

Appendix 1

Western Health and Social Care Trust

Relocation/Excess Travel Eligibility for Doctors in Training

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|------------------------|--|
| Name: | Current Grade: |
| Current Specialty: | Location Employed: |
| Dates of current post: | Length of current Rotational Training Programme: |
| Current Shift Type: | Any on-call commitments: |

| Is your current post part of a Rotational Training scheme? <i>(This will be confirmed with NIMDTA)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | Please provide full details of your rotation from commencement (E.g. 1 Rotations = F1 & F2 years or 1 Rotation= ST1 upwards) Please include: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">POST</th> <th style="width: 33%;">LOCATION</th> <th style="width: 33%;">DATES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | POST | LOCATION | DATES | | | | | | | | | | | | | | | |
|--|--|-------|----------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| POST | LOCATION | DATES | | | | | | | | | | | | | | | | | |
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| Your Home Address (Where you are residing): | | | | | | | | | | | | | | | | | | | |

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| Your nominated Base Hospital <i>Excess travel is not payable to your base place of work, i.e. where you spend the majority of time / the hospital which is most convenient to your home in which you have or will work. Your nominated base hospital will remain throughout your rotation.</i> | |
| Distance from HOME to BASE HOSPITAL (as above) | miles |
| Distance from HOME TO CURRENT POSTING/LOCATION | miles |

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| Please indicate which option you wish to be considered for: <ol style="list-style-type: none"> 1. Relocation Expenses: Removal of belongings (3 quotes to be submitted) 2. Excess Travel Expenses in lieu of Relocation 3. Trust Free Accommodation/Travel Package (up to 2 return trips per week) | Option <input type="checkbox"/> Please state car engine capacity if option 2 or 3 selected: <div style="text-align: right;">CC</div> |
| Do you live greater than 40 miles one way from the location of your placement with the Western Health and Social Care Trust? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your post require you to respond to out of hours emergency on-call services within a specified distance/time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or your partner/spouse claimed for relocation/excess travel within the HPSS or NHS? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details and submit with this form. | |

| | |
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| I confirm the above information is accurate and correct to the best of my knowledge: Signature: | Date: |
|--|--------------|

YOUR REQUEST FOR REMOVAL/TRAVEL EXPENSES CAN ONLY BE CONSIDERED IF THIS FORM IS FULLY COMPLETED AND SIGNED.

Western Health and Social Care Trust
Relocation/Excess Travel Eligibility for Doctors in Training

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|--|---|
| TO BE COMPLETED BY MEDICAL HR | <input type="checkbox"/> Relocation Expenses: Removal of belongings |
| | <input type="checkbox"/> Excess Travel Expenses in lieu of Relocation Agreed Excess Mileage _____ miles (one way) |
| | <input type="checkbox"/> Trust Free Accommodation/Travel Package (up to 2 return trips per week) Agreed Excess Mileage _____ miles (one way) |
| Approved by Medical HR: | Name _____ Signed _____ Date _____ |

| | |
|---|--|
| TO BE COMPLETED BY MEDICAL HR | <input type="checkbox"/> 3 quotes with the lesser being paid |
| | <input type="checkbox"/> Official receipts |
| | <input type="checkbox"/> Proof of Home Address ie copy of tenancy agreement, mortgage, utility bills etc |
| | <input type="checkbox"/> Mileage Classification Form (Southern Sector only) |
| | <input type="checkbox"/> Vehicle Registration Certificate (Northern & Southern Sectors) |
| You should submit the following documents | |

TO BE COMPLETED BY EMPLOYEE

Following completion of the above section by Medical HR, you must tick the relevant Option and sign your acceptance below before claims can be submitted and processed.

Tick Option 1 OR Option 2/3 as appropriate

Option 1 - I hereby agree to repay a proportion of any relocation expenses received if I leave the Trust prior to fulfilling the contract.

OR

Option 2 & 3 - Where excess travel costs have been agreed, you must give due consideration to the demands of your rota and travel to and from work in the interests of Health & Safety.

Name: _____ Date: _____

Signature: _____

Copied to: Accounts Payable

Date: _____

Site Management

Date: _____