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| **APPLICATION FOR ADOPTION LEAVE – SJC/ Chief Officers/ Councillors****ADOPTING FROM OVERSEAS** |

To be completed by all Primary Adopters and sent to HRSS within at least 7 days before the child enters the UK to live with you (or as soon as is practicable in the circumstances). Please see section B of the Family Friendly Policy.

|  |  |
| --- | --- |
| Full Name: |  |

|  |  |
| --- | --- |
| Home Address: |  |
|  |
| Post Code: | Home Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Tel No: |  | Work Tel No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No :  |  | Department: |  |

|  |  |
| --- | --- |
| Name of Line Manager or Head Teacher: |  |

|  |  |
| --- | --- |
| Line Manager informed | Yes/No (Please delete as appropriate)If no please do so as soon as possible. |

|  |  |
| --- | --- |
| 1. | Certificate of Eligibility and proof of the child’s entry into the UK □ Attached □ To Follow  |

*If not attached, please submit as soon as possible. Failure to do so could delay your adoption pay arrangements.*

|  |  |
| --- | --- |
| 2. | *I understand that to be eligible for Adoption Leave & Pay I must:** Have been confirmed by the UK authority, as being eligible and approved as a suitable adoptive parent and
* Have been notified of the date the child is to enter/has entered the UK and
* Begin Adoption Leave from the child’s date of entry into the UK or within 28 days of this date.

Signature:……………………………………………………… Date: …………………………….. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | “I wish to start my Adoption Leave on” | Date: |  / / |

**OCCUPATIONAL ADOPTION PAY (OAP)**

Should you be entitled to receive 12 weeks at half of a week’s contractual pay, you may choose whether or not to receive this payment during your Ordinary Adoption Leave period.

If you choose to receive the payment you will be required to repay the sums received if you do not comply with the undernoted conditions. Please sign below to demonstrate your understanding of this and indicate your preference.

|  |  |
| --- | --- |
| **OPTION 1 –****OAP** | “I wish to receive 12 weeks at half of a week’s contractual pay on my normal pay dates. I understand that if I do not return to work and remain at SBC for at least 3 months after my Adoption Leave, I must repay the full amount received less tax, etc.”. |
| Signed: |  | Date: |  / / |

|  |  |
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| **OPTION 2 –****OAP** | “I do not wish to receive 12 weeks at half of a week’s contractual pay during my Adoption Leave. I understand that if I return to work the sum due will be paid to me in a lump sum. I also understand that if I do not remain at SBC for at least 3 months after my return, I must repay the full amount received.” |
| Signed: |  | Date: |  / / |

**SHARED PARENTAL LEAVE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you intend to take Shared Parental Leave? |  | Yes □No □ |

**Please ensure a copy of this completed form is sent immediately to:**

 **HRSS, Old School Building, Newtown St Boswells.**

**E-mail: personnel@scotborders.gov.uk**