

**Relocation/Excess Travel Eligibility Form for Resident Doctors and Dentists in Training Guidance Notes**

**Eligibility:**

**1: Your post must be part of a Rotational Training Programme**

**AND**

**2: Your home must be greater than 40 miles one way from the location of your placement with the Western Health and Social Care Trust**

- Ensure all relevant sections of the Relocation/Excess Travel Eligibility Form are completed fully
- Ensure details of **all** postings in your current rotation are listed (see below)
  - *Foundation Rotation = F1 and F2 years*
  - *Specialty Training Rotation = ST1 upwards*
  - *CT / IMT Rotations = CT1+, IMT+, etc.*
  - *GP Rotation \*Please note GP trainees should record NIMDTA as their base place of work\**
- STATE which Option you are applying for and ensure copies of the required documentation are forwarded to Medical HR (see address below) with the completed Eligibility Form:
  - Option 1. – Relocation Expenses: Removal of Belongings: 3 quotations & original receipt (cheapest quotation will be paid – up to £500)
- Option 2 & 3. - Excess Travel/Travel Package: Proof of home address i.e., copy of tenancy agreement, mortgage statement or a utility bill e.g., Gas /Electricity bill **Bank / Credit Card statement is not acceptable.**
- Please ensure that you **always** check with Site Management regarding the availability of accommodation as a matter of urgency as they allocate accommodation on a first come first served basis and you will be required to **provide evidence** of this. If you have been offered and decline, have accepted, taken up Trust accommodation and subsequently decide to rent privately, this will be at **your own expense**
- Please ensure if rotating to different hospital sites within the Western Trust, that you contact Site Management in the different locations at the time of commencement of your first posting within the Trust, eg first posting is Altnagelvin for 6 months and subsequently South West Acute for next 6 months. You therefore must contact both sites on commencement of your posting to Altnagelvin to check availability of accommodation in Altnagelvin and South West Acute Hospitals

**Relocation/Excess Travel Eligibility Form  
for Resident Doctors and Dentists in Training  
TO BOOK ACCOMMODATION**

**For Altnagelvin:** Please see below link (right click to open hyperlink) and QR code  
Telephone No: 02871345171 Ext.214707

[Altnagelvin Residential Accommodation Booking Form](#)



**South West Acute Hospital:** Please see below link (right click to open hyperlink)  
and QR code

Telephone No: 02866382000 Ext. 254411 / 254483

[SWAH Residential Accommodation Booking Form](#)



**Tyrone & Fermanagh Hospital, Omagh:** Telephone No: 02882835312 Ext 233873  
/ 237905 or email:

[Briege.mcgarvey@westerntrust.hscni.net](mailto:Briege.mcgarvey@westerntrust.hscni.net) / [Jason.Doherty@westerntrust.hscni.net](mailto:Jason.Doherty@westerntrust.hscni.net)

**PLEASE NOTE: An Incomplete Eligibility Form or Missing Documentation Will Delay the Processing of your Application. Accommodation Charges will be deducted from your Salary until your Application is processed and Approved (Where Applicable)**

**Completed Eligibility Forms together with the required documentation should be emailed to: [MedicalHR@westerntrust.hscni.net](mailto:MedicalHR@westerntrust.hscni.net)**

**YOUR APPLICATION FOR REMOVAL/TRAVEL EXPENSES WILL ONLY BE CONSIDERED IF THIS FORM IS FULLY COMPLETED AND SIGNED AND ALL DOCUMENTS REQUIRED ARE ATTACHED.**

**Section 1: To Be Completed by Doctor  
(Details relating to new posting in WHSCT)**

Name:	Email Address:
Home Address (Where you are residing prior to taking up new posting with WHSCT):	Employee Staff Number (with Single Lead Employer):
	NI Insurance Number:
	New grade with WHSCT please also specify if your post is a LAT:
Is your current post part of a rotational training programme? (This will be confirmed with NIMDTA) YES / NO	Length of Current Rotational Training Programme (Years):

WHSCT Work Location:	Specialty / Specialties:	Dates:
1:	1:	1:
2:	2:	2:
3:	3:	3:
4:	4:	4:

**Details of ALL Postings in your Full Rotational Training Programme from FY1 to current grade**

POST	LOCATION	DATES


Do you live greater than 40 miles one way from the location of your posting(s) with the Western Health and Social Care Trust? **YES / NO**

<p><b>Your Nominated Base Place of Work</b> is <i>where you spend most of your time / the hospital which is most convenient to your home in which you have or will work</i> and will remain for the duration of your complete training programme across all Trust's. Excess travel is <b>NOT</b> payable to your base place of work.</p>	<p><b>Nominated Base Place of Work:</b></p>
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Distance from HOME to BASE PLACE OF WORK	Miles
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Distance from HOME to CURRENT POSTING/LOCATION	Miles
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Please indicate which option you wish to be considered for (delete as appropriate): Option 1 / 2 / 3

**Please delete the options below you wish not to be considered for:**

**OPTION 1:** Relocation Expenses: Removal of Belongings (up to £500) (*delete as appropriate*)

**OPTION 2:** Daily Excess Travel Expenses In lieu of Relocation(*delete as appropriate*)

**OPTION 3:** Trust Package: Free Accommodation (based on single accommodation) / Excess Package (Excess mileage – up to two return trips per week) (*delete 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 – YES / NO / N/A (*delete as appropriate*)

**OR**  
**Option 2 & 3** (*delete as appropriate*): 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 and Safety – YES / NO / N/A

**You must sign your acceptance before claims can be submitted and processed. You hereby undertake to inform the Trust of any changes in your circumstances.**

**Personal Declaration**

*I can confirm the above information is accurate and correct to the best of my knowledge:*

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*PLEASE REMEMBER TO SUBMIT ALL SUPPORTING DOCUMENTS WITH THIS FORM\*\***

### Section 2: To be Completed by Medical HR

**Option 1:** Relocation Expenses: Removal of belongings (up to £500)

Documents Required:

3 quotes with the lesser being paid and original receipt

YES / NO / N/A

Agreed Amount: £\_\_\_\_\_

**Option 2:** Daily Excess Travel Expenses In lieu of Relocation

Agreed Excess Mileage: \_\_\_\_\_ miles (one way)

\_\_\_\_\_ miles (return)

Documents Required:

Proof of Home Address i.e., copy of tenancy agreement, mortgage statement or a utility bill e.g.,

Gas/Electricity **Bank / Credit Card statement is not acceptable**

YES / NO / NA

**Option 3: Trust Package: Free Accommodation (based on single accommodation) /Excess Travel**

(Excess mileage - up to 2 return trips per week)

Agreed Excess Mileage: \_\_\_\_\_ miles (one way)

\_\_\_\_\_ miles (return)

**Documents Required:**

1. Proof of Home Address i.e., copy of tenancy agreement, mortgage statement or a utility bill e.g., Gas/Electricity **Bank / Credit Card statement is not acceptable** .
2. Email from Accommodation to confirm non-availability. If renting outside the Trust, you must provide a copy of tenancy agreement / documentation verifying rent to be paid.

YES / NO / NA

**Medical HR Approval:**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*Claim Process Attached**