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| **APPLICATION FOR ADOPTION LEAVE – Teaching**  **ADOPTING FROM WITHIN THE UK** |

To be completed by all nominated Adopters and sent to HRSS within at least 7 days of being notified by the Adoption Agency that you have been matched with a child for adoption (or as soon as is practicable in the circumstances). Please see section B of the Family Friendly Policy.

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| Full Name: |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Employee No : |  | School / Location : |  |

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

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

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| 1. | Adoption Matching Certificate □ Attached □ To Follow |

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

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| 2. | *I understand that to be eligible for Adoption Leave & Pay I must:*   * Have been newly matched with a child by an approved adoption agency and * Have worked continuously for SBC for 26 weeks beginning with the week in which I have been notified of being matched with a child for Adoption and * Begin Adoption Leave from the date of placement or from a fixed date up to 14 days before the expected date of placement.   Signature:…………………………………… Date: …………………………….. |

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

**SHARED PARENTAL LEAVE**

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| --- | --- | --- | --- |
|  | 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**