed)		
Start date of statutory maternity leave			
End date of statutory maternity leave			
Total number of weeks of statutory maternity leave taken by the date statutory maternity leave ends			
SECTION C	Curtailing statutory maternity pay (SMP) (only if claiming ShPP)		
Start date of SMP			
End date of SMP			
Total number of weeks of SMP paid by date SMP ends			
SECTION D	Signature (must be completed)		
Signature of birth parent / mother		Date signed	

Form 2	Notification that birth parent or mother is intending to take SPL (for their employer)		
SECTION A	General (must be completed)		
<p>Please accept this as notification that I (the birth parent/mother) am entitled to and intend to take SPL (and ShPP if section C is completed).</p>			
Birth parent/mother's last name			
Birth parent/mother's first name(s)			
Partner's last name			
Partner's first name(s)			
Partner's address			
Partner's National Insurance number (<i>put 'none' if no number is held</i>)			

Expected date of child's birth		
Actual date of child's birth (<i>if child not yet born, provide this as soon as possible after the birth and before taking SPL</i>)		
SECTION B	Maternity entitlement details (all answers that apply must be completed)	
Start date of statutory maternity leave		
End date of statutory maternity leave		
Total number of weeks of statutory maternity leave that will have been taken at the date statutory maternity leave ends		
Start date of SMP or MA		
End date of SMP or MA		
Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment		
Total number of weeks by which SMP or MA will be reduced (<i>39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment</i>)		
SECTION C	Amount of SPL available (must be completed)	
Total number of weeks of SPL created (<i>52 weeks less total number of maternity weeks taken and any SPL from a previous notice and revocation</i>)		
Total number of weeks of SPL I (<i>the birth parent/mother</i>) intend to take		
Total number of weeks of SPL my partner intends to take		
SECTION D	Birth parent/mother's leave plans (must be completed but is not binding)	
I (<i>the birth parent/ mother</i>) currently expect to take SPL as follows: <i>(Note: It can help to answer this as 'from...to...')</i>		
SECTION E	Amount of ShPP available (only if claiming ShPP)	
Total number of weeks of ShPP created (<i>39 weeks less total number of SMP taken and any ShPP paid from a previous notice and revocation</i>)		
Total number of weeks of ShPP I (<i>the birth parent/mother</i>) intend to take		
Total number of weeks of ShPP my partner intends to take		
I (<i>the birth parent/ mother</i>) currently expect to take ShPP as follows: <i>(Note: It can help to answer this as 'from...to...')</i>		
SECTION F	Birth parent/ mother's declaration (must be completed)	
<p>The following points apply in all circumstances where a mother is entitled to maternity leave:</p> <ul style="list-style-type: none"> • I am giving notice that I am entitled to and intend to take SPL • I have, or will have, been continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) the main responsibility for the care of the child at the time of the child's birth (along with my partner who has made the declaration below) • I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL • I will inform my employer immediately if I am no longer caring for my child 		

- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice
- I will give my employer the name and address of my partner's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP
- I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth
- I am entitled to SMP in respect of the birth of our child, my maternity pay period is reduced and the period that remains is available as ShPP
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL)
- I intend to care for my child in the weeks I receive ShPP
- I will remain employed with this employer until before the date of my first period of ShPP
- I will immediately inform the person who will be paying ShPP if I revoke the curtailment of my SMP or MA
- The information provided in this declaration is accurate

Signature of birth parent / mother		Date signed	
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SECTION G	Partner's declaration (must be completed)
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- I am the father of the child, or at the date of the birth I was (or will be) the mother's spouse, the mother's civil partner and/or the mother's partner living with her and the child in an enduring relationship
- I had (or will have) the main responsibility for the care of our child at the time of the birth (along with the child's mother)
- I have been (or will have been) employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of birth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of childbirth
- I consent to the amount of SPL which the mother intends to take, as set out in Section D above.
- I consent to the mother's employer processing the information I have provided
- I consent to the amount of ShPP which the mother intends to take, as set out in Section E above.
- The information provided in this declaration is accurate

Signature of partner		Date signed	
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Form 3	Notice confirming that partner is taking SPL but birth parent/mother is not (for birth parent/mother's employer)
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SECTION A	General (must be completed)
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Please accept this as notification that I (the birth parent/ mother) do not intend to take SPL (or ShPP where relevant) but that my partner will be.

Birth parent/ mother's last name	
Birth parent/ mother's first name(s)	

SECTION B	Confirmation
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- I am either not entitled to SPL (or ShPP, where relevant), or I do not intend to take SPL (or claim ShPP, where relevant)
- I declare that my partner has given notice to their employer to take SPL and/or ShPP
- I consent to my partner's claim for SPL and/or ShPP

SECTION C	Signature (must be completed)
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Signature of birth parent / mother		Date signed	
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Form 4	Notification that partner is intending to take SPL (for partner's employer)	
SECTION A	General (must be completed)	
<p>Please accept this as notification that I (the partner) am entitled to and intend to take SPL (and ShPP if section C is completed).</p>		
	Partner's last name	
	Partner's first name(s)	
	Birth parent/ mother's surname	
	Birth parent/ mother's first name(s)	
	Birth parent/ mother's address	
	Birth parent/ mother's National Insurance number (<i>put 'none' if no number is held</i>)	
	Expected date of child's birth	
	Actual date of child's birth (<i>if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL</i>)	
SECTION B	Maternity entitlement details (all answers that apply must be completed)	
	Start date of birth parent/ mother's maternity leave (if applicable)	
	End date of birth parent/ mother's maternity leave (if applicable)	
	Total number of weeks of maternity leave taken (or that will be taken) when maternity leave ends	
	Start date of SMP or MA (if applicable)	
	End date of SMP or MA (if applicable)	
	Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
	Total number of weeks SMP or MA will be reduced by (<i>39 weeks less total number of weeks SMP or MA has been paid or will have been paid at date of curtailment</i>)	
SECTION C	Amount of SPL available (must be completed)	
<p>The total number of weeks of SPL created depends on the birth parent/ mother's leave and pay entitlements.</p> <ul style="list-style-type: none"> • If the birth parent/ mother was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks maternity leave taken • If the birth parent/ mother was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken • If the birth parent/ mother was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid • If the birth parent/ mother previously revoked her curtailment notice any SPL that was taken by the partner must be deducted 		
	Total number of weeks of SPL created (50 max)	
	Total number of weeks of SPL I (the partner) intend to take	
	Total number of weeks of SPL the mother intends to take (if applicable)	

SECTION D	Partner's leave plans (must be completed but is not binding)		
I (<i>the partner</i>) currently expect to take SPL as follows: <i>(Note: It can help to answer this as 'from...to...')</i>			
SECTION E	Amount of ShPP available (only if claiming ShPP)		
Total number of weeks of ShPP created (<i>39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation</i>)			
Total number of weeks of ShPP I (<i>the partner</i>) intend to take			
Total number of weeks of ShPP the birth parent/ mother intends to take			
I (<i>the partner</i>) currently expect to take ShPP as follows: <i>(Note: It can help to answer this as 'from...to...')</i>			
SECTION F	Partner's declaration (must be completed)		
<p>The following points apply in all circumstances:</p> <ul style="list-style-type: none"> • I am giving notice that I am entitled to and intend to take SPL • I am the father of the child, or at the time of the birth I was (or will be) the birth parent/mother's spouse, civil partner and/or partner living with them and the child in an enduring relationship • I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due • I will remain employed with this employer until any period of SPL that I intend to take • I had (or will have) shared responsibility for the care of our child at the time of the child's birth (along with the child's birth parent/ mother who has made the declaration below) • I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice • I will give my employer the name and address of the birth parent/ mother's employer or a declaration that they do not have an employer if my employer asks for this within 14 days of the date of this notice • I will inform my employer immediately if I am no longer caring for our child or if my partner revokes their notice to curtail her maternity leave or SMP/MA period • The information provided in this declaration is accurate and meets the notification requirements for SPL <p>The following points only apply if Section E has been completed:</p> <ul style="list-style-type: none"> • I am giving notice that I am entitled to and intend to take ShPP • I have been (or will be) paid at least the Lower Earnings Limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth • I intend to care for my child in the weeks I receive ShPP • I will be absent from work in each week in which I will be paid ShPP and I will be on SPL in those weeks (if entitled to SPL) • I will remain employed with this employer until before the date of my first period of ShPP • The information provided in this declaration is correct 			
Signature of Partner			Date signed
SECTION G	Birth parent/ mother's declaration (must be completed)		
<p>The following points apply in all circumstances:</p> <ul style="list-style-type: none"> • I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above) • I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA. 			

- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth
- I have (or will have) earned in total at least £... in 13 weeks of the 66 weeks before the expected week of birth
- I will immediately inform my partner if I revoke my notice to curtail my maternity leave or, if I am not entitled to maternity leave, my SMP or MA entitlement
- I consent to my partner's intended SPL as set out in Section D above
- I consent to my partner's employer processing the information I have provided
- The information provided in this declaration is accurate and meets the notification requirements for SPL

The following points only apply if Section E has been completed:

- I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP
- I consent to my partner's intended ShPP as set out in Section E above
- I will immediately inform my partner if I revoke the reduction of my SMP or MA
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided. The information provided in this declaration is correct

Signature of birth parent / mother		Date signed	
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4 PARENTAL BEREAVEMENT LEAVE AND PAY

You and your partner / spouse may be able to take time off work if your child dies before they turn 18 years of age, or if you have a stillbirth after 24 weeks of pregnancy.

You can take 2 weeks' leave from the first day of your employment for each child who has died or was stillborn if you're eligible. You can take:

- 2 weeks together
- 2 separate weeks of leave
- only one week of leave

A week is the same number of days that you normally work in a week. Example: A week of Parental Bereavement Leave would be 2 days if you only work on Mondays and Tuesdays.

Statutory Parental Bereavement Pay

To get Statutory Parental Bereavement Pay, you must have been **continuously employed by your employer for at least 26 weeks up to the end of the 'relevant week'** (if not you can still take parental bereavement leave without pay). The 'relevant week' is the week (ending with a Saturday) immediately before the week of the death or stillbirth. You must also:

- continue to be employed up to the day the child dies or is stillborn
- earn on average £120 a week before tax (gross) over an 8 week period
- give your employer the correct notice and information for Statutory Parental Bereavement Pay

The leave:

- can start on or after the date of the death or stillbirth
- must finish within 56 weeks of the date of the death or stillbirth

You'll be able to get either £151.97 a week or 90% of your average weekly earnings (whichever is lower) if you're eligible.

✓ You are entitled to Statutory Bereavement Pay if you have been continuously employed for ≥ 26 weeks

✗ You are NOT entitled to Statutory Bereavement Pay if you have been employed continuously for ≤ 26 weeks

Any money you get is paid the same way as your wages, for example weekly or monthly, along with deductions for tax and National Insurance.

How to claim

You have 56 weeks to take Parental Bereavement Leave or claim Statutory Parental Bereavement Pay through your employer. This starts from the date of the child's death. You can take 2 weeks leave in one block or as 2 separate blocks of one week. The 56 weeks are split into 2 periods:

- from the date of the child's death or stillbirth to 8 weeks after
- 9 to 56 weeks after the date of the child's death or stillbirth

You must give your employer notice before you take Parental Bereavement Leave. How much notice depends on when you are taking the leave.

- **0 to 8 weeks after the child's death or stillbirth:** You must give your employer notice before you would normally start work on the first day of the week or weeks you want to take off work.
- **9 to 56 weeks after the child's death or stillbirth:** You must give your employer at least one week's notice before the start of the week or weeks you want to take off work.

Giving your employer notice

You must tell your employer:

- the date of the child's death or stillbirth
- when you want your parental bereavement leave to begin
- how much leave you are taking - either 1 or 2 weeks

*You can speak to your employer by phone, leave a voicemail, send a text message or an email. You do not need to give them notice in writing (for example through a form or letter). **You do not need to give proof of death or stillbirth.***

You must ask for Statutory Parental Bereavement Pay within 28 days, starting from the first day of the week you're claiming the payment for. Each time you claim, you must give your employer the following information in writing (for example a letter, email or form):

- ✓ your name
- ✓ the dates of the period you want to claim Statutory Parental Bereavement Pay
- ✓ the date of the child's death or stillbirth

You'll also need to give a 'declaration' to your employer to confirm you're **eligible because of your relationship to the child or baby**. You only need to complete this once when you first ask for pay. You can:

- ✚ complete the declaration form online at https://www.tax.service.gov.uk/submissions/new-form/claim-statutory-parental-bereavement-pay/one-per-user?_ga=2.126292165.973261042.1630396722-1978135157.1620835845 - this takes 5 minutes
- ✚ declare in writing you're eligible because of your relationship to the child or baby
- ✚ use your employers own form if they have one

Once you've completed your declaration, you'll need to send it to your employer. They'll check your information and your eligibility.

More detailed information can be found at:

- ✚ <https://www.gov.uk/parental-bereavement-pay-leave>
- ✚ <https://www.gov.uk/parental-bereavement-pay-leave/how-to-claim>
- ✚ <https://www.gov.uk/parental-bereavement-pay-leave/what-you-can-get>
- ✚ <https://www.gov.uk/parental-bereavement-pay-leave/check-if-youre-eligible>

Name in Full														
Relationship to the child and a Declaration (please write 'V' in the space provided as appropriate):														
I am the biological parent, or their partner						Yes		No						
I am the adoptive parent, or their partner						Yes		No						
I am a surrogate parent, or their partner						Yes		No						
I am a parent, or the partner of a parent, who has used a surrogate						Yes		No						
I or my partner provided day to day care to the child for the 4 weeks before their death						Yes		No						
or Was this an Adoption:														
I have an adoption order or parental order been made for the child?						Yes		No						
My child was born to a surrogate						Yes		No						
When do you want your parental bereavement pay to start?				day		month		year						
How many weeks of parental bereavement pay do you want to claim? (you can claim 2 weeks together, or 1 week now and a second week later)														
2 weeks		Yes		No		1 week (you will have to complete this form again when you wish to claim your second week)				Yes		No		
<i>The information provided in this declaration is correct</i>														
Signature											Date			

5	ILL HEALTH / DISABLED / FRAIL FAMILY MEMBER THAT REQUIRES LOOKING AFTER								
I have a	ill		disabled		frail		other		family member
<i>and I would like to (for example reduce my hours of work, etc., please specify below what your requirements are)</i>									
<i>We would appreciate 4 weeks (28 days) notice</i>									
Signature of Employee						Date			
D	ANY OTHER CHANGE(S) YOU MAY WISH TO INFORM US ABOUT								
Signature of Employee						Date			