**APPLICATION FOR FOSTERING LEAVE (Fostering for adoption)**

**This form must be completed and authorised by your manager at least 28 days before the date the fostering leave is due to start. Please pass the form onto your manager with your original Matching Certificate/Letter. Your application cannot be processed without this.**

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| **Part 1 – To be completed by the employee:** |
| Full Name |  |
| Home address |  |
| Home Telephone No. |  |
| Job Title |  |
| Contracted hours |  |
| Fixed term expiry date (if applicable) |  |
| Division / Ward / Dept. |  |
| NHS start date |  |
| Agency Name & Address  |  |
| Name & Date of Birth of Child/Children to be placed |  |
| Date of Notification (date on which the Agency notifies the Foster carer they have been matched with a child/children) |  |
| Expected date of fostering placement |  |
| Date employee intends to commence Fostering Leave |  |
| Do you intend to return to work? | YES/NO **(delete as applicable)** |
| Date of planned return, if known |  |
| **Please complete this if you are not returning to work:** |
| I certify that the above details are correct. |
| **Signed:**  |  | **Date:** |  |
| **Please complete this if you are returning to work:** |
| I agree to abide by the regulations as outlined in the Trust Family Leave Guidance.I certify that the above details are correct. |
| **Signed:**  |  | **Date:** |  |

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| **Part 2 – To be completed by the employee’s manager:** |
| I certify that, to the best of my knowledge, the above details are correct. |
| Name (Print) |  |
| Home address |  |
| Job Title |  |
| If the employee is not returning, has a termination form been completed? | YES/NO |
| **Signed:**  |  | **Date:** |  |

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| **Part 3 – For Pay Services Use** |
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