

APPLICATION FOR ASSISTANCE WITH RELOCATION EXPENSES

Surname	Forename(s)
Current Address	

Are you applying for assistance for (please tick)

Buying and Selling a Property	<input type="checkbox"/>	Renting a Property	<input type="checkbox"/>
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Previous Address (if different from above)

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Post Details

Post Title:	
Pay Band:	Date of Commencement:

I hereby make application for assistance with relocation expenses and have attached all of the necessary paperwork/invoices etc.

I declare that:

- This form has been submitted within 3 months of my commencement date with the Trust.
- I have read the Trust's Terms and Conditions for Assistance with Relocation Expenses and that all expenses claimed are actually and necessarily incurred by me in connection with my new appointment.
- I confirm that the claim is not recoverable from another NHS employer by a partner or spouse.
- I agree to refund to the Trust, by an agreed method of payment and/or deduction from my salary, the whole or part of the expenses paid, if I terminate my employment with the Trust within 2 years of my commencement date or within 2 years of the final payment of relocation expenses.
- I confirm that I have not received financial assistance for relocation expenses from another organisation within the last 12 months and that I have no outstanding fees to repay
- All information I have given on this form is correct and I understand that deliberately providing false information may lead to disciplinary action, possible prosecution and civil recovery proceedings.

Signature of Applicant:	
Print Name:	Date:
Authorised Business Partner Signatory:	
Print Name and Job Title	Date: