

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:

Removal costs	Tick <input type="checkbox"/>	Section 4
Relocation costs (inc. house purchase costs)	<input type="checkbox"/>	Section 4
Continuing commitments (e.g. rent costs)	<input type="checkbox"/>	Section 4
Excess travel costs	<input type="checkbox"/>	Section 5

Please state which hospital(s) these costs relate to:

SECTION 1: Personal Details

Title:	<input style="width: 80%;" type="text"/>
Family Name:	<input style="width: 95%;" type="text"/>
First Names:	<input style="width: 95%;" type="text"/>

Address (for future correspondence):	<input style="width: 55%;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	
<input style="width: 100%; height: 25px;" type="text"/>	
Post code:	<input style="width: 80%;" type="text"/>

Email:	<input style="width: 85%;" type="text"/>
Telephone:	<input style="width: 95%;" type="text"/>

GMC Number:	<input style="width: 50%;" type="text"/>
National Training Number:	<input style="width: 95%;" type="text"/>
Training programme, Specialty and Grade:	<input style="width: 95%;" type="text"/>
Foundation trainees please state medical school:	<input style="width: 95%;" type="text"/>

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:

SECTION 5: Excess Travel

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

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

Proposed method of transport	
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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:

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 £10,000 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: 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.