**Form 1: Notice of Intention and Entitlement to Take Neonatal Care Leave (Birth)**

I am submitting this form to give notice of my intention to take Neonatal Care Leave under the Neonatal Care Leave and Pay Act 2023.

I confirm that I have a qualifying family relationship with my child, entitling me to take this period of statutory Neonatal Care Leave

**Employee Details**

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Employee Number  |  |
| Department  |  |
| Line Manager |  |

**Child’s Details**

|  |  |
| --- | --- |
| Child’s Full Name  |  |
| D.O.B / placement date |  |
| Hospital Name  |  |
| Date Neonatal Care Began |  |
| Expected Duration of Neonatal Care (weeks) |  |

**Leave Request**

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| --- |
| Please tick one of the two options below: |
|[ ]  Tier 1 - taken flexibly while the child is still in neonatal care – this begins when your child starts receiving neonatal care and ends on the seventh day after your child is discharged. If you take neonatal care leave in the tier 1 period, you can take it in one continuous block or a number of non-continuous blocks of a minimum of one week at a time.  |
|[ ]  Tier 2 - taken in one continuous block after the child is discharged, within 68 weeks of birth. - This is any remaining period (within 68 weeks after your child's date of birth) that is not part of the tier 1 period. if you take neonatal care leave during the tier 2 period, you must take the leave in one continuous block. |
| Please provide the details of the dates below: |
| Intended Start Date of Neonatal Care Leave |  |
| Intended End Date of Neonatal Care Leave |  |
| If Tier 1 please provide an overview of all dates  |  |
| Total Number of Weeks Requested (maximum of 12) |  |

**Eligibility**

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| --- |
| Please tick one of the two options below: |
|[ ]  As you are aware, I am an employee of *Liverpool Hope University* and have continuous employment. I therefore intend to take the Neonatal Care Leave as paid leave. |

**Declaration**
I confirm that I meet the eligibility criteria for neonatal care leave and will use this leave to care for my child. I understand my obligations under the company’s Neonatal Care Leave Policy.

|  |  |
| --- | --- |
| Employee Signature |  |
| Date |  |
| Line Manager Signature  |  |
| Date |  |

Please return completed form to People Services (HR@hope.ac.uk)