Payroll Use Only – Employee Number

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| --- | --- | --- | --- | --- |
| **MP’s Name** | CAPITAL LETTERS |  | **Constituency** | CAPITAL LETTERS |
|  | |  |  | |

* Please try to provide full answers to the questions. This will enable us to make the necessary arrangements for you to take your adoption leave.
* Please forward a copy of your Matching Certificate as soon as it is available
* Please keep a copy of this form for your records.
* The child must be aged under 18 years of age at the date of being placed with you. You need to notify us of your intention to take adoption leave within seven days of you being notified that you have been matched with a child for adoption (unless this is not reasonably practicable, in which case notification should take place as soon as is reasonably practicable).
* You do not need to state whether you wish to take Additional Adoption Leave because it is assumed that you will take your full 52 week entitlement to leave.

**Employee details**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Your home address |  |
| Contact email address |  |
| Contact telephone number |  |

**Declarations**

|  |  |
| --- | --- |
| I intend to start my adoption leave on |  |
| I intend to return to work from my adoption leave on |  |

I declare that I have been matched with a child for adoption and wish to take statutory adoption leave for that purpose.

*[Only to be completed if the child is being adopted from overseas]*

|  |  |
| --- | --- |
| Please state the date on which you received official notification of being matched with a child for adoption by the relevant adoption agency |  |
| Please state the date on which the child is expected to enter Great Britain (this must be given no more than 28 days after the date on which you received the official notification of adoption) |  |

I acknowledge that my employer may ask me to supply information from the adoption agency that confirms:

(a) the name and address of the adoption agency,

(b) the date on which I was notified of being matched with a child for adoption, and

(c) the date on which the agency expects to place the child with me, and that I must comply with this request in order to take statutory adoption leave.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please email this signed form to payroll@theipsa.org.uk**

**Alternatively please send it to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.**

**If you have any questions about completing this form, please call 020 7811 6400 / Option 2**

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| --- |
| **Data Protection**  IPSA collects and processes personal information about you to exercise its statutory functions, to provide you with the services you have requested and where it is in our legitimate interests to do so. We will only use the information you provide on this form for the purposes set in the form and in any relevant related guidance to provide you with the services you have requested, to exercise our statutory functions or where we are otherwise required by law.  We may disclose information to third parties where it is fair and lawful to do so, while respecting your privacy rights. Information about how we use and protect your personal information, and your data protection rights is set out in the IPSA Privacy Notice available on our [website](https://www.theipsa.org.uk/about-us/privacy/). You can contact us by email to [privacyrights@theipsa.org.uk](mailto:privacyrights@theipsa.org.uk) or by post to IPSA, 2nd Floor, 85 Strand, London, WC2R 0DW.  **Freedom of Information**  Information held by IPSA may be disclosable under the Freedom of Information Act 2000. Information about the Act for MPs and their staff is available on the IPSA [website](https://www.theipsa.org.uk/ipsa-for-mps/guidance/ipsa-and-the-freedom-of-information-act/). |

**Payroll use only**

**Keyed by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked by *X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**