**Appendix A**

## Sheffield Health & Social Care NHS Foundation Trust

## EMPLOYMENT BREAK SCHEME APPLICATION FORM

**Please read the Employment Break Scheme Policy Document prior to completing this form.**

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| --- | --- |
| 1. | Full Name: (Please Print): |
| 2. | Home Address: |
| 3. | Post Title: |
| 4. | Band: |
| 5. | Base: |
| 6. | Contracted Hours: |
| 7. | Work Pattern Details (e.g. shift/night work etc.): |
| 8. | Name of Line Manager: |
| 9. | Reasons for Wishing to Join the Scheme: |
| 10. | Intended date of Commencement of Employment Break: |
| 11. | Intended Length of Employment Break: |
| 12. | **Pension Options**  1.I do not want to contribute to my NHS Pension scheme during my Employment Break **Yes …………**(please tick to signify this is your choice)    2. I wish to continue to pay the employee contributions into the pension scheme for the first 6 months of my Employment Break and SHSC will make the employers contributions toward my NHS Pension.  **Yes………..**(please tick to signify this is your choice) |