## Milton Keynes University Hospital NHS Foundation Trust

## Relocation Expenses Claim Form – Thames Valley Trainees

Please use this form to claim expenses incurred through relocation e.g. removal costs, stamp duty etc. N.B. Prior to completing this form, please ensure you are familiar with the *‘HEE Relocation and Travel Expenses Framework for Doctors and Dentists in Training and Public Health Trainees’*. **Do not use this form for excess mileage claims.**

Please complete and return this form, together with the relevant attachments to:

[HRServicesTeam@mkuh.nhs.uk](mailto:HRServicesTeam@mkuh.nhs.uk)

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Personal details** | | | |
| Surname |  | Maiden name (if previously used in training) |  |
| Forename(s) |  | GMC/GDC number |  |
| Email address |  | Phone number |  |
| Programme |  | Grade |  |

|  |  |
| --- | --- |
| **2. Employment details** | |
| Employing organisation |  |
| Designated place of work for placement (Address in full) |  |
| Start date at employing organisation (or date due to start) | Click to enter a date |
| Payroll/Employee Number (if known) |  |

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| --- | --- | --- | --- | --- | --- |
| **3. Previous relocation expense claims** | | | | | |
| If you have claimed relocation expenses in the past, please provide details of the amounts claimed below. We reserve the right to verify these claims with your previous employers.  I have not previously claimed relocation expenses  (please proceed to section 4) | | | | | |
| Name of trust expenses claimed from | | | | Amount claimed | Year claim made |
|  | | | | £ |  |
|  | | | | £ |  |
|  | | | | £ |  |
|  | | | | £ |  |
|  | | | | £ |  |
| **4. Detail of expenses incurred** | | | | | |
| New address |  | | | | |
| Do/will you own or rent this property?  Own  Rent  Other  Will you be a first time buyer?  If you have selected “own” please attach documentary evidence to confirm this (e.g. a mortgage statement). | | | | | |
| Previous address | |  | | | |
| Did you rent or own your previous property? | | Own  Rent  Other | | | |
| **Expense claim details**  **(*Please attach copies of receipts when submitting this claim*)** | | Amount | Description | | |
| £ |  | | |
| £ |  | | |
| £ |  | | |
| £ |  | | |
| £ |  | | |
| £ |  | | |
| £ |  | | |

|  |  |
| --- | --- |
| **5. Declaration** | |
| I hereby confirm that I have read and understood the *‘HEE Relocation and Travel Expenses Framework for Doctors and Dentists in Training and Public Health Trainees’*. I also agree that as a condition of receiving these expenses, if I leave the service of the employing trust before the end of my rotation I may be required to repay the whole or a proportion of any expenses received and this amount may be deducted from my salary. Where salary payments are insufficient to recover the full amount, the balance due will be invoiced. I understand that relocation expenses incurred more than 24 months after the end of the tax year in which employment commenced will be subject to income tax.  In submitting this form I consent to my name, GMC/GDC number and total amount claimed being shared with relevant HEE staff and medical personnel staff at other trusts in the region to verify any future claims.  I declare that the information I have given on this form is correct and complete and that neither I nor other parties have claimed elsewhere for the expenses detailed on this form. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. | |
| Name: | Date: Click to enter a date |