

**Clergy** **Shared Parental Leave - Notice of Entitlement Form**

Office holders who wish to take Shared Parental Leave to share the main caring responsibilities with the Other Parent/Partner must submit this form to their Archdeacon and the NDBF HR Manager at least 8 weeks before the intended start date of the first period of Shared Parental Leave. Please refer to CP-005 Clergy Shared Parental Leave Policy for further information.

NB. You cannot submit this notice until the child’s mother/you have submitted a signed Curtailment Notice to bring the maternity or adoption leave entitlement to an end or this notice is submitted at the same time as the Notice of Curtailment. This notice must be sent to the Archdeacon or DDO **and** the NDBF HR Manager.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section A: Basic Information** | | | | | | |
| Guidance notes. Shared Parental Leave may be shared between a child's mother and either the child's father or the person who, at the date of the child's birth, is her partner. Both parties must expect to share the main responsibility for the child's upbringing. | | | | | | |
| A1 | Office holder’s name | | | |  | |
| A2 | Relationship with the child  (i.e. mother / father / mother’s partner) | | | |  | |
| A3 | Child’s expected week of birth or expected placement date if adopting | | | |  | |
| A4 | Child’s actual date of birth (if known) | | | |  | |
| A5 | Child’s place of birth (if known) | | | |  | |
| A6 | Child’s name (if known) | | | |  | |
| **Section B: Maternity Leave, Statutory Maternity Pay or Maternity Allowance** | | | | | | |
| Guidance notes. If you are the mother, please give your maternity leave (ML) dates below. If you are still on ML you must also submit a maternity leave curtailment notice to bring your ML to an end. If you are the child's father or the mother's Partner, please give the mother's ML dates. If she is not entitled to statutory ML (for example, because she is an agency worker, self-employed or unemployed), give the dates she started and ended (or will end) her statutory maternity pay (SMP) or maternity allowance (MA) period as applicable. She must give her employer notice to curtail her ML or SMP period, or give notice to the Department for Work and Pensions to curtail her MA period as appropriate | | | | | | |
| B1 | Start dates of mother's maternity or adoption leave and maternity or adoption pay period (SMP or MA) | | | |  | |
| B2 | End dates of mother’s maternity or adoption leave and maternity or adoption pay period (SMP or MA) | | | |  | |
| B3 | Total number of weeks of mother’s maternity or adoption leave and maternity or adoption pay period (SMP or MA) | | | |  | |
| B4 | Partner's name | | | |  | |
| B5 | Partner's status (must be the mother or the father, a spouse, civil partner or partner and in every case the person who shares the main caring responsibilities - refer to the Company policy) | | | |  | |
| **Section C: Shared Parental Leave (SPL)** | | | | | | |
| Guidance notes. The total Shared Parental Leave (SPL) available is 52 weeks minus the mother's ML, SMP, or MA period (see B3). The first period of Shared Parental Leave cannot start until at least two weeks after the child is born or placed for adoption and at least eight weeks after you submit this opt-in notice. | | | | | | |
| C1 | Total SPL available (whole weeks) | | | |  | |
| C2 | Number of whole weeks’ SPL intended to be taken by you | | | |  | |
| C3 | Number of whole weeks’ SPL intended to be taken by the person you will share SPL with | | | |  | |
| C4 | Indication of start and end dates you would like to take Shared Parental Leave  NB. Any dates provided will be treated as non-binding until a Period of Leave Notice is given | | | | From: |  |
| To: |  |
| **Section D: Statutory Shared Parental Pay (SSPP)** | | | | | | |
| Guidance notes. The total statutory shared parental pay (SSPP) available is 39 weeks minus the mother's SMP or MA period (see B3) | | | | | | |
| C1 | Total SSPP available (whole weeks) | | | |  | |
| C2 | Number of whole weeks’ SSPP intended to be taken by the child’s mother | | | |  | |
| C3 | Number of whole weeks’ SSPP intended to be taken by the child's father/mother’s partner | | | |  | |
| C4 | Indication of dates you would like to take SSPP  NB. Any dates provided will be treated as non-binding until a Period of Leave Notice is given | | | |  | |
| **Section E: Office Holder’s Declaration** | | | | | | |
| Guidance notes. “Child” means the child referred to in Section A.  “Expected Week of Childbirth” or "EWC" means the week, beginning on a Sunday, in which the doctor or midwife expects your child to be born. | | | | | | |
| I am the Child’s mother/expectant mother, and I am entitled to statutory Maternity Leave/Adoption Leave. I have submitted a curtailment of maternity leave notice (or will submit it before the person I am sharing Shared Parental Leave (SPL) with takes SPL and at least eight weeks before the first date on which I intend to take SPL).\*  **or**  I am the child's father or the child's mother's Partner.\* *\*Delete as applicable.*  I had at least 26 weeks' continuous employment at the end of the 15th week before the expected week of childbirth (EWC) or placement for adoption and have remained continuously employed since then. My normal weekly earnings in the eight-week period ending with the 15th week before the EWC were not less than the lower earnings limit.  I expect to share the main responsibility for the care of the child with the person who has completed Section F. I intend to care for the child during each week that I am on Shared Parental Leave and receiving SSPP. I will immediately inform the Archdeacon and Finance Officer if I cease to care for the child, or to otherwise satisfy the conditions for entitlement to Shared Parental Leave or SSPP. The information I have given in this notice is accurate. | | | | | | |
| Signed: | |  | | Date: |  | |
| **Section F: Declarations by the person/Other Parent sharing SPL with the Office Holder** | | | | | | |
| Name | | |  | | | |
| Address | | |  | | | |
| NI Number | | |  | | | |
| Your employer’s name and address (if you are employed) or your business address if self-employed. | | |  | | | |
| I am the mother of the child, and I am (or was) entitled to ML, SMP or MA. I have curtailed my ML, SMP or MA, or will have done so by the time the office holder starts parental leave.\*  **or**  I am the child's father.\*  **or**  I am the Partner of the child's mother.\*  *\*Delete as applicable*  I expect to share the main responsibility for the care of the child with the office holder. I have worked in an employed or self-employed capacity in at least 26 of the 66 weeks immediately before the EWC. My average weekly earnings are at least £30, taking the 13 highest-earning weeks in the 66 weeks immediately before the EWC. I consent to the office holder taking Shared Parental Leave and claiming SSPP as set out in this notice and will immediately inform them if I cease to satisfy any of the conditions in this declaration. I consent to the information in this declaration being used for the purposes of administering Shared Parental Leave and pay. I consent to the office holder taking the amount of shared parental leave and claiming SSPP as set out in this Notice, and I consent to the information in this declaration being used and processed for the purposes of administering shared parental leave and pay. \* | | | | | | |
| Signed: | |  | | Date: |  | |