

Eligibility Form to Claim Reimbursement of Relocation and Associated Expenses

Before completing, please see the 'Notes for completing the relocation eligibility form' on page 5.

To be completed in all cases prior to submitting any claim for reimbursement of removal or excess travel expenses to assess eligibility. Trainees will be notified in writing of the outcome of this request.

Sections 1, 2, 3 & 7 are mandatory and no forms will be processed if these sections are not completed. Additionally you will need to complete the sections indicated below that are relevant to the type of claim

Please indicate the nature of the expenses you wish to claim:

<p>Removal costs</p> <p>Relocation costs (inc. house purchase costs)</p> <p>Continuing commitments (e.g. rent costs)</p> <p>Excess travel costs</p>	<p>Tick</p> <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 30px; height: 20px;"></td><td>Section 4</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Section 4</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Section 4</td></tr> <tr><td style="width: 30px; height: 20px;"></td><td>Section 5</td></tr> </table>		Section 4		Section 4		Section 4		Section 5
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Please state which hospital(s) these costs relate to:

SECTION 1: Personal Details

Title:	
Family Name:	
First Names:	

Address (for future correspondence):	
Post code:	

Email:	
Telephone:	

GMC Number:	
National Training Number:	
Training programme, Specialty and Grade:	
Foundation trainees please state medical school:	

SECTION 4: Removals/Relocation & Continuing Commitments

Please complete this section if you are claiming removals/relocation costs or continuing commitments

Present/Previous Accommodation:

Address:			
Post code:			

Type of Tenancy (select one):	Owner Occupied - Freehold	Rented Furnished	Rented Unfurnished
	Owner Occupied - Leasehold	Living with relative	
Type of Accommodation (select one):	Detached	Semi-detached	Terraced
	Flat	Maisonette	Studio
Distance from new place of work:		NO. OF bedrooms:	
Is this hospital accommodation?		Date Moved Out:	
Do you still own / rent this property?			

Proposed/New Accommodation:

Address:			
Post code:			

Type of Tenancy (select one):	Owner Occupied - Freehold	Rented Furnished	Rented Unfurnished
	Owner Occupied - Leasehold	Living with relative	
Type of Accommodation (select one):	Detached	Semi-detached	Terraced
	Flat	Maisonette	Studio
Distance from new place of work:		No. of bedrooms:	
Is this hospital accommodation?		Date Moved In:	

If you have not yet bought/rented a property, please state the area that you intend to move to:

If moving from rented to rented accommodation, do you own a property elsewhere?

If claiming continuing commitments, please specify the reasons why you are unable to either relocate or rent out your owned property:

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SECTION 5: Excess Travel

If you are claiming excess travel, please complete the following:

My base hospital is:	
As per section:	A B C D (please indicate)

Please see the notes for help on establishing which is your base hospital.

Home to base hospital (miles, one way)	
Home to new place of work (miles, one way)	
Excess mileage	

Please note that we use the shortest route option on the RAC Routeplanner (www.rac.co.uk/route-planner/) to calculate all distance in excess travel calculations

Method of transport used to travel to base	
Proposed method of transport	

If travelling by public transport, original tickets or receipts will be required. For journeys made using an Oyster card, usage statements must be provided.

SECTION 6: Additional Information

Please enter any additional information to support your claim here:

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SECTION 7: Declaration

By signing the below I confirm and understand that:

- the information provided is correct and complete and that I have not made any other claim for the expenses listed above on this eligibility form
- 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 the information on this form to and by the Health Education England and NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution.
- the maximum reimbursement from the NHS payable under the Health Education England guidelines is a total of £8000 for the duration of the period of training from Foundation Year 1 to Certificate of Completion of Training.
- the maximum allowed amount of time that I have to claim is three months after incurring the authorised expenditure and that if my claim is late then my Employing Trust reserve the right not to reimburse my claim.

Signed:		Date:	
Print name:			

A Note on Time Limits

All eligibility forms must be received by the relocation department of your Employing Trust within three months of incurring the expenditure for which you are applying for reimbursement.

Trainees should allow at least six weeks for the eligibility form to be processed. If the application is successful, please note that the initial claim must be made within three months of the date of the approval letter, or three months within incurring the expenditure, if later. Any on-going subsequent claims must then be made within three months of incurring the expenditure.

The Employing Trust reserves the right to deny reimbursement in any cases where the above time limits have been exceeded due to delays on the part of the trainee.

Notes for completing the relocation eligibility form

Section 1: Personal Details

- Please ensure that you include your National Training Number, as we are unable to meet any claims without this information. If you are a Foundation or Core Training trainee then please leave this blank as you will not have a National Training Number.

Section 2 - Details of Rotations

- Please include full details of all your previous rotations since starting your programme, and any future rotations (if known).

- Base Hospital: Please enter your base hospital, as per one of the following sections. Please also state the relevant section.

A) If you have previously claimed relocation expenses whilst in this training programme then the last hospital that paid you to relocate is your base hospital.

B) If you know that you will spend more than half of your training programme at one particular hospital, then that hospital can be your base hospital if (A) above does not apply.

C) If you do not know where you will rotate to next and neither (A) nor (B) apply, then the first hospital on your rotation is your base hospital.

D) You may select a base hospital convenient to your home address if none of the above apply and you provide verification that you will definitely be rotated to that hospital (as opposed to it being a possible post on a rotation).

Note: It is not appropriate for trainees to select their base hospital with a view to maximising their excess travel payments.

Section 3: Previous Claims

- Please ensure that you include the details of all previous claims made from the start of your FY1 year to date, regardless of which trust or region the claim was made from. You must enter the correct gross amount of your claims.