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|  | Aberdeen City Council | Appendix 3 |

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| **APPLICATION FOR SUPPORT/PATERNITY LEAVE** |

(Please read the Support/Paternity Guidance before completing this application)

**INTRODUCTION**

You will be entitled to one week of **maternity and adoption support leave** and you may also qualify for one week of **ordinary paternity leave** (see guidance for qualifying criteria),

if you are the baby’s father, or the partner or nominated carer \* of an expectant mother at or around the time of the birth/adoption placement/surrogacy birth (whichever applies).

This application should be submitted to your line manager as soon as it is known what dates will be required and no later than 28 days before the expected date of childbirth/adoption placement/surrogacy birth (whichever applies).

NB \* a nominated carer is a person nominated by the mother to assist in the care of the baby and to provide support to the mother at or around the time of the birth (assuming the biological father or mother’s partner is unable to undertake the role).

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| **1. APPLICATION** | | |
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| I hereby give notice that I wish my support/paternity leave to start on:- |  | (date) |
| I want to be away from work for one/two\* weeks (\*delete as appropriate) | | |

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| **2. PERSONAL DETAILS** | | |
| Please indicate by ticking one option whether you are applying for support/paternity leave as:   |  |  |  |  | | --- | --- | --- | --- | | The baby’s biological father |  | The partner of the expectant mother |  | | The primary adopter’s partner |  | A surrogacy parent |  | | The nominated carer of the expectant mother \* |  | ………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………… |  | | (\* If you are the nominated carer, provide reasons as to why you have been chosen detailing why the father/partner is unable to provide such support.) | | | | | | | |
| Name (in full): | |  |
| Employee Ref. No. | |  |
| Service/Directorate: | |  |
| Location: | |  |
| Job Title: | |  |
| Line Manager: | |  |
| Name of expectant mother/adoptive parent/surrogacy parent: |  | |
| Expected date of childbirth/adoption placement/surrogacy birth: |  | |

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| **3. DECLARATION AND SIGNATURE** | | | |
| **If applying as the biological father or partner of the expectant mother:-** | | | |
| With reference to the Support/Paternity Guidance, I declare that I am applying for support/paternity leave in accordance with the Guidance, to provide support to the above mentioned mother at or around the time of the birth and to assist in the care of the baby and will have responsibility for the child’s upbringing. I have previously submitted a copy of the MAT B1 Certificate or a letter from the midwife. | | | |
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| **Signed:** |  | **Date:** |  |

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| **If applying as the nominated carer:-** | | | |
| With reference to the Support/Paternity Guidance, I declare that I am applying for support/paternity leave in accordance with the Guidance, to provide support to the above mentioned mother at or around the time of the birth and to assist in the care of the baby and I confirm that I will have sole responsibility for paternity care. I have previously submitted a copy of the MAT B1 Certificate or a letter from the midwife. | | | |
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| **Signed:** |  | **Date:** |  |

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| **If applying as the primary adopter’s partner:-** | | | |
| With reference to the Support/Paternity Guidance, I declare that I am applying for support/paternity leave in accordance with the Guidance, to provide support to the above mentioned adoptive parent at or around the time of the child’s placement to assist in the care of the child and I confirm that I will have sole responsibility for paternity care. I have previously submitted a copy of the matching Certificate. | | | |
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| **Signed:** |  | **Date:** |  |
| **If applying as a surrogacy parent:-** | | | |
| With reference to the Support/Paternity Guidance, I declare that I am applying for support/paternity leave in accordance with the Guidance, to provide support to the above mentioned surrogacy parent at or around the time of the surrogacy birth to assist in the care of the baby and I confirm that I will have sole responsibility for paternity care. I have previously submitted a copy of the parental order. | | | |
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| **Signed:** |  | **Date:** |  |

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| **4. FOR HR SERVICE CENTRE USE** | | | | | | | | | | | | | | | | | |
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| Eligibility for support/paternity leave verified | | | | | | Initials | | |  | | | | Date | |  | | |
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| EWOC | |  | | | |  | | | | | | |  | | | | |
| EW of adoption placement ……………………………………………………………………………………………………………………………………………………………………………………  EW of surrogacy birth ……………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | |
| |  | | --- | | Above LEL for NI |   Continuous Service \* Start Date | | | | YES / NO | | Weekly rate of pay | | | | | | |  | | | | |
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| \* Continuous service means any previous employment with councils, employers listed in the Redundancy Payment (Local Government) (Modification) Order 1990 (as amended) and any other employment deemed by the council to be relevant, shall be counted as continuous service (as defined in the Employment Rights Act 1996) subject to a gap in employment not exceeding one working week.  Tick box below that applies (**for payroll purposes**) | | | | | | | | | | | | | | | | | |
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| a) | Employee qualifies for normal contractual pay for one week of Support Leave. | | | | | | | | | | | | | | |  |  |
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| b) | Employee qualifies for SPP for one week of Ordinary Paternity Leave. | | | | | | | | | | | | | | |  |  |
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| c) | Employee does not qualify for SPP and therefore not eligible for one week’s Ordinary Paternity Leave. | | | | | | | | | | | | | | |  |  |
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| Appropriate letter sent to employee | | | | | | **Initials** | |  | | | | **Date** | |  | | | |
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