NOTIFICATION OF PREGNANCY FORM

The Management of Health and Safety at Work Regulations 1999 require employers to assess any risks to pregnant employees. This includes the use of hazardous substances, manual handling and dealing with violence and aggression.

**It is important that you complete this form and give it to your Line Manager as early as possible into your pregnancy, so that the risk assessment can be carried out.**

Please note that this form is not your application for maternity leave. To apply for maternity leave you should complete the **Application for Maternity Leave** form and give it to your Line Manager no later than 21 days before maternity leave begins (or as soon as possible).

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| **NAME (in full):** |  |
| **PAYROLL NUMBER:** |  |
| **SERVICE/ DIRECTORATE:** |  |
| **LOCATION:** |  |
| **JOB TITLE:** |  |
| **LINE MANAGER:** |  |

**I wish to notify you that I am pregnant. My expected date of childbirth is ……………….……… and I expect to start my maternity leave\* on ….............................**

**\*Your maternity leave can start at any time beginning with the 11th week before the expected week of childbirth. Maternity leave can start on any day of the week.**

**I will inform my Line Manager of the date I wish to start my maternity leave by completing the Application for Maternity Leave form and giving it to my Line Manager no later than 21 days before maternity leave begins (or as soon as possible).**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED:** |  | **DATE:** |  |

**Once completed and signed by the employee, this form should be sent to the HR Service Centre by the Line Manager.**