

# Partner Declaration Form for Shared Parental Leave (SPL) Opt-In Form – Confidential

|  |
| --- |
| **Partner Details** |
| Name: |  |
| Address (including postcode): |  |
| National Insurance Number: |  |

|  |
| --- |
| **Employee Details** |
| Name of Employee: |  |
| Job Title and Section / School: |  |

**Partner Declaration**

**I confirm that** (tick as appropriate):

* I am the child’s mother (in birth cases) or the person with whom the child is or is expected to be placed (in adoption cases). I am entitled to maternity/adoption leave or pay or maternity allowance and intend to curtail my rights to such leave or pay as set out in the employee’s SPL Opt-In Form.
* I am the child’s father or the employee’s spouse, partner or civil partner.
* I have worked (in an employed or self-employed capacity) in at least 26 of the 66 weeks before the expected week of childbirth/date of placement and my average weekly earnings are not less than the lower earnings limit set by the Government during 13 of those weeks.
* I consent to the period(s) of SPL and SPP which the employee intends to take and which are set out in their SPL Opt-In Form.
* I have worked (in an employed or self-employed capacity) in at least 26 of the 66 weeks before the expected week of childbirth and my average weekly earnings are not less than the lower earnings limit set by the government during 13 of those weeks;
* I consent to the University processing such of my information as is contained in this Declaration Form.

|  |  |
| --- | --- |
| Signed: |  |
| Dated: |  |

**Note to Heriot-Watt employee:** you must return this completed form together with your SPL Opt-In Form to [**HR helpdesk**](https://enzj-odcsvbcs-05041720-5140-oracleexpert.builder.ocp.oraclecloud.com/ic/builder/rt/dcs/1.0/webApps/dcs/) not less than eight weeks before any period of SPL or SPP is proposed to begin.