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APPLICATION FOR PATERNITY/PARTNER LEAVE

Becoming an Adoptive Parent

This form can be made available in large print and alternative formats, where required, on request from the HR Hub, tel: 02890 973000.

Please return this form to the HR Hub, People and Culture Directorate within 7 days of notification by the adoption agency of having been matched with a child for adoption. Paid ordinary paternity leave can only be authorised when the completed form has been received.

If it is not possible to give the required notice, complete this form as soon as possible and return it to the HR Hub, People and Culture Directorate, Level 4, Administration building. Alternatively an electronic copy can be emailed to hrhub@qub.ac.uk.

I HAVE READ THE PATERNITYPARTNER LEAVE PROCEDURE AND WISH TO ADVISE THE FOLLOWING:

Section 1 – Arrangements

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| I was informed by the adoption agency that I have been matched with a child on: | (dd/mm/yyyy) |
| The child is expected to be placed on: | (dd/mm/yyyy) |
| If the child has been placed, enter the date the placement commenced: | (dd/mm/yyyy) |
| I wish to take statutory paternity leave as follows, complete as appropriate2 weeks, to commence on …………………………………..… and end on ………………………………..*OR*1 week to commence on …………………………………….. and end on ………………………………..Note:The 2 weeks of statutory paternity leave must be taken within 56 calendar days of the placement of the child and can only be taken as one individual week or as two consecutive weeks. It cannot be taken as two individual weeks. |
| I wish to take the 5 days enhanced paternity/partner leave as follows:Note:The 5 days/1 week of enhanced paternity leave must be taken within 4 months of the placement of the child and may be taken as an individual week or as required in consultation with the Head of School/ Department/Unit. |

PLEASE ENSURE THAT THE DETAILS ON THE NEXT PAGE ARE ALSO COMPLETED BEFORE RETURNING THE FORM TO THE HR HUB. PLEASE FORWARD A COPY OF YOUR COMPLETED FORM TO YOUR HEAD OF SCHOOL/DEPT/UNIT. SHOULD THE DATES OF YOUR PATERNITY/PARTNER LEAVE CHANGE PLEASE KEEP YOUR HEAD OF SCHOOL/DEPT/UNIT INFORMED.

Section 2 – Applicant Details

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| *I DECLARE THAT I AM ELIGIBLE FOR PAID PATERNITY/PARTER LEAVE AS OUTLINED IN THE UNIVERSITY’S PROCEDURE.* |
| Staff Number: |  |
| Full name:  |  |
| Position: |  |
| School/Department/Unit: |  |
| Staff Category (eg. Academic, Clerical) |  |
| Applicant’s Signature: |  |
| Date: |  |

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| For Official Use Only |
| Date received by People and Culture Directorate Database entry   |
| Date uploaded to DMS for retrieval by the salaries office. |

The original application will be retained on the individual’s personal file. A copy will also be forwarded to the Finance Department.

The University is committed to promoting equality of opportunity for all staff irrespective of their sex, marital status, perceived religion, political opinion, racial group, sexual orientation, age, having a disability or having dependants.

The information contained on this application form will be used in conjunction with information already held on the Diversity and Inclusion Unit’s database to monitor the take-up of and the impact of the University’s work life balance/family friendly arrangements and the implementation of its Equality and Diversity policy.