

To be completed by the employee

**SECTION 1 – Your details**

**Name:** .....

**Post:** .....

**Home address & postcode:**

.....  
.....  
.....  
.....  
.....

**What is your base hospital?** .....

(Your base hospital is determined upon your commencement of appointment/contract of a rotation).

**Which hospitals will you be working at during this annual rotation / or contract**

.....  
.....  
.....

**Please tick the box relevant to your claim**

**I wish to apply for ULHT assisted Progress Living**

**accommodation**

(You are not entitled to claim excess mileage if in receipt of Trust provided accommodation)

Complete Section 2 of this form

**I wish to apply for ULHT removal expenses**

(You are not entitled to claim excess mileage)

Complete Section 3 of this form

**I wish to apply for excess mileage**

(You are not entitled to claim trust provided accommodation if in receipt of excess mileage)

Complete Section 4 of this form

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**SECTION 2 – Trust provided accommodation with Progress Living**

**Name:**

**Post:**

I wish to apply for ULHT assisted Progress Living accommodation and I have attached evidence of:

Mortgage documentation/ Tenancy documentation   
and

Evidence on most recent payment i.e bank statement

Please state your tenancy expiry date .....

**Please note that if your tenancy expires before your contractual end date with ULHT, then you are responsible for providing evidence that your tenancy agreement has been extended, if you fail to do so then you will be liable for the full cost of your Progress Living rental charge.**

**GPStR Arrangements**

Rental assistance will be provided during your GPStR rotational period whilst an ULHT employee. If you are a GPVTS that rotates outside of the Trust (therefore not an employee of ULHT) and you choose to continue to reside in our accommodation, you will be liable for rental costs.  
For example, if you are a GPStR undertaking a rotation in A&E, as an employee of ULHT, you will be eligible for assistance with 3\* single accommodation costs or excess travel if you have continuing commitments.  
During your time as a GPStR, if you undertake a rotation within a GP Practice, you will not be an employee of ULHT and therefore you can choose to continue to reside in our accommodation, however **you will be liable** for rental costs.

***Please note that you must provide documentary evidence of your continuing commitments at the same time as your completed booking form, if you are unable to do so you must ensure that we receive your documents within 2 weeks of submitting your request. If you do not provide evidence, your booking form will be validated detailing that you are liable for all rental charges.***

I certify and accept that:

The information given is true and accurate.

I will inform ULHT immediately if my mortgage or rental arrangements change.

I accept I am responsible for providing evidence of my rental agreement being extended and if I fail to do so, then I will be charged the full cost of my Progress Living rental charge.

Signed:

Date:

Forward your completed proforma and mortgage/tenancy documentation to:  
**THE MEDICAL RECRUITMENT TEAM, HUMAN RESOURCES, LINCOLN HOSPITAL**  
As soon as possible in order for a booking form to be sent to you.

**(To be completed by HR)**

**Evidence checked and copied**

**Spreadsheet updated**

Application For Assistance with Accommodation / Travel Assistance For Doctors In Training  
1<sup>st</sup> December 2010

Dr notified and booking form sent

Signed:

Date:

**SECTION 3 – Removal Expenses**

**Name:**

**Post:**

I wish to claim for removal expenses

I have provided and attached the three quotes

Please provide details of the three quotes:

Quote One     £..... .

Quote Two     £.....

Quote Three   £ .....

Please note the Trust will only reimburse to the value of the lowest quote, irrespective of the preferred service provider of the individual.

I certify and accept that:

The information given is true and accurate.

Signed:

Date:

**Please Forward This Form To Your HR Advisor**

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**(HR to complete)**

HR Adviser checked contents and quotes

HR Advisor signature: .....

Date: .....

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Application For Assistance with Accommodation / Travel Assistance For Doctors In Training  
1<sup>st</sup> December 2010

General Manager Approved

General Manager signature: .....

Date: .....

**SECTION 4 – Excess Mileage**

**Name:**

**Post:**

I wish to claim for excess mileage

I have attached evidence of:

Mortgage documentation/ Tenancy documentation  
and

Evidence on most recent payment i.e bank statement

Please state your tenancy expiry date .....

**Please note that if your tenancy expires before your contractual end date with ULHT, then you are responsible for providing evidence that your tenancy agreement has been extended, if you fail to do so then you will be liable for the full cost of your Progress Living rental charge.**

a) Estimated Mileage from Home to United Lincolnshire hospital site .....

b) Estimated Mileage from Home to base hospital site .....

c) Estimated Excess mileage ( a-b =c) .....

Please note that whilst in receipt of excess mileage if you require Progress Living accommodation due to working nights and weekends once your rota is known, you may book accommodation as above. However you wouldn't be entitled to claim excess mileage on those dates that you have accommodation booked.

(The excess mileage actually paid will be based upon the distances calculated by the mapping software embedded within the Trust 'expense' claim system)

Excess mileage is paid at public transport rate and only in limited circumstances is standard /regular user rate applicable. If you believe you meet the criteria for standard/regular user rate and have also attached evidence to support your request please tick here

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**Please ensure that this form is completed along with a Travel and Subsistence Expenses Application which can be downloaded on the Trust Intranet under 'Payroll'. Once both forms are complete, please forward these forms to your Business Manager for authorisation as the budget holder.**

Once the Business Manager has authorised your claim forms they need to be forwarded to Travel Claims, Payroll Shared Services, Gervas House, Long Leys Road, Lincoln, LN1 1EJ for your account to be set-up.

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Once your account is created you will need to submit your excess mileage claims monthly via the electronic claim system.

It is your responsibility to ensure that you deduct the mileage rate from home to base site from each journey you claim for before submitting your claim online as you are only able to claim excess mileage as per terms and conditions.

I certify and accept that:

The information given is true and accurate. I will inform ULHT immediately if I decide to change my address or if I am no longer entitled to claim this assistance.

Signed:

Date:

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Actions

Expenses Account Set up - Payroll

Excess Mileage documentation passed to finance - Payroll

Account added to Rotational Doctors Group - Finance

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