**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)   |