**Form 2: Notification of Intention to take of Shared Parental Leave (Mother/Primary Adopter)**

**Declaration if you are the Mother/Primary Adopter and an employee of the University**

I would like to notify the University that I (the mother/primary adopter) am entitled to and intend to take Shared Parental Leave.

I note I must give notice of my entitlement and intent at least 8 weeks before the start of the Shared Parental Leave via the submission of this form.

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| **SECTION A: General** | | | |
| Name of Employee | |  | |
| Name of other parent | |  | |
| **SECTION B: Maternity Leave or Pay Details** | | | |
| Start Date of Maternity/Adoption Leave or Pay (or Maternity Allowance) | |  | |
| End Date of Maternity/Adoption Leave or Pay (or Maternity Allowance) | |  | |
| Expected date of Birth/ date of Placement (if adopted) | |  | |
| Actual Date of Birth/ Date of Placement (if adopted) | |  | |
| **SECTION C: Amount of Shared Parental Leave** | | | |
| Total amount of Shared Parental Leave available (in full weeks, e.g. 52 weeks minus the number of weeks maternity/adoption leave/pay taken or to be taken by the end date of maternity) | |  | |
| The Amount of Shared Parental Leave Employee Intends to Take, including dates (non-binding) | | Total weeks:  Dates: | |
| The Amount of Shared Parental Leave Employee’s Partner Intends to Take, including dates (non-binding) | | Total weeks:  Dates: | |
| Shared Parental Pay Scheme  (Please tick which scheme you are opting in to) | | University Shared Parental Leave Scheme    Statutory Shared Parental Leave Scheme | |
| **SECTION D: Employee’s Declaration** | | | |
| I confirm that the above information is accurate and that;   * I meet (or will meet by the start date) the eligibility conditions and am entitled to take Shared Parental Leave * I had (or will have) the main responsibility for the care of the child at the time of the child’s birth (along with my partner who has made the declaration below) * Should I cease to care for the child I will immediately inform the University * I am entitled to maternity leave, my maternity leave period is reduced and the remaining weeks are now available as SPL * I will give my employer a **copy of my child’s birth certificate** or a declaration of the date and place of birth (where no certificate is available) within 14 days of this notice or the child’s birth * I consent to Bangor University confirming the end date of my maternity/adoption leave and pay if my partner’s employer requests this information. I understand I may withdraw this consent at any time by contacting Human Resources via email or in writing. | | | |
| Signed |  | Date |  |
| **SECTION E: Other Parent’s Declaration** | | | |
| Name |  | | |
| Address |  | | |
| National Insurance Number  (State ‘none’ if no number is held) |  | | |
| Name and Address of Employer  (or state if self-employed) |  | | |
| I can confirm that the above information is accurate and that;   * At the date of the child’s birth or placement for adoption I shared main responsibility for the child/children with Bangor University’s employee as named above * I consent to the amount of Shared Parental Leave that the above employee intends to take, as set out in Section C * I am eligible for Shared Parental Leave and I will immediately inform the mother/primary adopter if I cease to satisfy the eligibility conditions * I consent to Bangor University processing information contained in this form * I consent to Bangor University contacting my employer to confirm Shared Parental Leave details and eligibility. I understand I may withdraw this consent at any time by contacting Human Resources via email or in writing. * I am the father of the child or the spouse/civil partner or partner of the mother/primary adopter | | | |
| Signed |  | Date |  |

**Return by email or post to: Catherine Hughes, Human Resources (Catherine.hughes@bangor.ac.uk)**