

Relocation Expenses Claim Form

Please use this form to claim expenses incurred through relocation e.g. removal costs, stamp duty etc. N.B. Prior to completing this form, please ensure you are familiar with the [HEE guidance](#). **Do not use this form for excess mileage claims.**

Please complete and return this form, together with the relevant attachments by raising a ticket via the PGMDE Support Portal.

1. Personal details			
Surname		Maiden name (if previously used in training)	
Forename(s)		GMC/GDC number	
Email address		Phone number	
Programme		Grade	

2. Employment details	
Start date at employing organisation (or date due to start)	Click to enter a date

3. Previous relocation expense claims		
<p>If you have claimed relocation expenses in the past, please provide details of the amounts claimed below. We reserve the right to verify these claims with your previous employers.</p> <p>I have not previously claimed relocation expenses <input type="checkbox"/> (please proceed to section 4)</p>		
Name of trust expenses claimed from	Amount claimed	Year claim made
	£	
	£	
	£	
	£	
	£	
	£	
	£	

4. Detail of expenses incurred

New address		
Do/will you own or rent this property?		
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>		
If you have selected "own" please attach documentary evidence to confirm this (e.g. a mortgage statement).		
Previous address		
Did you rent or own your previous property?	Own <input type="checkbox"/>	Rent <input type="checkbox"/> Other <input type="checkbox"/>
Expense claim details <i>(Please attach copies of receipts when submitting this claim)</i>	Amount	Description
	£	
	£	
	£	
	£	
	£	
	£	
	£	

5. Declaration	
<p>I hereby confirm that I have read and understood the HEE relocation expense guidance for training grade medical and dental staff. I also agree that as a condition of receiving these expenses, if I leave the service of the employing trust before the end of my rotation I may be required to repay the whole or a proportion of any expenses received and this amount may be deducted from my salary. Where salary payments are insufficient to recover the full amount, the balance due will be invoiced. I understand that relocation expenses incurred more than 12 months after the end of the tax year in which employment commenced will be subject to income tax.</p> <p>In submitting this form I consent to my name, GMC/GDC number and total amount claimed being shared with core deanery staff and medical personnel staff at other trusts in the region to verify any future claims.</p> <p>I declare that the information I have given on this form is correct and complete and that neither I nor other parties have claimed elsewhere for the expenses detailed on this form. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>	
Name:	Date: Click to enter a date