

Appendix A

Notification of Pregnancy

Please complete and send this form to the Human Resources Department, 1st Floor Education Centre, Charing Cross Hospital or Medical Personnel Department by 25th week of pregnancy (at the latest). For non-medical staff, please email the form to admin.hr@imperial.nhs.uk.

| Personal Details | |
|-------------------------|-------------------------|
| First Name: | Surname: |
| Assignment Number: | Position Number: |
| Job Title: | Ward/ Department: |
| Grade: | Division: Please select |
| Contact No. (Work): | Site: |
| Personal email address: | |

| Pregnancy | |
|---|--------------------------|
| Baby's Due Date: | |
| Do you intend to return to the NHS after maternity leave? (yes/no): | <input type="checkbox"/> |

| Employment Details | |
|---------------------------|--|
| On a Fixed Term Contract? | |
| On a Work Permit? | |

| <u>Employee's Authorisation</u> | |
|--|-------|
| I confirm that the information on this form is correct to the best of my knowledge and that I have read and will comply with the Trust's "Maternity Policy". | |
| Employee's Signature: | Date: |

| <u>Manager's Authorisation</u> <i>(complete in block capitals)</i> | | |
|--|----------------------|-------|
| Manager's Name: | Manager's Signature: | |
| Job Title: | Ext: | Date: |

| HR Admin (invitation sent by) | | |
|-------------------------------|------------|-------|
| Name: | Signature: | Date: |

Following receipt of this form, HR Admin team will invite you to a maternity session. It is recommended you attend the session for your own benefit and information (previous attendees have the choice of declining the invitation).