**Relocation Application Form**

**Appointee**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address (prior to commencing employment with NHS Grampian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current post (prior to commencing employment with NHS Grampian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of current employing authority (prior to NHS Grampian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Accommodation** [tick as appropriate]

* Owner occupied
* Rented Furnished
* Rented Unfurnished
* Hospital Accommodation
* Residing with parents/family/friends

Note: If you own or rent a property a copy of your mortgage or rental agreement must be submitted alongside this eligibility form.

Post appointed to within NHS Grampian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Contract with NHS Grampian** [tick as appropriate]

* Fixed Term/ Temporary
* Permanent

**Details of Family**

Spouse/Partner YES/NO

No. and Ages of Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you own a property please answer the following questions:**

1. Do you intend to sell the property in your former area? Yes ⬜ No ⬜
2. Do you intend to purchase a new property on relocation

to NHS Grampian? Yes ⬜ No ⬜

1. Do you intend to rent private accommodation on relocation

to NHS Grampian? Yes ⬜ No ⬜

1. Do you intend to rent temporary hospital/private rental accommodation while seeking a property to purchase?

 Yes ⬜ No ⬜

1. Will your partner/family still be residing at your former home?

 Yes ⬜ No ⬜

1. Will your partner/family be relocating to NHS Grampian? Yes ⬜ No ⬜

**If you rent a property (including hospital accommodation) please answer the following questions:**

1. Do you intend to rent a new property on relocation? Yes ⬜ No ⬜
2. Will your partner/family still be residing at your former home? Yes ⬜ No ⬜
3. Will your partner/family be relocating to NHS Grampian? Yes ⬜ No ⬜

**Declaration**

I declare that, to the best of my knowledge, all the information which I have given in connection with this application is full and correct in every respect, In addition, I understand and acknowledge that expenses which are claimed must not be recoverable, in full or in part, from another source e.g. through my partner’s employer.

**Undertaking to Repay**

I understand and acknowledge that, should I leave the service on NHS Grampian within a period of 2 years from the date of taking up employment, I undertake to refund NHSG such proportion of the amounts reimbursed to me under the provisions of Section 2 and Appendix 2 of the Relocation Expenses Policy. Such repayment will be made by deduction from salary, where final salary is insufficient to recover the full amount due to NHS Grampian; I understand that I require to pay the outstanding balance prior to my date of leaving employment with NHS Grampian.

**Please advise your manager, HR and the Relocation Officer if you will be leaving within 24 months from the date of taking up employment.**

**Signature of claimant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete and return to the Operational HR department at:**

**Westholme, Woodend Hospital, Queens Road, Aberdeen, AB15 6LS or email to gram.hr@nhs.scot**

**To be Completed by Human Resources**

**Post:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated date of appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated duration of appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rotational appointment:** Yes ⬜ No ⬜

**Property Owner** ⬜ **Hospital Accommodation**  ⬜

**Renting Accommodation** ⬜ **Residing with parents/family/friends** ⬜

**Amount of Relocation package: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HR Hub contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NNHSG Relocation Expenses Claim Form** |
| **Block capitals please** |  |  |  |  |  |  |
| **Name Address for Remittance**  |
| **Designation**  |
| To avoid delay in reimbursement please ensure receipts are attached as necessary |
| Full Details of Claim | House Sale/Purchase | Other | Total |
|  | £ | P | £ | P | £ | P |
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**Signature of Claimant Date**

**I certify that the expenses which I have claimed are not recoverable, in full or in part, from any other source.**