



**ADOPTION LEAVE NOTIFICATION FORM – Where a child  
is matched and placed for adoption within the UK**

This form can be made available in large print and alternative formats, where required, on request from the Diversity and Inclusion Unit, tel: 02890 973039.

Please return this form to the Diversity and Inclusion Unit no later than 7 days after notification by the adoption agency of having been matched with a child for adoption. This form must be accompanied by a Matching Certificate. Adoption payments can only be made when the Matching Certificate has been received.

If it is not possible to give the required notice, please complete this form as soon as possible and return it to the Diversity and Inclusion Unit, Level 4, Administration building.

**I HAVE READ THE ADOPTION LEAVE PROCEDURE AND WISH TO ADVISE OF THE  
FOLLOWING**

**Section 1 – Arrangements**

The expected date of the placement of the child is:	(dd/mm/yyyy)
<b>ORDINARY ADOPTION LEAVE</b>	
I wish to take _____ weeks Ordinary Adoptive Leave (OAL) (maximum available 26 weeks).	
My OAL will commence on:	(dd/mm/yyyy)
My OAL will end on:	(dd/mm/yyyy)
<b>ADDITIONAL ADOPTION LEAVE - Please indicate if you wish to add any Additional Adoption Leave (AAL) to the end of your OAL period</b>	
I wish to add _____ weeks paid AAL to the end of my OAL period (maximum available 13 weeks)	
I wish to add a further _____ weeks unpaid AAL (maximum available 13 weeks)	
My AAL will commence on:	(dd/mm/yyyy)
My AAL will end on:	(dd/mm/yyyy)
<b>HOLIDAY ENTITLEMENT – Please indicate if you wish to add any holiday entitlement to the end of your adoption leave period</b>	
I wish to add _____ days holiday leave entitlement to the end of my adoption leave period.	
My holiday leave will commence on:	(dd/mm/yyyy)
My holiday leave will end on:	(dd/mm/yyyy)
<b>Note:</b>	
i. If taking Additional Adoption Leave, holidays cannot be taken until the end of this period.	

**PLEASE ENSURE THAT THE DETAILS BELOW ARE ALSO COMPLETED AND THAT YOU HAVE ADVISED YOUR HEAD OF SCHOOL/DEPARTMENT/UNIT OF THE ABOVE BEFORE RETURNING THE FORM.**

**Section 2 – Applicant Details**

Full name: (PRINT)	
Staff ID:	
Position:	
School/Department/Unit:	
Staff Category (eg. Academic, Clerical)	
Applicant's Signature:	
Date:	

For Official Use Only	
Date received by Diversity and Inclusion Unit	Date received by Human Resources Department
Database entry <input type="checkbox"/>	

**PLEASE RETURN THIS FORM TO THE DIVERSITY AND INCLUSION UNIT, LEVEL 4, ADMINISTRATION BUILDING**

The original application will be transferred to the Human Resources Department to be retained on the individual's Human Resources file.

The University is committed to promoting equality of opportunity for all staff irrespective of their sex, marital status, perceived religion, political opinion, racial group, sexual orientation, age, having a disability or having dependants.

The information contained on this application form will be used in conjunction with information already held on the Diversity and Inclusion Unit's database to monitor the take-up of and the impact of the University's work life balance/family friendly arrangements and the implementation of its Equality and Diversity policy.

The information will be held on a Diversity and Inclusion database for a period of five years. After this time if data is retained it will be anonymised.