

Maternity/Adoption/ Surrogacy Support Leave



Cyngor Bwrdeistref Sirol

Blaenau Gwent

County Borough Council

THIS FORM SHOULD BE COMPLETED AND RETURNED TO HRpayroll@blaenau-gwent.gov.uk

**WITH A COPY OF THE EXPECTANT MOTHER'S MAT B1 FORM
OR RELEVANT ADOPTION/SURROGACY DOCUMENTARY EVIDENCE**

PERSONAL DETAILS

Full Name:			
Home Address:			
Telephone Number:	Home:		Work:
Designation:			
Place Of Work:			
Staff Number:			
N.I. Number:			

LEAVE DATES

The baby is due on (expected week of childbirth)/date of child's placement	
If the baby has been born, please enter the actual date of birth	
I would like my maternity/adoption/surrogacy support leave to start on	

DECLARATION

For **maternity support leave and pay** you must be able to tick **TWO** of the three boxes below to be eligible:

- I am the carer nominated by the mother as their primary provider of support at, or around, the time of the birth.
- OR** I have responsibility for the child's upbringing.
- AND** I will take time off to support the mother or care for the child.

For **adoption/surrogacy support leave** you must be able to tick all **THREE** of the boxes below to be eligible:

- I am the adopter's/parent's spouse or partner.
- I have responsibility for the child's upbringing.
- I am taking time off to support the adopter/parent or care for the child.

DECLARATION OF NOMINATED CARER

At the time of the child's birth/placement, I am nominated as the Primary Provider of Support for:

If you are unclear of the definition of a nominated carer or require any further clarification prior to making this declaration, please contact OD. **Please note that if you have been nominated as a carer you must ensure that you are the SOLE PRIMARY CARER IN THE ABSENCE OF THE FATHER/PARTNER. A false declaration may result in disciplinary action.**

Signature of Expectant Mother/Adopter:		Date:	
Signature of Applicant:		Date:	
Manager's Authorisation:		Date:	