***Doctors in Training - Application for Assistance with Accommodation, Relocation or Excess Mileage***

***(May 2021)***

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| Please complete this application form and email, along with the relevant supporting evidence to [DoctorsRelocation@ULH.nhs.uk](mailto:DoctorsRelocation@ULH.nhs.uk)  For assistance with accommodation - as well as returning this form and your evidence to the email address above you will also need to apply for your accommodation on the Progress Living website at [www.progressliving.org.uk](http://www.progressliving.org.uk).  All claims are reviewed in line with the HEE National Relocation Framework (Nov 2020) guidance and further information on the scheme is available at [HEE National Framework](https://www.eastmidlandsdeanery.nhs.uk/sites/default/files/hee_national_relocation_framework_final_1_november_2020.pdf)  Please note this application form is subject to change to reflect changes in Trust processes or any changes to the HEE scheme. |

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| **Section 1: Employee details** | | | | | | | | |
| Name: | |  | | | | | | |
| Address and postcode: | |  | | | | | | |
| Start date with Trust: | |  | | End date with Trust: | |  | | |
| Specialty: | |  | | Post: | |  | | |
| Site based at: | |  | | GMC number: | |  | | |
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| **Section 2: Details of claim -** | | | | | | | | |
| I wish to apply for the following – please ‘x’ box(es) relevant to your claim X | | | | | | | | |
| Assistance with accommodation funding - **please complete section 3** | | | | | | |  | |
| Removal expenses - **please complete section 4** | | | | | | |  | |
| Excess mileage - **please complete section 5** | | | | | | |  | |
| Relocation including house sale and purchase - **please complete section 6** | | | | | | |  | |
| Other - **please complete section 7** | | | | | | |  | |
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| **Section 3: Assistance with accommodation funding** | | | | | | | | |
| *Accommodation support is available for doctors who have an ongoing tenancy / mortgage commitment whose primary residence is more than 35 miles away from their usual workplace. The Trust will fund a maximum of £735 a month, which includes the cost of mileage for a round trip home each week.*  *Applications for accommodation should be made via Progress Living in the first instance and if accommodation is unavailable via them will applications for private rental be considered.*  *You may find it useful to have your application approved before applying to Progress Living so that you are aware of the value of any Trust contribution before you decide on your accommodation type.* | | | | | | | | |
| Primary residence address and postcode  (if different from section 1): | | |  | | | | | |
| Details of evidence supplied support claim: | | |  | | | | | |
| Primary residence tenancy start date: | | |  | | | | | |
| Primary residence tenancy end date: | | |  | | | | | |
| * **When submitting this form please provide evidence of primary residence – please refer to the table at the end of this form.** * **Remember to also apply for your accommodation on the Progress Living website and the Trust will use the information supplied on this form to review your application.** | | | | | | | | |
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| **Section 4: Removal expenses** | | | | | | | | |
| *Removal expenses can be considered to a maximum of £500 where a doctor moves more than 30 miles and within a reasonable commute of the majority of placements on their training programme (typically 20 miles). The lowest of three quotes will be reimbursed.* | | | | | | | | |
| Previous address and postcode: | | |  | | | | | |
| New address and postcode: | | |  | | | | | |
| Details of evidence supplied support claim (see information below): | | |  | | | | | |
| * **When submitting this form please provide evidence of cost of expenses such as invoices / receipts – please refer to the table at the end of this form for more information** * **Three competitive quotes should also be provided and reimbursement will be at the lowest quote.** | | | | | | | | |
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| **Section 5: Excess mileage** | | | | | | | | |
| *Excess mileage claims can be considered where the doctor’s home address is more than 20 miles from their usual place of work and they will be commuting from there rather than being based in Trust accommodation.* | | | | | | | | |
| Primary residence address and postcode (if difference from section 1): | | |  | | | | | |
| Details of evidence supplied support claim: | | |  | | | | | |
| * **When submitting this form please provide evidence of primary residence address – please refer to the table at the end of this form for more information.** | | | | | | | | |
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| **Section 6: House Sale & Purchase** | | | | | | | | |
| Previous address and postcode: | | |  | | | | | |
| New address and postcode: | | |  | | | | | |
| Summary of costs being claimed: | | |  | | | | | |
| Details of evidence supplied support claim: | | |  | | | | | |
| * **When submitting this form please provide evidence of cost of house sale and purchase such as invoices / receipts.** * **You are advised to check that the house you intend to purchase meets the criteria detailed in the HEE scheme prior to incurring the expenditure or you may be liable for the costs.** | | | | | | | | |
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| **Section 7: Other claims** | | | | | | | | |
| *Please complete for any other claims detailed under the HEE scheme (please refer to scheme for more information)* | | | | | | | | |
| Summary and information of costs being claimed: | | |  | | | | | |
| Details of evidence supplied support claim: | | |  | | | | | |
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| **GP arrangements**  *Assistance with accommodation will be provided during your rotational period whilst an ULHT employee. If you rotate outside of the Trust (and therefore not an employee of ULH) and you choose to continue to reside in Trust provided accommodation, you will be liable for rental costs.*  *For example, if you are undertaking a rotation in A&E, as an employee of ULH you will be eligible for assistance under the HEE scheme. However, if you undertake a rotation within a GP practice, you will not be an employee of ULH.*  *For GPs employed via the lead employer scheme, as you are an employee of the lead employer (such as St Helen’s and Knowsley) any claims should be submitted to them.* | | | | | | | | |
| **Section 8: Declaration and commitment of undertaking** | | | | | | | |
| By submitting this application and receiving assistance for relocation or other associated expenses under the HEE scheme you are confirming that:-   * The information provided on this form is true and accurate. * You are not claiming assistance with accommodation / mileage / removal costs from anywhere else. * Should ULHT require further information at any time in order to verify your ongoing entitlement to support, you will provide the necessary information as requested. * You will inform the Trust straight away about any change(s) in circumstances which might affect ongoing support with mileage / accommodation costs – this includes: * moving into a new property or home * subletting your property for extra income * you or a partner receiving support from another source * change of job role / location * any other changes involving your residence or primary residence * please note: this list is not exhaustive * You will inform the Trust if the mortgage or rental arrangements change as this could affect the support you receive. * You understand that if you knowingly give information that is false or withhold information, then you may be subjected to disciplinary, professional and/or criminal action as well as civil recovery of any losses suffered by the Trust. * You are fully aware of the conditions and arrangements of the HEE Relocation & Travel Expenses scheme and will comply with these. * You will only submit legitimate and valid receipted claims for reimbursement. * You understand that if you fail to provide evidence requested by the Trust your claim may not be processed and you will be liable for any costs incurred. * You will repay the appropriate portion of any removal expenses received should you leave HEE approved post graduate training within two years, or 18 months for Foundation trainees, of commencing either a foundation, core, higher or run through training programme. * You consent to the disclosure by the Trust of this form and any supporting documentation to the NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud. * GPs only – you understand that if you undertake a rotation outside of the Trust meaning that you are no longer a ULH employee you will be liable for rental costs if you continue to reside in Trust provided accommodation. | | | | | | | |
| Signed: |  | | | Date: |  | | |

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| **Details of information to supply with your application form** | |
| **Claim details** | **Evidence to be supplied** |
| Accommodation via Progress Living | * *Evidence of primary residence – mortgage statement / tenancy agreement plus utility bill (dated within the last 3 months) / driving licence. These must clearly show primary residence address and your name.* * *You must be liable for the tenancy / mortgage of the primary residence, which should not be a rental agreement whereby a parent / family member is the landlord.* |
| Accommodation via alternative provider  (where accommodation is not available via Progress Living) | * *Evidence of primary residence – mortgage statement / tenancy agreement plus utility bill (dated within the last 3 months) / driving licence. These must clearly show primary residence address and your name.* * *Evidence of temporary residence – tenancy agreement. Please note that you may also be required to provide evidence of ongoing payment such as a bank statement for each month.* * *You must be liable for the tenancy / mortgage of the primary residence, which should not be a rental agreement whereby a parent / family member is the landlord.* |
| *Removal expenses* | * *3 quotes clearly detailing your name and the address your belongings are being moved from and to.* * *Evidence of payment of the lowest quote such as a receipt / copy of bank statement.* |
| *Excess mileage* | * *Evidence of primary address such as mortgage statement / tenancy agreement and utility bill (dated within the last 3 months) / driving licence. These must clearly show primary residence address and your name.* |
| *Sale / purchase of a property* | * *Copies of all receipts for expenses being claimed.* |
| *Other expenses* | * *Search for accommodation – receipts for hotels etc and evidence of home address as time of accommodation search such as utility bill / driving licence.* * *Any other expenses – please email* [*DoctorsRelocation@ULH.nhs.uk*](mailto:DoctorsRelocation@ULH.nhs.uk) *to confirm required evidence before submitting your claim.* |