

Application for Membership of Employment Break Scheme

Please complete Part A and then ask your manager to complete section B

Part A: Staff Details

Name		
Address		
Contact details		
Job title		
Location		
Proposed Start date		
Length of break		
Reason for break	Care responsibility for child(ren)	
	Care responsibility for other dependants	
	Personal study/training/development (relevant to operational/service needs of the Trust)	
	Other (Please Specify)	

I confirm that I wish to apply for membership of the employment break scheme. I have read, understood the Trust Employment Break Scheme Guidance. I agree to participate in the scheme under the terms stated within the Agenda for Change terms and conditions and I can confirm that I have contacted the Pensions office with regard to my pension. Following this I wish / do not wish (delete as appropriate) to remain in the scheme of the duration of the employment break

Signed: _____

Date: _____

Part B

Manager's Comments/Approval

Please indicate whether you approve this application?
If No please give reasons

Yes No

If you approve the application please provide the following details:
Have you agreed with the scheme member their commitment to yearly professional updating/work experience whilst they are members of the scheme? Yes No

If yes please give details

Director Approval

Please indicate whether you approve this application?

Yes No

Signed: _____

Please sign and date the application form and forward to lch.hr@nhs.net

If membership of scheme has been approved please also forward a completed SW2 form to lch.sw@nhs.net with a copy of this form.

Signed: _____

Name: _____

Job Title: _____

Date: _____

A copy should be kept on an employee's personal file for monitoring purposes.