**Form 4: Notification of Intention to take of Shared Parental Leave (Partner of Mother/Primary Adopter)**

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

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

I note I must give notice of my entitlement 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 Mother/Primary Adopter | |  | |
| Expected date of Birth/ Date Employee was Notified of the Match (if adopted) | |  | |
| Actual Date of Birth/ Date of Placement (if adopted) | |  | |
| **SECTION B: Maternity Leave Pay Details** | | | |
| Start Date of Mother/Primary Adopter’s Maternity/Adoption Leave or Pay (or Maternity Allowance) | |  | |
| End Date of Mother/Primary Adopter’s Maternity/Adoption Leave or Pay (or Maternity Allowance) | |  | |
| **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) | |  | |
| Shared Parental Pay Scheme  (Please tick which scheme you are opting in to) | | University Shared Parental Leave Scheme    Statutory Shared Parental Leave Scheme | |
| The amount of Shared Parental Leave Employee Intends to Take, including dates (non-binding) | | Total weeks:  Dates: | |
| If applicable, the amount of Shared Parental Leave the Mother/Primary Adopter Intends to Take, including dates (non-binding) | | Total weeks:  Dates: | |
| **SECTION D: Employee’s Declaration** | | | |
| I confirm that the above information is accurate and that;   * I meet or will meet 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 the child’s mother/primary adopter who has made the declaration below) * I am the father of the child or the spouse/civil partner or partner of the mother/primary adopter * 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 * Should I or the child’s mother/primary adopter cease to care for the child I will immediately inform the University * Should the child’s mother/primary adopter revoke notice to curtail maternity leave, maternity pay or maternity allowance, I will immediately inform the University * I consent to Bangor University confirming the information in this form with mother/primary adopter’s employer if they request it. I understand I may withdraw this consent at any time by contacting Human Resources via email or in writing. | | | |
| Signed |  | Date |  |
| **SECTION E: Mother/Primary Adopters 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;   * I am the mother/primary adopter of the child * I have curtailed my maternity/adoption leave as indicated in Section B * I meet the employment and earnings test and I will immediately inform the Bangor University employee, as named above, if I cease to satisfy the eligibility conditions * At the date of the child’s birth or placement for adoption I shared main responsibility for the child with Bangor University’s employee as named above * I consent to the amount of Shared Parental Leave that the above employee intends to take * I consent to Bangor University processing information contained in this form * I consent to Bangor University contacting my employer to confirm maternity leave and pay details, Shared Parental Leave details, and Shared Parental Leave eligibility. I understand I may withdraw this consent at any time by contacting Human Resources via email or in writing. | | | |
| Signed |  | Date |  |

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