

Relocation Team - Operations

Eligibility Form to Claim Reimbursement of Relocation and Associated Expenses

Section 1 - Personal Details

Title: Family Name:

First Name(s):

email:

Phone No: National Training No:

Specialty & Grade: GMC No:

Address (for future correspondence):

Postcode:

Details of future rotations:

Start Date:	End Date:	Hospital:	Training Grade:

Anticipated CCT date:

Section 3 - Previous Claims

Please enter full details of all the previous claims you have made from Foundation Year 1 to date. If you haven't made any previous claims, please state nil in the first box. Please do not include claims related to work to clinic travel or interviews. We will require exact gross amounts - please do not enter net figures.

Hospital/Trust/LETB	Date of Claim	Amount	Type of claim (removals/ excess travel/other)



SECTION 4a - Removals/Relocation & Continuing Commitments

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

Present/Previous Accommodation:

Address:

 Postcode:

Type of tenancy (pick one):

Type of accommodation (pick one):

Distance from new place of work: Miles

Number of bedrooms:

Is this hospital accommodation?

Date moved out:

Do you still own/rent this property?

Proposed/New Accommodation:

Address:

 Postcode:

Type of tenancy (pick one):

Type of accommodation (pick one):

Distance from new place of work: Miles

Number of bedrooms:

Is this hospital accommodation?

Date moved in:

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

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

Section 4b - 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:

My base hospital is:

As per section:

Please see the notes on page 6 for help on establishing which is your base hospital.

Distance from home to new place of work (miles, one way):

Distance from home to base hospital (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:

Method of transport used to travel to base:

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 & Submission

By ticking these boxes 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 London Deanery 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 Deanery 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 Health Education South London reserve the right not to reimburse my claim.

Once you have completed all of the required fields and entered any additional information to support your claim, please click the 'Submit by Email' button to send your form to us. If you are using web email, note that after clicking the button you will need to save this form and send it manually to relocationeligibility@southlondon.hee.nhs.uk.

A Note on Time Limits

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

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.

Health Education South London 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

We recommend that you use Adobe Reader to complete this form. Use of third party PDF readers may cause issues with our ability to open or read your 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.