**Relocation Expenses Claim Form – Thames Valley Trainees**

**Background**

All Thames Valley Doctors and Dentists in Training wishing to claim for expenses incurred through relocation (e.g. removal costs, stamp duty) must complete this form and email it to the Royal Berkshire NHS Foundation Trust at [Medical.Workforce@royalberkshire.nhs.uk](mailto:Medical.Workforce@royalberkshire.nhs.uk).

Following receipt of this application form, the Medical Workforce team will review the form and approve or reject the application.

When the application form for the relocation claim has been approved by Medical Workforce, this will be sent to Payroll Services to provide the Doctor or Dentist with applicable access to the Trust’s online expenses system (EASY) where they can complete their claim and attach all supporting evidence/receipts.

Once the Doctor or Dentist has submitted their relocation claim via the EASY system, this will be sent to Medical Workforce to complete the final approval step and Payroll will be notified.

It is encouraged that any Doctor or Dentist wishing to claim for relocation expenses ensures they are familiar with the **“HEE Relocation and Travel Expenses Framework for Doctors and Dentists in Training and Public Health Trainees”.** This framework is on the Health Education England Thames Valley Website, found [here](https://thamesvalley.hee.nhs.uk).

Doctors or Dentists who are on an approved Out of Programme placement will not be eligible to claim relocation expenses.

**Doctors or Dentists in Training wishing to claim for excess mileage must not use this application form.**

**Application Form**

Please complete this application form in full following the guidance specified at the beginning of this document.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Personal details** | | | |
| Surname |  | Forename(s) |  |
| Assignment Number |  | | |
| Date of Birth |  | GMC/GDC number |  |
| Email address |  | Telephone number |  |
| Home address |  | | |

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| --- | --- | --- | --- | --- |
| 1. **Additional information** | | | | |
| Please confirm your base hospital site? | |  | | |
| Do you intend to move into a new residence? | | | | Yes  No |
| Do you intend to travel to the Royal Berkshire Hospital site daily? | | | | Yes  No |
| If “Yes” to travelling daily, please confirm mode of transport | | | Car  Train  Other | |
| If “Other”, please specify mode of transport |  | | | |

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| 1. **Employment details** | | | |
| Name of previous Trust (address in full) |  | | |
| Start date at the Royal Berkshire Hospital |  | Grade |  |
| Department/Specialty |  | | |

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| --- | --- | --- |
| 1. **Previous relocation expense claims** | | |
| If you have claimed relocation expenses previously, please provide full details of the amounts claimed in the table below. We reserve the right to verify any of the claims below with your previous employers.  I have not previously claimed relocation expenses  (please proceed to section 5). | | |
| **Name of Trust where expenses were claimed** | **Amount claimed** | **Year claim was made** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |

|  |  |  |
| --- | --- | --- |
| 1. **Details of expenses incurred** | | |
| New address  *(If different to address in section 1)* |  | |
| Do/will you own or rent this property?  *If you have selected ‘own’, please provide supporting evidence (i.e. a mortgage statement).* | | Own  Rent  Other |
| Previous address |  | |
| Did you own or rent your previous property? | | Own  Rent  Other |

|  |  |  |
| --- | --- | --- |
| **What are your anticipated expenses to be claimed?**  *Please ensure all supporting evidence/receipts are attached in the EASY online expenses portal.* | **Amount** | **Description** |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **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.  I confirm that my post at the Royal Berkshire Hospital is part of an approved training programme  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 |  |
| Signature |  | | |