*PLEASE READ THE GUIDANCE NOTES AT THE END BEFORE COMPLETING*

**OPT IN FORM**

***SECTION A – BIRTH***

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | | |
| Expected Week of Child’s Birth |  | | |
| Child’s Date of Birth (if known) |  | | |
| Relationship to Child (please tick) | Mother | Father | Mother’s Partner |

|  |  |
| --- | --- |
| **Curtailment of Maternity Leave**  (**To Be Completed By Mother only)** | |
| I wish my maternity leave to end on: | (insert date) |

|  |  |  |
| --- | --- | --- |
| **Notice of Entitlement to Shared Parental Leave (SPL)** | | |
| [I]/[My Partner] took/will take ..……. weeks’ maternity leave from .………………….... to ……...……………  (insert dates) | | |
| We have ……… weeks’ SPL available to us, which we intend to split as follows:   * I intend to take ……………………… weeks’ SPL (whole weeks) * My Partner intends to take …………………………….. weeks’ SPL (whole weeks) | | |
| I would like to take SPL on the following dates: | (insert dates) | |
| Do you wish this to be treated as a Period of Leave notice\*? *(otherwise dates non-binding)* | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Notice of Entitlement to Shared Parental Pay (ShPP)** | | |
| [I]/[My Partner] received/will receive ….…. weeks’ [SMP]/[MA] from ………………….. to ………….….…..  (insert dates) | | |
| We have ……………………. Weeks’ ShPP available to us, which we intend to split as follows:   * I intend to take ……………………. Weeks’ ShPP (whole weeks) * My Partner intends to take ……………………. Weeks’ ShPP (whole weeks) | | |
| I would like to take ShPP on the following dates: | (insert dates) | |
| Do you wish this to be treated as notice to claim ShPP \*? *(otherwise dates non-binding)* | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Declaration of employee:**  NB PLEASE READ THE GUIDANCE SECTION VERY CAREFULLY AND TICK THE APPROPRIATE BOXES BEFORE SIGNING AND DATING WHERE INDICATED | | |
| I have satisfied or will satisfy the conditions set out in box 5A of the guidance (**Mother)** | | **□** |
| I have satisfied or will satisfy the conditions set out in box 5B of the guidance (**Partner/Father)** | | **□** |
| Relationship with the child – I am their…: | Mother | **□** |
| Father | **□** |
| Mother’s spouse | **□** |
| Mother’s civil partner | **□** |
| Mother’s partner | **□** |
| I have satisfied or will satisfy the conditions set out in box 4of the guidance | | **□** |
| It is my intention to care for the child during each week that I shall receive ShPP | | **□** |
| I shall be absent from work during the weeks for which I claim ShPP | | **□** |
| I will immediately inform you if I cease to care for the child or cease to be entitled to SPL | | **□** |
| I will immediately inform you if [my]/[my Partner’s] SMP/MA ceases to be curtailed | | **□** |
| The information in this notice is accurate | | **□** |
| Signed by: ………………………………………………..  Name (capitals): ……………………………………….  Date: ……………………………………………………….. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration of Partner:**  NB PLEASE READ THE GUIDANCE SECTION VERY CAREFULLY AND TICK THE APPROPRIATE BOXES BEFORE SIGNING AND DATING WHERE INDICATED | | | |
| Partner Name |  | | |
| Partner Address |  | | |
| Partner NI Number | My NI number is: | | **□** |
| I declare that I do not have a NI number | | **□** |
| I have satisfied or will satisfy the conditions set out in box 6A of the guidance(**Partner/Father)** | | | **□** |
| I have satisfied or will satisfy the conditions set out in box 6B of the guidance (**Mother)** | | | **□** |
| Relationship with the child – I am their…: | | Mother | **□** |
| Father | **□** |
| Mother’s spouse | **□** |
| Mother’s civil partner | **□** |
| Mother’s partner | **□** |
| I will immediately inform the employee if I have not curtailed my maternity leave/pay/MA, or if I revoke any indication to curtail the same (**Mother only**) | | | **□** |
| I consent to the amount of leave which the employee intends to take | | | **□** |
| I consent to the employee’s claim for statutory ShPP (if any) | | | **□** |
| I consent to the employer processing this information (and sharing it with my employer) | | | **□** |
| Signed by: ………………………………………………..  Name (capitals): ……………………………………….  Date: ……………………………………………………….. | | | |

**OPT IN FORM**

***SECTION B – ADOPTION***

|  |  |  |
| --- | --- | --- |
| Employee Name |  | |
| Date notified of adoption match |  | |
| Date Child expected to be placed |  | |
| Date Child actually placed |  | |
| Relationship to Child (please tick) | Adopter | Adopter’s Partner |

|  |  |
| --- | --- |
| **Curtailment of Adoption Leave**  (**To Be Completed By Adopter only)** | |
| I wish my adoption leave to end on: | (insert date) |

|  |  |  |
| --- | --- | --- |
| **Notice of Entitlement to Shared Parental Leave (SPL)** | | |
| [I]/[My Partner] took/will take ..……. weeks’ adoption leave from .………………….... to ……...……………  (insert dates) | | |
| We have ……… weeks’ SPL available to us, which we intend to split as follows:   * I intend to take ……………………… weeks’ SPL (whole weeks) * My Partner intends to take …………………………….. weeks’ SPL (whole weeks) | | |
| I would like to take SPL on the following dates: | (insert dates) | |
| Do you wish this to be treated as a Period of Leave notice\*? *(otherwise dates non-binding)* | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Notice of Entitlement to Shared Parental Pay (ShPP)** | | |
| [I]/[My Partner] received/will receive ...….…. weeks’ SAP from …………………..… to ..…………….….…..  (insert dates) | | |
| We have ……………………. Weeks’ ShPP available to us, which we intend to split as follows:   * I intend to take ……………………. Weeks’ ShPP (whole weeks) * My Partner intends to take ……………………. Weeks’ ShPP (whole weeks) | | |
| I would like to take ShPP on the following dates: | (insert dates) | |
| Do you wish this to be treated as notice to claim ShPP \*? *(otherwise dates non-binding)* | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Declaration of employee:**  NB PLEASE READ THE GUIDANCE SECTION VERY CAREFULLY AND TICK THE APPROPRIATE BOXES BEFORE SIGNING AND DATING WHERE INDICATED | | |
| I have satisfied or will satisfy the conditions set out in box 11Aof the guidance (**Adopter only)** | | **□** |
| I have satisfied or will satisfy the conditions set out in box 11Bof the guidance (**Partner only)** | | **□** |
| Relationship with the child – I am their…: | Adopter | **□** |
| Adopter’s spouse | **□** |
| Adopter’s civil partner | **□** |
| Adopter’s partner | **□** |
| I have satisfied or will satisfy the conditions set out in box 10of the guidance | | **□** |
| It is my intention to care for the child during each week that I shall receive ShPP | | **□** |
| I shall be absent from work during the weeks for which I claim ShPP | | **□** |
| I will immediately inform you if [my]/[my Partner’s] SAP ceases to be curtailed | | **□** |
| I will immediately inform you if I cease to care for the child or if I or my Partner cease to be entitled to SPL. I will inform you if the adopter ceases to be entitled to SAL or SAP | | **□** |
| The information in this notice is accurate | | **□** |
| Signed by: ………………………………………………..  Name (capitals): ……………………………………….  Date: ……………………………………………………….. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration of Partner:**  NB PLEASE READ THE GUIDANCE SECTION VERY CAREFULLY AND TICK THE APPROPRIATE BOXES BEFORE SIGNING AND DATING WHERE INDICATED | | | |
| Partner Name |  | | |
| Partner Address |  | | |
| Partner NI Number | My NI number is: | | **□** |
| I declare that I do not have a NI number | | **□** |
| I have satisfied or will satisfy the conditions set out in box 12Aof the guidance (**Partner only)** | | | **□** |
| I have satisfied or will satisfy the conditions set out in box 12Bof the guidance (**Adopter only)** | | | **□** |
| Relationship with the child – I am their…: | | Mother | **□** |
| Father | **□** |
| Mother’s spouse | **□** |
| Mother’s civil partner | **□** |
| Mother’s partner | **□** |
| I consent to the amount of leave which the employee intends to take | | | **□** |
| I consent to the employee’s claim for statutory ShPP (if any) | | | **□** |
| I will immediately inform the employee if I have not curtailed my adoption leave/pay, or if I revoke any indication to curtail the same (**Adopter only**) | | | **□** |
| I consent to the employer processing this information (and sharing it with my employer) | | | **□** |
| Signed by: ………………………………………………..  Name (capitals): ……………………………………….  Date: ……………………………………………………….. | | | |

**OPT IN FORM FOR SHARED PARENTAL LEAVE**

**GUIDANCE DOCUMENT**

Please read the contents of this guidance document carefully before completing the Opt In Form.

Please also refer to our policy on Shared Parental Leave, which this guidance supplements.

If you have any questions on this guidance, or the form, please refer these to **[insert name]**.

Employees who wish to take Shared Parental Leave are required to “opt in” to the scheme; the default position is that maternity/paternity/adoption leave will be taken by qualifying employees.

To take Shared Parental Leave, you must provide us with two forms, both of which must be received at least 8 weeks’ prior to the first period of leave that you wish to take.

This is the first form that you must complete and submit and it gives us notice that you wish to “opt in” to the scheme.

The second form stipulates when you want to take your Shared Parental Leave, and is called a “period of leave” notice. You may submit this at the same time as you submit this form, or you may do so separately, so long as it is submitted to us at least 8 weeks before the date you wish to start your leave.

When completing this form, please only complete the section relevant to your personal circumstances.

If you are completing this form in relation to the birth of a child, please complete **Section A – Birth**.

If you are completing this form in relation to the adoption of a child, please complete **Section B – Adoption**.

Section A – Birth

***Definitions***

“Partner” means your spouse, civil partner or someone living with you in an enduring family relationship (in the case of adoption this must be at the time the child is placed for adoption), but not your sibling, child, parent, grandparent, grandchild, aunt, uncle, niece or nephew.

“Expected Week of Childbirth” (“EWC”) means the week (beginning with a Sunday) in which the child’s due date falls.

“Relevant Week” – the week immediately preceding the 14th week before the EWC.

“SML” means Statutory Maternity Leave

“SMP” means Statutory Maternity Pay

“MA” means Maternity Allowance

***Completing the Form***

1. The opening section of this form asks for basic information regarding you and your Partner, as well as the date that your child is due to be born. If your child has already been born, please also specify his/her date of birth. If your child has not already been born, please provide us with notification of his/her date of birth as soon as reasonably practicable. We also require a copy of his/her birth certificate at your earliest convenience. In certain circumstances, you may be required to provide us with a declaration as to the date and location of your child’s birth, if no birth certificate has been obtained prior to the first planned period of leave.
2. **Curtailment of Maternity Leave** – if you are the mother, you are required to curtail your maternity leave, or return to work, before either you or your Partner can take Shared Parental Leave. We require 8 weeks’ notice before you can take any Shared Parental Leave (by completing and submitting Form 2 – Period of Leave Notice). You are therefore required to either curtail your maternity leave in advance or must submit both forms together, at least 8 weeks before you want to start your first period of leave.
3. **Notice of Entitlement to Shared Parental Leave (“SPL”) –** here you must complete details of any maternity leave taken by you or your Partner. If a section has options in brackets (e.g. [I]/[My Partner]) please delete as applicable to indicate which is applicable to your situation. We also need to know how much SPL is available to you and your Partner and how you plan to split that allowance. You can calculate the allowance by deducting the number of weeks’ maternity leave taken from 52. Please remember that the mother **must** take off the first two weeks after birth as this is a legal requirement – it is a mandatory period of compulsory maternity leave (increased to four weeks for factory workers). The remaining 50 weeks can be divided by each parent as you see fit. Please also give us an indication as to which dates you plan to take your leave – this is non-binding unless you circle “Yes” to ask us to treat this section of the form as one of your 3 period of leave notices.
4. **Notice of Entitlement to Shared Parental Pay (“ShPP”)** – here you must set out how much Statutory Maternity Pay (“SMP”) or Maternity Allowance (“MA”) you/your Partner have received. You must also set out how much ShPP is available to you and your Partner and how you plan to split that allowance. You can calculate the allowance by deducting the number of weeks’ maternity pay taken from 39. Bear in mind (as above) that the first two (or four) weeks’ of maternity leave is compulsory.

|  |
| --- |
| 4   * I have or will have been continuously employed for 26 weeks ending with the relevant week * I will remain employed up to and including the week before SPL starts * My normal weekly earnings are not less than the lower earnings limit in force (for the period of 8 weeks ending with the relevant week) |

1. **Declaration of Employee** – in order to “opt in” to the SPL scheme you must complete this declaration. Please read the options very carefully. Only one of the boxes set out below will apply to you, depending on whether you are the mother or the mother’s Partner. You need to tick the correct one on the form. The conditions to which you are signing your agreement are:

|  |  |
| --- | --- |
| **5A**  **I am the mother and….**   * I have or will have been continuously employed for 26 weeks ending with the relevant week * I will remain employed up to and including the week before SPL starts * I have main responsibility for the child (other than my Partner) * I hereby submit a notice of entitlement * I have given or will give my employer any evidence requested * I have submitted or will submit a “period of leave” notice * I am entitled to statutory maternity leave * I have curtailed my maternity leave or otherwise returned to work | **5B**  **I am the mother’s Partner and…**   * I have or will have been continuously employed for 26 weeks ending with the relevant week * I will remain employed up to and including the week before SPL starts * I have main responsibility for the child (other than the mother) * I hereby submit a notice of entitlement * I have given or will give my employer any evidence requested * I have submitted or will submit a “period of leave” notice |

You must sign and date this declaration for it to be valid.

1. **Declaration of Partner** – this must be completed by your Partner in order for you to validly “opt in” to the SPL scheme. Please ask him/her to read the options very carefully. Only one of the eligibility boxes will apply to him/her, depending on whether they are the mother or the mother’s Partner. The penultimate box is to be completed only where your Partner is the mother of the child. By signing the consent box your Partner is agreeing to the information from the form being shared with your employer internally (including with management and human resources) and to the information being shared with their employer. Again, this declaration must be signed and dated to be valid.

|  |  |
| --- | --- |
| **6A**  **I am the Mother’s Partner and…**   * I have worked for 26 or more weeks out of the 66 weeks prior to the child’s due date * I have earned £30 or more for any 13 of those weeks * I have main responsibility for the care of the child (other than the mother) | **6B**  **I am the Mother and…**   * I have worked for 26 or more weeks out of the 66 weeks prior to the child’s due date * I have earned £30 or more for any 13 of those weeks * I have main responsibility for the care of the child (other than my Partner) * I am entitled to SML, SMP or MA * I have curtailed my SML, SMP or MA |

Section B – Adoption

***Definitions***

“Adopter” means the person with whom the child is being placed, or where a couple have been jointly matched, whichever of them has elected to be the child’s adopter for the purposes of the Paternity and Adoption Leave Regulations 2002.

“Partner” means your spouse, civil partner or someone living with you in an enduring family relationship (in the case of adoption this must be at the time the child is placed for adoption), but not your sibling, child, parent, grandparent, grandchild, aunt, uncle, niece or nephew.

“Relevant Week” –week in which the Adopter was notified of having been matched for adoption.

“SAL” means “Statutory Adoption Leave”

“SAP” means “Statutory Adoption Pay”

***Completing the Form***

1. The opening section of this form asks for basic information regarding you and your Partner, as well as the date that you were notified of having been matched for adoption and the date your child is due to be placed with you. We require evidence (as provided to you by the adoption agency) of these two dates, as well as the name and address of the agency. We also ask for the date on which the placement actually took place, if it has already happened. Otherwise we ask that you notify us as soon as possible after this date.
2. **Curtailment of Adoption Leave** – if you are the adopter, you are required to curtail your adoption leave, or return to work, before either you or your Partner can take Shared Parental Leave. We require 8 weeks’ notice before you can take any Shared Parental Leave (by completing and submitting Form 2 – Period of Leave Notice). You are therefore required to either curtail your adoption leave in advance or must submit both forms together, at least 8 weeks before you want to start your first period of leave.
3. **Notice of Entitlement to Shared Parental Leave (“SPL”) –** here you must complete details of any adoption leave taken by you or your Partner, along with details of how much Statutory Adoption Pay (“SAP”) you/your Partner have received. If a section has options in brackets (e.g. [I]/[My Partner]) please delete as applicable to indicate which is applicable to your situation. We also need to know how much SPL is available to you and your Partner and how you plan to split that allowance. You can calculate the allowance by deducting the number of weeks’ adoption leave taken from 52; this can then be divided by each parent as you see fit. Please also give us an indication as to which dates you plan to take your leave – this is non-binding unless you circle “Yes” to ask us to treat this section of the form as one of your 3 period of leave notices.
4. **Notice of Entitlement to Shared Parental Pay (“ShPP”)** – here you must set out how much Statutory Adoption Pay (“SAP”) you/your Partner have received. You must also set out how much ShPP is available to you and your Partner and how you plan to split that allowance. You can calculate the allowance by deducting the number of weeks’ maternity pay taken from 39. Bear in mind (as above) that the first two (or four) weeks’ of maternity leave is compulsory.

|  |
| --- |
| **10**   * I have or will have been continuously employed for 26 weeks ending with the relevant week * I will remain employed up to and including the week before SPL starts * My normal weekly earnings are not less than the lower earnings limit in force (for the period of 8 weeks ending with the relevant week) |

1. **Declaration of Employee** – in order to “opt in” to the SPL scheme you must complete this declaration. Please read the options very carefully. Only one of the boxes set out below will apply to you, depending on whether you are the adopter or the adopter’s Partner. You need to tick the correct one on the form. The conditions to which you are signing your agreement are:

|  |  |
| --- | --- |
| **11A**  **I am the adopter and….**   * I have or will have been continuously employed for 26 weeks ending with the relevant week * I will remain employed up to and including the week before SPL starts * I have main responsibility for the child (other than my Partner) * I hereby submit a notice of entitlement * I have given or will give my employer any evidence requested * I have submitted or will submit a “period of leave” notice * I am entitled to statutory adoption leave * I have curtailed my adoption leave or otherwise returned to work | **11B**  **I am the adopter’s Partner and…**   * I have or will have been continuously employed for 26 weeks ending with the relevant week * I will remain employed up to and including the week before SPL starts * I have main responsibility for the child (other than the adopter) * I hereby submit a notice of entitlement * I have given or will give my employer any evidence requested * I have submitted or will submit a “period of leave” notice |

You must sign and date this declaration for it to be valid.

1. **Declaration of Partner** – this must be completed by your Partner in order for you to validly “opt in” to the SPL scheme. Please ask him/her to read the options very carefully. Only one of the eligibility boxes will apply to him/her, depending on whether they are the adopter or the adopter’s Partner. The penultimate box is to be completed only where your Partner is the adopter of the child. By signing the consent box your Partner is agreeing to the information from the form being shared with your employer internally (including with management and human resources) and to the information being shared with their employer. Again, this declaration must be signed and dated to be valid.

|  |  |
| --- | --- |
| **12A**  **I am the adopter’s Partner and…**   * I have worked for 26 or more weeks out of the 66 weeks prior to the child’s due date * I have earned £30 or more for any 13 of those weeks * I have main responsibility for the care of the child (other than the adopter) | **12B**  **I am the adopter and…**   * I have worked for 26 or more weeks out of the 66 weeks prior to the child’s due date * I have earned £30 or more for any 13 of those weeks * I am entitled to SAL or SAP * I have curtailed my SAL or SAP * I have main responsibility for the care of the child (other than my Partner) |