## Eligibility Form to Claim Reimbursement of Relocation and Associated Expenses

Before completing, please ensure you are familiar with the [HEE guidance](https://severndeanery.nhs.uk/about-us/policies-and-procedures/severn-relocation-guidance/).

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

Please complete and return this form, together with the relevant attachments to:

medicalhr@uhbw.nhs.uk

## Sections 1, 2, 3, 4, 5 and 9 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 [ ]  Section 6
* Relocation costs (inc house purchase costs) [ ]  Section 6
* Continuing commitments (e.g., rent costs) [ ]  Section 6
* Excess mileage [ ]  Section 7

|  |
| --- |
| **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 (or date due to start) | Click to enter a date |
| Planned end date (if known) | Click to enter a date |

|  |
| --- |
| **3. Previous Rotation Details** |
| **Name of trust**  | **Start date** | **End date** |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |

|  |
| --- |
| **4. Details of Future Rotations (if known)** |
| **Name of trust**  | **Start date** | **End date** |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |
|       | Click to enter a date | Click to enter a date |

|  |
| --- |
| **5. Previous Claims** |
| **Name of trust** | **Year of claim** | **Amount claimed** | **Type of claim** *(i.e., removal costs, relocation costs, continuing commitments, excess mileage)* |
|       |       | £      |  |
|       |       | £      |       |
|       |       | £      |       |
|       |       | £      |       |
|       |       | £      |       |
|       |       | £      |       |

|  |
| --- |
| **6. Removals / Relocation and Continuing Commitments** |
| Please complete this section if you are claiming removals / relocation or continuing commitments |
| Address |       |
| Postcode |       |
| Do you own or rent this property?Own [ ]  Rent [ ]  Other [ ]        |
| Distance from new place of work |       |
| Do you still own / rent this property? |       |
| Date moved out (or planned to) | Click to enter a date |
| **Proposed new Accommodation** |
| Address |       |
| Postcode |       |
| Will you own or rent this property?Own [ ]  Rent [ ]  Other [ ]        |
| Distance from new place of work |       |
| Date moved in (or planned to) | Click to enter a date |

|  |
| --- |
| 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 yes please provide details below. |
|       |

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

|  |
| --- |
| **7. Excess Mileage** |
| If you are claiming excess travel, please complete the following: |
| Distance from home to new place of work (mileage - one way) |       |
| Excess mileage (calculated as home to place of work minus 17 miles) |       |
| Proposed method of transport |       |

|  |
| --- |
| **8. Additional Information** |
| Please enter any additional information to support your claim here: |
|       |

|  |
| --- |
| **9. 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.
* the maximum reimbursement from the NHS payable under the Health Education England framework 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.

. |
| Name:       | Date: Click to enter a date |