

## Neonatal Care Leave and Pay Application Form

Name	
Employee Number	
Department/Section	
Base Location	
Relationship to child	
Expected week of Childbirth	
Childs date of birth	
<p>If you are the adopter of the child or partner of the child's adopter please provide; the date your child was placed for adoption and the date you were notified of having been matched for adoption with the child. 'matching week'</p>	
<p>If you are adopting from overseas or are the partner of the overseas adopter please provide the date your child entered Great Britain</p>	
<p>Date(s) in which your child has been in neonatal care (please specify end date if applicable)</p>	
<p>Number of days your child was in neonatal care (You are entitled to neonatal leave for every week (i.e. seven days) that your baby was in neonatal care. This is for a minimum of one week and up to a maximum of 12 weeks).</p>	
<p>Start and End date of Neonatal care leave requested - (leave in tier 1 may be taken in number of non-</p>	

continuous blocks of a minimum of one week at a time and leave in tier 2 must be taken in one continuous block).	
I intend to take neonatal care pay on the following dates (if applicable):	
Please state if neonatal care is in addition to any other forms of parental leave ie, Maternity Leave, Paternity, Adoption Leave	
<p>I confirm that I am entitled to Neonatal Leave as defined under the Neonatal Care (Leave and pay) Act 2023. Please tick here if applicable <input type="checkbox"/></p> <p>I confirm that I meet the eligibility requirements for Neonatal Pay. Please tick here if applicable <input type="checkbox"/></p> <p>For further information on neonatal care leave and pay including your entitlement please see our <a href="#">employee leave schemes policy</a></p> <p>Neonatal Care is defined as</p> <ul style="list-style-type: none"> <li>• medical care received in a hospital;</li> <li>• medical care received in any other place following discharge from an inpatient stay in hospital. The care must be under the direction of a consultant and includes ongoing monitoring and visits to the child by healthcare professionals</li> <li>• palliative or end-of-life care</li> </ul> <p>Any medical care which does not fall within the definition above will not qualify, nor will any medical care which does not begin within the first <b>28 days</b> of the baby's birth.</p>	
Employees Signature	
Date	
Manager/Head of Division	
Approved/Not Approved	
Signature	
Date	

**Please send the completed form to the relevant email address below**

**Adult Care Payroll (Corporate Services and Transformation) -**

**[CST.AdultCarePayroll@derbyshire.gov.uk](mailto:CST.AdultCarePayroll@derbyshire.gov.uk)**

**Childrens Services Payroll (Corporate Services and Transformation) -**

**[CST.ChildrensServicesPayroll@derbyshire.gov.uk](mailto:CST.ChildrensServicesPayroll@derbyshire.gov.uk)**

**CST & Place Payroll (Corporate Services and Transformation) -**

**[CST.PlacePayroll@derbyshire.gov.uk](mailto:CST.PlacePayroll@derbyshire.gov.uk)**