**Application for Approval of Eligibility to Claim Reimbursement of Removal or Rotational Travel Expense Form**

Trainees must ensure they have read the policy for the Reimbursement of Removal or Rotational Travel Expenses for Doctors in Training to ensure they fulfil the eligibility criteria.

Please email any questions to [HEEE.relocationexpenses@nhs.net](mailto:HEEE.relocationexpenses@nhs.net)

Please submit all supporting evidence/receipts with eligibility application to Medical Staffing at your employing NHS Trust. Medical Staffing must verify and sign off your application form prior to you submitting your claim electronically to HEEoE.

**Please indicate which of the following you are claiming:**

|  |  |  |
| --- | --- | --- |
| **EXPENSE** | **Please Tick 🗸** | **SECTION TO FILL OUT**  (where relevant) |
| EXPENSES ON REMOVAL (personal/household effects/mileage) |  | **A, B** |
| EXPENSES ON SALE/PURCHASE OF HOUSE |  | **A, B, C** |
| EXPENSES DURING SEARCH FOR ACCOMMODATION |  | **A, F** |
| CONTINUING COMMITMENTS (accommodation rental, temporary accommodation, weekly visits home) |  | **A, E** |
| EXCESS TRAVEL |  | **D, E** |

**MANDATORY INFORMATION REQUIRED BY ALL TRAINEES: Trainee details, previous claims, employing trusts.**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **GMC number:** |  |
| **Email address:** |  |
| **Mobile number:** |  |
| **Current address (include postcode):** |  |
| **Training Programme** |  |
| **Speciality** |  |
| **Grade** |  |
| **Start date on this programme:** |  |

**Details of ALL previous relocation claims from FY2 to date (do not leave blank, if you have not claimed any relocation expenses before please clearly state this):**

|  |  |  |
| --- | --- | --- |
| **Hospital Trust** | **Date of Claims** | **Total amount of all**  **Relocation and Associated**  **Expenses reimbursed** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  | | **Total £** |

**TRAINEE INFORMATION: NEW AND PREVIOUS EMPLOYING TRUST (Please do not leave blank)**

**Please state the details of your new/current employing trust**

|  |  |
| --- | --- |
| **Name of New Employer** |  |
| **Address of New Employer (include postcode):** |  |
| **Start date at employing NHS Trust**  **End date at employing NHS Trust** | DD/MM/YYYY |
| DD/MM/YYYY |
| **Contact Name in Medical Staffing** |  |
| **Email address of Medical Staffing Contact** |  |
| **Telephone number of Medical Staffing Contact** |  |

**Please provide details of employing trust prior to starting your new rotation (Please do not leave blank)**

|  |  |
| --- | --- |
| **Name of previous Employer** |  |
| **Address previous Employer**  **(including post code)** |  |
| **Contact Name in Medical Staffing** |  |
| **Email address of Medical Staffing Contact** |  |
| **Telephone number of Medical Staffing Contact** |  |

**If you have relocated please provide details of your previous address (include postcode):**

|  |  |
| --- | --- |
| **Previous Address:**  **(Please indicate mileage from previous property to current)** |  |

**SECTION A** *RELOCATION OF TRAINEE HOUSEHOLD*

*Eligibility Criteria stated in paragraphs 20 – 29 of relocation policy.*

|  |  |  |  |
| --- | --- | --- | --- |
| **New address (include postcode):**  **(If same as current address please indicate)** |  | | |
| **Will any member of your household**  **Receive financial assistance towards cost of the move?** | | **YES** | **NO** |
| **If yes, by whom and to what value?** | | **Name:** | **Amount:**  **£** |

**SECTION B** EXPENSES ON REMOVAL (personal/household effects/mileage/agency/lettings fees)

*Eligibility Criteria stated in paragraphs 20 – 29 of relocation policy.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please**  **Tick 🗸** | **Quote 1** | **Quote 2** | | **Quote 3** |
| **I am claiming for removal costs and have obtained 3 quotes** |  | **£** | **£** | | **£** |
| **I am claiming for reimbursement of a self-hire vehicle and have obtained 3 quotes** |  | **£** | **£** | | **£** |
| **I am claiming for storage costs and have obtained 3 quotes** |  | **£** | **£** | | **£** |
| **I am claiming for mileage/fuel costs @ 24p per mile:** | **Please Tick 🗸** | **No of journeys** | | **Amount** | |
| **Journeys (1 journey = single trip) in Self Hire Vehicle** |  |  | | **£** | |
| **Journeys (1 journey = single trip) in Car** |  |  | | **£** | |
| **I am claiming rental/agency fees (please itemise)** |  | **£**  **£**  **£** | | | |

**N.B Agency fees do NOT include inventory fees, check in/out fees (please see appendix 1)**

**SECTION C -** EXPENSES ON SALE/PURCHASE OF HOUSE

*Eligibility Criteria stated in paragraphs 20 – 29 of relocation policy.*

|  |  |  |
| --- | --- | --- |
|  | **Please tick 🗸** | **Amount** |
| **I am claiming for the lower monthly mortgage interest payments on the old (unsold) property** |  | **£** |
| **I am claiming for the lower monthly mortgage interest payments/rent on the new property** |  | **£** |
| **I am claiming stamp duty on the property sold/bought** |  | **£** |
| **I am claiming fuel costs @ £0.24 per mile** |  | **£** |
| **I am claiming solicitors fees due to an abortive house sale/purchase** |  | **£** |
| **I am claiming solicitors fees** |  | **£** |
| **I am claiming for other continuing costs for sale or purchase of house (please specify the details below):** | | |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |

**SECTION D -** EXCESS TRAVEL Trainee does not move but elects to travel the excess mileage for new rotation

*Eligibility Criteria stated in paragraphs 15 – 19 of relocation policy.*



**Please use AA Route Planner to calculate distances for the mileage calculator.**

**Please only fill in columns A (distance in miles home to base hospital) and B (distance in miles home to new place of work)**

**SECTION E** CONTINUING COMMITMENTS

*Eligibility Criteria stated in paragraphs 29, 32-33 of relocation policy.*

Where only the trainee moves and relocates away from family home (rental, temporary accommodation, weekly visits home)

|  |  |  |
| --- | --- | --- |
| **Will you continue to pay rental/mortgage payments on the property listed for the duration of the rotation?**  ***Please provide details in Appendix 1 of rent/mortgage out-goings*** | **Please tick 🗸** |  |
| **Monthly accommodation (rent or mortgage) away from family home:** | **£** | |
| **Please indicate return mileage from accommodation to family home: x 0 .24p =** | **£** | |
|  | **£** | |
|  | **£** | |

**SECTION F -** EXPENSES DURING SEARCH FOR ACCOMMODATION

*Eligibility Criteria stated in paragraphs 30-31 of relocation policy and appendix 2.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Please tick 🗸** | **1st Visit** | **2nd Visit** | **3rd Visit** | **4th Visit** |
| **Dates of Visits** |  | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY | DD/MM/YYYY |
| **I was accompanied by (include names)** |  |  |  |  |  |
| **I am claiming for an overnight stay** |  | **£** | **£** | **£** | **£** |
| **I am claiming reimbursement for standard class travel** |  | **£** | **£** | **£** | **£** |
| **I am claiming mileage/fuel costs @ £0.24 per mile** |  | **£** | **£** | **£** | **£** |
| **I am claiming for the reimbursement of a self-hire vehicle and fuel** |  | **£** | **£** | **£** | **£** |

**Appendix 1 (Any additional relevant information for your claim not included elsewhere)**

|  |  |
| --- | --- |
| **Total amount for all items listed in application** | **£** |

**DECLARATION:**

**I understand the maximum reimbursement from the NHS, payable from Health Education East of England (HEEoE) is a total of £8000.00 for the duration of the period of training from FY2 to CCT*.*  I understand I may be required to repay a proportion of any relocation expenses received if I leave the training programme before the Certificate of Completion of Training date. I declare that the information I have given above is correct and complete and that I have not made any other claim for the expenses listed above on this claim form. I understand if I knowingly provide false information I may be liable for prosecution and civil recovery proceedings. This may result in disciplinary action and referral to the GMC on grounds of Probity. I consent to the disclosure of the information on this form to and by HEEoE and NHS Protect for the purpose of verification of this claim.**

**I have checked that I am eligible to claim the items included in this application against the Policy for the Reimbursement of Removal or Rotational Travel Expenses for Doctors in Training. I understand that any missing information may result in a delay in the processing of this application.**

|  |  |
| --- | --- |
| **Signed:** | **Date:** DD/MM/YYYY |
| **Print Name:** |

**PLEASE RETURN THIS FORM TO YOUR EMPLOYING TRUST WITH ALL SUPPORTING EVIDENCE/RECIPTS**

**FOR OFFICE USE ONLY**

**NHS EMPLOYING TRUST**

|  |  |  |  |
| --- | --- | --- | --- |
| **All supporting evidence/receipts verified for claim?**  **Please tick 🗸** | **Signature:** | **Date:**  DD/MM/YYYY | **Please print name:** |

**Approval for Eligibility HEEoE Administrator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Approved**  **Please 🗸** | **HEEoE Ref No:** | **Signature:** | **Date:**  DD/MM/YYYY | | |
| **Declined**  **Please 🗸** | **HEEoE Ref No:** | **Signature:** | **Date:**  DD/MM/YYYY | | |
| **Confirmation of outcome sent via email to Trainee and NHS Employer** | | | | **Y** | **N** |

**Payment/Authorisation Details (for office use only)**

|  |  |  |
| --- | --- | --- |
| **Cost code** | **Description** | **Amount** |
|  |  | **£** |
|  |  | **£** |
| **TOTAL** | | **£** |