

# APPLICATION FOR ADOPTION LEAVE

This application should be completed within 7 days of you being notified of a match with a child.  
Please ensure you have matching certificate before proceeding.

East Dunbartonshire Council processes personal data in accordance with the General Data Protection Regulations (EU 2016/679), the Data Protection Act 2018 and all other relevant national data protection laws.

Your personal data will be processed in accordance with the Council's privacy notice for employees which is available at:  
<https://www.eastdunbarton.gov.uk/council/privacy-notices>.

|                           |                      |
|---------------------------|----------------------|
| Full name                 | <input type="text"/> |
| Post title                | <input type="text"/> |
| National Insurance Number | <input type="text"/> |
| Email                     | <input type="text"/> |
| Telephone                 | <input type="text"/> |
| Personal Email            | <input type="text"/> |

## Section B - Contract details

Employee status

Permanent  Temporary

EDC start date

Expected date of child placement (approximately)

Do you want to defer payment of the 12 weeks half pay until your return from adoption leave?

Yes  No

I understand the period of unpaid absence due to maternity leave will not count towards my superannuation service unless I elect to pay superannuation contributions

Please select from one of the following options

I have over 26 weeks continuous service at the date of approved match

Continue to section D

I have less than 26 weeks continuous service at the date of approved match

Continue to section E

I wish to resign due to adoption

Continue to section F

## Section D - More than 26 weeks

As I have over 26 weeks continuous service at the date when an approved match is made. I confirm that I intend to cease work temporarily, and wish to apply for adoption leave and pay to commence on Sunday

I agree to the conditions applicable and confirm that I intend to return to work for at least three months in accordance with the conditions of the scheme. I understand that if I do not return to work for at least three months that I will require to refund to the Council the amount of adoption pay paid to me for the 12 week period at five tenths pay.

*Continue to section H*

Section E - Less than 26 weeks

As I have less than 26 weeks continuous service at the date when an approved match is made, I confirm that I intend to cease work temporarily, and wish to apply for adoption leave and for pay to commence on Sunday

I understand that if I meet the qualifying conditions I will receive Statutory Adoption Pay. I agree to the conditions applicable and confirm that I intend to return to work.

*Continue to section H*

Section F - Resign due to adoption

I confirm that I intend to resign due to adoption. I understand that if I meet the qualifying conditions I will receive Statutory Adoption Pay.

My resignation will be effective from Sunday

*Continue to section H*

Section G- Manager details

Manager name

Manager post title

Manager email

Section H - Confirmation

I agree that the information I have provided on this form is complete and correct to the best of my knowledge.

Please forward this form to Employee Services with a copy of your Matching Certificate: [servicesupport@eastdunbarton.gov.uk](mailto:servicesupport@eastdunbarton.gov.uk)