

REIMBURSEMENT OF REMOVAL OR ROTATIONAL TRAVEL EXPENSES

INSTRUCTIONS FOR COMPLETING YOUR APPROVAL OF ELIGIBILITY CLAIM FORM

Please read the information below carefully before completing this form

This form must be submitted by email - Hand written, posted or scanned application forms will not be accepted as this will deem the electronic signature fields unusable. Please type your answers on the form in the spaces provided, and sign the document with a digital ID. **Step by step guidance on how to set up a digital ID to sign this document is available - [Digital ID instructions](#)**
For Mac users - [Mac user Guidance](#)

Please ensure you have opened this application form in Adobe Reader. This should happen automatically as Adobe Reader is pre-installed on most computers. Do not begin completing this form if it has opened in an internet browser or PDF Previewer, as this will invalidate the digital signature fields and your form will be rejected. If required, Adobe Reader is available to download for free here: [Download Adobe Acrobat Reader Free - Click Here](#)

It is essential for you to **email** the same electronic form to medical staffing for them to add their digital ID once checked. The fully completed electronic form must then be emailed back to us by the trainee at relocation.eoe@hee.nhs.uk

If you are having problems with the form after reading the available guidance please contact relocation.eoe@hee.nhs.uk

- All information marked with a red asterisk (*) is mandatory and must be completed unless otherwise stated. Any applications missing mandatory information will be sent back for re-completion, and will cause delays in processing.
- 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 **before** submitting an application. Applications that do not meet the eligibility criteria will be declined.
- Please submit all supporting evidence/receipts with eligibility application to Medical Staffing at your employing NHS Trust. This evidence may also be required by HEE so it is recommended to submit all relevant documents with your application as an attachment.
- Medical Staffing must verify and sign your application form (digital ID) prior to you submitting your claim electronically to HEE. Applications received without this will not be accepted.
- It is the trainee's responsibility to submit the application form via email once complete and signed by Medical Staffing.
- The reimbursement of removal or rotational travel expenses application must be submitted within 2 months of you initially incurring the costs. HEE will not accept responsibility for forms that are submitted late, or delays caused by missing information.
- Once complete, the outcome of your application will be communicated to you in a letter, via email.

Please see our website for further information, the policy and detailed FAQs:

<https://heoe.hee.nhs.uk/Relocation>

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

How to complete your form:

Section **1, 2, 3,** and **7** are mandatory, and forms will not be processed if these sections are not complete. Sections **4+a/b, 5,** and **6** will need to be completed where relevant. London trainees will also be required to complete the **Scope of Practice**, which can be found on the last page of this form.

Section 1 – Trainee Details:

Surname*		First name(s) *	
Email address*		Telephone number*	
National Training Number (NTN)*		GMC Number*	
Training Programme/ Specialty*		Grade*	Programme start date*
Trainee Address*			Postcode*

Please indicate if you are employed on the 2016 Junior Doctors' Contract

Employment details:

Current/New Employer* <i>Salary Provider</i>		Start date*		End date*	
Employer Address*				Postcode*	
Medical Staffing Contact Name*		Medical Staffing Email/telephone			

I am on loan/ secondment	Hospital		Start date		End date	
	Address			Postcode		

Previous Employer*		Start date*		End date*	
Full Address*				Postcode*	

Section 2 – Expenses you wish to claim:

Please indicate which of the following you are claiming*

Expenses on Removal including rental/agency fees and costs relating to search for accommodation.

❖ Please complete [section 4+4a](#)

House Sale/Purchase for costs relating to the sale and/or purchase of a house not covered in 4a.

❖ Please complete [section 4+4b](#)

Excess Travel when travelling to a hospital further than your base place of work & travel in lieu of relocation (business mileage and on-call commitments not covered under this policy).

❖ Please complete [section 5](#)

Continuing Commitments monthly rent/mortgage accommodation costs and weekly visits home.

❖ Please complete [section 6](#)

Section 3 – Previous Claims

Details of ALL previous relocation claims in all HEE regions from FY2 to Date, including Continuing Commitments, Excess Travel and Relocations (do not leave blank, if you have not claimed any relocation expenses before please **clearly state 'nil'**)*

Hospital/Trust	Dates of claim:	Amount:
TOTAL:		

The maximum payable under this policy to any *trainee household* is **£8000.00** over the whole of the period employed on a recognised training programme.
Any relocation expenses claimed by another member of your household must also be declared.

Section 4 – Relocation Details

The new residence should be within a reasonable daily travelling distance of the new place of work. The old residence should not be within a reasonable daily travelling distance of the new rotation, in order to be eligible for relocation expenses.

Previous Address:		Postcode:	
Tenancy Type:		Dates from - to:	
Will any member of your household receive financial assistance towards the cost of your move? If yes please specify:			

New Address:		Postcode:	
Tenancy Type:		Date moved in:	
Distance from new hospital:		Distance moved:	

Section 4a – Expenses on Relocation

Eligibility Criteria stated in paragraphs 21 – 29 and 42 - 43 of relocation policy.

	Quote 1:	Quote 2:	Quote 3:
I am claiming for removals and have obtained three quotes:			
I am claiming for storage and have obtained three quotes:			

Removals and/or storage will not be reimbursed unless three quotes have been provided.

I am claiming for _____ journeys during the removals process **only**, fuel reimbursed at 24p per mile.

.1 journey = single trip, Do NOT duplicate this information in table below.

I am claiming reimbursement of a self-hire vehicle:	
I am claiming agency/rental fees:	

Expenses during search for Accommodation

Eligibility Criteria stated in paragraphs 30-31 and Appendix 1 of relocation policy.

	1 st Visit:	2 nd Visit:	3 rd Visit:	4 th Visit:
Date of visit:				
Overnight stay: (£55 maximum per night)				
Standard class travel:				
Fuel/mileage: (24p per mile)				
Self-hire vehicle:				
Postcodes: (To-from)				

Section 4b – Expenses on Sale/Purchase

Eligibility Criteria stated in paragraphs 21 – 29 and 41 – 43 of relocation policy.

Additional costs incurred due to the Sale/Purchase of a property		
I am claiming solicitor's fees:		
Agency/Rental fees: (If not already entered in section 4a)		
I am claiming stamp duty on the property bought/sold: Not applicable to first time buyers (Evidence of both stamp duties paid will be required)	Previous property:	
	New property:	
Other fees incurred (please provide details and costs):		

Section 5 – Excess Travel

Eligibility Criteria stated in paragraphs 16 – 20 of relocation policy.

All distances are calculated using AA route planner's shortest route.

Excess travel is calculated at 24p per mile, and can be claimed towards fuel or public transport costs.

I have relocated since working at my base place of work.

Please provide address whilst at first place of work on your current training programme in [section 4](#) **Yes** **No**

I am claiming for:		I work less than full time, WTE%:	
My base place of work is:			
Hospital Address:		Postcode:	

Base place of work is defined as the first place of work on the current training programme (foundation, core, run-through, specialty).

Distance from home – base (one way):		Distance from home - new (one way):	
Number of trips per month:		Number of months I am claiming:	

- Average number of round trips per month - Full time training equals 20 trips per month, 5 trips per week, and 4 weeks in a month. Please amend accordingly if you are LTFT.

- Please enter the full duration of the time you would like to claim excess travel expenses during your post.

- On-call commitments and business mileage are not reimbursed under this policy.

Section 6 – Continuing Commitments

Eligibility Criteria stated in paragraphs 32 - 37 of relocation policy.

Will you continue to pay rent/mortgage payments on a temporary property whilst in this rotation <i>in addition</i> to your permanent residence?			
Monthly mortgage/rent payment per month at the temporary residence:			
Monthly mortgage/rent payment per month at the permanent residence:			
Temporary Address:		Postcode:	
Permanent Address:		Postcode:	

Monthly out-goings for the permanent and temporary residence must be provided.

Weekly trips home to your permanent residence:	Yes	No
If YES , please provide the reasons for these visits:		
Are you receiving any financial assistance/reimbursement towards the rent/mortgage on your permanent residence? (e.g. lodger/spouse)	Yes	No
If YES , please provide details and amounts:		
Dates I am claiming for Continuing Commitments:	From:	To:

Trainees applying under paragraph 37 of the policy: Please provide cost per night and the average number of nights you expect to stay in Hospital accommodation per month in Appendix 1 (p6).

Appendix 1

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

Section 7 – Declaration

By ticking the boxes below I confirm and understand that:

The information provided is correct and complete and I have not made any other claim for the expenses listed on this eligibility 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 understand the maximum reimbursement from the NHS, payable from Health Education England is a total of £8000.00 per trainee household for the duration of the period of training from Foundation Year 2 to Certificate of Completion of Training (CCT).

I have submitted my claim within the specified timeframe; before or within two months of initially incurring the costs. And that if my claim is late then Health Education England, East of England, reserves the right not to reimburse my claim.

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 (CCT).

I consent to the disclosure of the information on this form to and by HEE EoE and NHS Protect for the purpose of verification of this claim.

I have read the reimbursement of removal or rotational travel expenses [policy](#), and have checked I am eligible for the expenses in this claim. I understand that any missing information may result in a delay in the processing of this application.

Trainee Signature (digital ID)*

Application forms must not be submitted to HEE EoE until signed by Medical Staffing

Medical Staffing Signature (digital ID)*

Please email your application to relocation.eoe@hee.nhs.uk once complete.

**London trainees rotating within the East of England: Please see next page for
Scope of Practice.**

