

**Appendix 3**

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

**RELOCATION EXPENSES  
APPLICATION FORM**

***For Non Medical Staff: to be completed and returned to: [wah-tr.hrenquiries@nhs.net](mailto:wah-tr.hrenquiries@nhs.net)***

Name .....

**DETAILS OF PREVIOUS APPOINTMENT**

Post .....

Base ..... Pay Band and Salary.....

Whole Time/Part Time ..... Last Day of Service.....

**DETAILS OF NEW APPOINTMENT**

Post .....

Base .....

Pay Band and Commencing Salary .....

Hours ..... Date of Commencement .....

Permanent/Temporary Appointment ..... (If temporary specify tenure) .....

**OLD ADDRESS:** .....

Was the Accommodation Rented or Privately Owned .....

If Rented, Hospital or Private Accommodation .....

Was Accommodation Furnished or Unfurnished .....

**NEW ADDRESS:** .....

**If Permanent Accommodation has been found please fill in details below**

Rented or Privately Owned .....

If Rented, Provide details .....

Furnished or Unfurnished .....

If occupying/planning to occupy temporary accommodation please tick

Please itemise below each element of spend for UK relocation, stating what the expense was, the amount, date incurred and providing appropriate receipts:

Category	Total	Finance Department
Sale Expenses (£4,000 Limit)		
Purchase Expenses (£4,000 Limit)		
Temporary Expenses (£1,000 Limit)		
Miscellaneous Expenses (£1,000 Limit)		
Total Entitlement Total to be Paid		

## **DECLARATION**

I confirm that to the best of my knowledge, the details contained in my application are correct, and anticipate incurring related expenditure, in relation to them. I also confirm that expenditure relating to the above will not be claimed from any other source by me, my spouse/partner or any other person. I understand that if I knowingly give false information in relation to my claim for expenses, I may be subject to disciplinary action (including referral to my professional body) and may be liable for criminal prosecution and civil recovery action. I consent to information supplied on this form being disclosed by and to the Trust and the NHS Counter Fraud Authority, for the purpose of verification of this application and the prevention, detection, investigation and prosecution of fraud.

In addition I have noted that, as a condition of making payment of these relocation expenses, the Worcestershire Acute Hospitals NHS Trust requires an undertaking that as this is public monies, I will not leave the service of the Trust within a period of 2 year from my commencement date unless my further

move is the result of unforeseen circumstances which are serious enough for the Trust to agree to release me from this undertaking where otherwise it is necessary for me to break the undertaking.

Signed ..... Date .....

**REFUND OF RELOCATION EXPENSES**

In the event of me leaving the employment of Worcestershire Acute Hospitals NHS Trust within 2 years I agree to repay the relocation expenses made as follows:

Within 12 months start date	100%
12 months – under 18 months	50%
18 months – under 24 months	25%

This may be deducted from any monies owed to me by the Trust on termination of my employment.

Signed ..... Date .....

**Application for Relocation Expenses to the value of £.....**

(Attach a copy of the employee’s written offer letter setting out entitlement to relocation expenses)

**1. Authorised by Divisional Director of Operations:**

Signed ..... Date .....

Full Name .....

**2. Authorised by Chief f People Officer :**

Signed ..... Date .....

Full Name .....

**3. Authorised by Chief Finance Officer:**

Signed ..... Date .....

Full Name .....