

Relocation Expenses Policy

Effective: April 2010

Review: March 2013

1 Introduction

This policy is designed to assist new employees who move home to take up employment with the Trust. Any offer of relocation is at the Trust's discretion. This policy is intended as a guide for employees, line managers and Senior Human Resources staff.

2. Scope/Eligibility

2.1. The following criteria will apply:

- a) the proposed place of residence is within reasonable distance of the employee's base to allow work commitments to be undertaken (for example, on-call), and
- b) the arrangements proposed are reasonable
- c) for non-Medical and Dental staffs, the post appointed to is at band 6 or above. (For Medical & Dental staffs, all grades are eligible)

2.2 The Chief Executive has the exclusive authority to authorise relocation expenses out-with the above criteria (for example, to facilitate recruitment to a particularly hard-to-fill post) where the prospective employee has specialist qualifications, experience or known ability. This would include, for example, an employee relocating from overseas. The extent to which relocation expenses will be reimbursed in these circumstances will be subject to discussion between the Chief Executive and the employee.

2.3 The Trust will implement this policy at its absolute discretion.

3 Additional Conditions

3.1 The relocating employee will be expected to register any potential claim for reimbursement of relocation costs within three months of the offer of appointment. He/she will normally be expected to complete the submission of all expenses claims within 18 months of taking up the new post. To be eligible for tax exemption, any eligible claim must be incurred before the end of the tax year following the tax year in which the new employment is taken up.

3.2 The extent to which relocation expenses may be reimbursed will also depend on the residential and marital (or equivalent) status of the new employee.

A householder is a person who, in the area of his/her previous employment, owner-occupied accommodation of more than one main room.

A married (or equivalent) employee is one who, at the date of relocating, is married and living with their family.

It is for the Trust to determine what constitutes equivalent marital responsibilities. The guiding principle will be that the person is responsible for moving and rehousing dependants in the same way as a married person would be responsible for moving and rehousing his/her family.

Single employees are those who fall into neither of these categories.

3.3 Those eligible employees making their first house purchase will only be able to

submit claims in respect of expenses associated with the purchase of property (Form 3) on the basis of a house purchase price consistent with the average house price within Newcastle upon Tyne.

- 3.4 Relocation expenses can be claimed **subject to an overall maximum of £10,000**. It should be noted that the tax free maximum allowed by the Inland Revenue is £8,000 though certain items of expenditure within this may be taxable.

Only the Chief Executive has authority to offer an enhanced "package" to a new employee - see 2.2 above.

All reimbursement claims which exceed £5,000 in total will require the authorisation of the Chief Executive. The Senior Human Resources Manager (Medical Staffing or Human Resource Services), will undertake to seek this authorisation when appropriate.

- 3.5 All employees will be required to sign an undertaking that, should they voluntarily leave the employment of the Trust or have their employment terminated within a period of two years of receiving reimbursement of relocation expenses, they will repay the expenses involved as follows:

Period Following Appointment	Amount Repayable
Less than 12 months	100%
12-18 months	75%
18-24 months	50%

- 3.6 In the cases of travel from abroad, expenses will be limited to those from the port of entry into Great Britain and will be subject to taxation.

4. Removal and Storage Charges

- 4.1 The reasonable costs of the removal of an employee's furniture and effects will be reimbursed subject to the employee obtaining written quotations from three reputable independent removal companies and, whilst any company can be used, reimbursement will be limited to the amount of the lowest quotation.
- 4.2 The cost of storing furniture and effects can be reimbursed for up to a maximum of six months. Payments will not be paid for any period of storage prior to the employee's date of commencement unless agreed by the Trust. As with the cost of removal, three written estimates must be obtained and reimbursement will be limited to the amount of the lowest estimate.
- 4.3 When the employee visits the new area in an attempt to find accommodation, he/she may claim reimbursement of travelling expenses for one return journey and for viewing property in the new area. A subsistence allowance may also be claimed for up to four nights. The employee can also claim reimbursement of expenses on behalf of his/her partner and (where appropriate) his/her children where they accompany him/her on the preliminary visit. The following level of reimbursement will apply:
- a) partner - two-thirds of the full subsistence rate
 - b) children under age 12 years - half the full subsistence rate
 - c) children over age 12 years – two-thirds of the full subsistence rate

All expenses must be claimed in line with the Trust's Travel and Expenses Policy.

- 4.4 The cost of travelling (and, where appropriate, a subsistence allowance) from the old home to the new home will be reimbursed for the employee and his/her dependants. In addition, if it is necessary for the employee to make a return visit to supervise the removal of his/her possessions from the old home, he/she can be granted up to two days special leave to do this and will be reimbursed travelling expenses.
- 4.5 To claim reimbursement of expenses under this section, the employee should submit Form 2 "Reimbursement of Relocation Expenses; Removal & Storage Charges" to the Senior Human Resources Manager (either Medical Staffing or Human Resource Services).

It should be noted that:

- a) Subsistence allowances (where payable) are subject to an upper limit equivalent to the allowances set out in Section 22 of the General Whitley Council Terms and Conditions of Services and Annex N of the NHS terms and conditions of service handbook
- b) reimbursement cannot be made without the production of appropriate receipts and tickets, and
- c) travelling expenses by public transport will be limited to the amount of second class rail fare,
- d) reimbursement of mileage for travel by other means e.g. car, will be at Public Transport Rate in accordance with the aforementioned handbook

5. Expenses Associated with the Sale and Purchase of Property

- 5.1 The employee may be reimbursed for reasonable expenses associated with the sale of his/her home in the old area, including:

- a) estate agents or auctioneers fees
- b) legal fees

Should the employee not engage a house agent or auctioneer to sell the home, he/she can also be reimbursed the reasonable expenses involved.

- 5.2 Provided the employee was a householder (see 3.2 above) in the old area, he/she may claim some reimbursement of fees related to the purchase (based on the actual or notional purchase price - see 5.3 below) of a home in the new area, including:

- a) legal fees
- b) land registration fees
- c) incidental legal expenses
- d) survey fees
- f) electrical wiring tests
- g) mortgage arrangement and valuation fees (it should be noted that mortgage redemption fees and mortgage indemnity premia are not reimbursable)

Please note the Trust will make a contribution towards Stamp Duty costs to a maximum of £2,500.

The Trust will reimburse actual receipted costs involved in the purchase of the employee's house subject to the overall limits outlined at 3.4,

- 5.3 Should there be a demonstrable improvement (this is sometimes referred to as 'betterment') between the old and new homes, reimbursement of the expenses associated with the purchase of the new home will be limited to those based on a notional purchase price which is calculated by reference to the size, type and location of the old property and the price it would have realised in the new area. The Trust reserves the right to seek a professional valuation, at the Trust's expense, from an appropriate company which specialises in this area, please see Appendix 2

- 5.4 Where the purchase of a home is abandoned, the employee may be reimbursed the costs incurred up to that point at the Trust's discretion and on one occasion only. The costs must be reasonable in relation to the work done and the employee will be required to satisfy the Trust that he/she was in no way responsible for the abandonment of the purchase or that the reasons of withdrawal are entirely reasonable. Similarly, where the sale of the property in the old area is abandoned through no fault of the employee the Trust may reimburse any costs incurred up to that point.
- 5.5 To claim reimbursement of expenses under this section, the employee should submit Form 3: "Claim for Reimbursement of Relocation Expenses: Expenses Associated with the Sale and Purchase of Property" to the Senior Human Resources Manager (either HR Medical & Dental or Human Resource Services). It must be noted that:
- a) reimbursement cannot be made without the production of all receipted invoices to accompany the claim
 - b) no compensation can be paid for any loss (including any loss occurring through 'negative equity') incurred on the sale of the home consequent upon the move to the employment of the Trust.

6. Bridging Loans

- 6.1 In certain exceptional circumstances and only for a period which is specified and known in advance the interest charges (net after income tax relief where this is allowable) on a bridging loan not exceeding the estimated selling price of the old property may be reimbursed.
- 6.2 No commitment will ever be given to reimburse loan charges unless the exchange of contracts on purchase and/or sale is imminent; this is to protect the Trust's and the employee's interests.
- 6.3 Applications for reimbursement of bridging loan charges must be made in writing to the Chief Executive who will consider the case on its merits. Documentary evidence of the charges must accompany the application including evidence from the bank/building society and solicitor as confirmation that the bridging loan is necessary.

7. Expenses during Search for Accommodation

7.1 If the employee:

- is married or
- is a single householder or
- has equivalent responsibilities to those of a married person

and simultaneously incurs accommodation costs in both the old and new areas, for instance:

- where temporary accommodation is occupied in the new area whilst the family remains behind in the old area or
- where the employee and his/her family move to the new area but continue to incur costs in the old area i.e. because the old property remains unsold.

An allowance can be paid to cover the additional costs associated with maintaining two "households". This is called the **Dual Accommodation Allowance**.

7.2 The allowance will be the lesser of:

- a) the actual accommodation costs in the new area (see also 7.5 below)
- b) the actual continuing costs in the old area (which will be assessed by reference to mortgage payments excluding the insurance element of endowment mortgages, property insurance premia, council tax charges, water rate charges and where appropriate, ground rent) and will be subject to an overall maximum of £500 per month. The costs of any tenancy agreement in relation to rented property in the new area are also reimbursable within the overall maximum level of allowance.

7.3 It is a condition of receiving this allowance that the employee is making every effort (and can demonstrate this) to find permanent accommodation in the new area and to terminate the liabilities in the old area and the Trust reserves the right to make whatever approaches to the relevant estate agent(s) it considers necessary from time to time to ensure that this is the case.

It must also be noted that:

- a) if the property in the old area remains unsold and rent is being collected on it whilst it would otherwise be unoccupied, the amount of the rent will be taken into account in assessing the Dual Accommodation Allowance.
- b) if the property in the old area remains unsold the employee will be expected to take full advantage of any rebates available on council tax and utility charges whilst the home in the old area is unoccupied.

7.4 Payment of the Dual Accommodation Allowance will not continue in any case for more than six months.

7.5 If the employee has left his/her family behind in the old area and can demonstrate his/her intention to relocate the family in the new area within the agreed timeframe, the employee will be eligible to claim travelling expenses for two return journeys per month to the home in the old area. Reimbursement of these expenses is restricted to:

- a) second class rail fare or
- b) bus or coach fare or
- c) out of pocket expenses if the employee uses his/her own car or other means of transport e.g. motorcycle (subject to an upper limit equivalent to second class rail fare)

and the costs will be included within the overall maximum Dual Accommodation Allowance payable.

7.6 If the employee is in one of the categories of employee eligible for payment of the expenses during search for accommodation but decides to commute daily to and from the home in the old area, he/she may claim payment of additional travelling expenses at the public transport mileage rate (or lease car mileage rate where applicable) or the actual cost of public transport (where public transport is used) for up to a maximum period of six months. Payment of these expenses is subject to the Trust being satisfied that the employee is making every effort to find a permanent home in the new area and the payments will be taxable.

7.7 The initial claim for payment of the Dual Accommodation Allowance must be submitted within three months of the employee taking up post.

7.8 It should be noted that at least part of the Dual Accommodation Allowance may be subject to taxation.

7.9 To claim reimbursement of expenses under this section, the employee should submit Form 5: "Claim for Reimbursement of Relocation Expenses: Expenses

During Search for Accommodation" to the Senior Human Resources Manager (either HR Medical & Dental or Human Resource Services).

Where rented accommodation is occupied, documentary evidence of the tenancy agreement must be enclosed.

8. Reimbursement of Relocation Expenses – Non Home Owners

The Trust will give consideration to requests for reimbursement of expenses in connection with relocation where an employee is a non home owner. This will cover the following:

- Removals (ref 4.1)
- Cost of arrangement/disposal of rented accommodation.

9. Procedure Issues

- 9.1 All employees who are seeking to claim reimbursement of relocation expenses will be required to complete and submit Form 1: "Application for Assistance with Relocation Expenses", to the **Human Resources** Department where an assessment of eligibility will be made against this policy. The form includes a declaration that if the employee leaves the Trust within two years of taking up their employment, he/she will repay the relocation expenses received; this includes individuals that leave before the expiry of a fixed term appointment.
- 9.2 The employee will normally be expected to settle all accounts for expenses related to relocation directly with the company concerned and then seek appropriate reimbursement from the Trust. All claims for reimbursement must be accompanied by receipts where required in the policy but can be submitted on a 'piecemeal' basis i.e. as-and-when expenses are incurred. In exceptional circumstances where hardship may otherwise result, the Trust may be prepared to settle accounts directly with a company or companies who undertake work or provide a service on behalf of the employee.
- 9.3 The Trust reserves the right to insist that the employee uses any particular company with whom it may in the future enter into an agreement to provide services for relocating employees e.g. solicitors/conveyancing agents or removal firms.
- 9.4 Following authorisation, the relevant Senior Human Resources Manager (either HR Medical & Dental or Human Resource Services) will check the claim and submit it to Payroll with all relevant receipts and a completed payment voucher.
- 9.5 Payroll will then further check the claim, particularly for any items to be reimbursed which are subject to taxation. They will then arrange for the allowable claim to be paid via payroll (for those items which are taxable), or by separate cheque via the Finance Department.
- 9.6 Where there is any doubt about interpretation of the policy in a particular case, or where there is scope for discretion within the policy, the Director of Human Resources/Chief Executive will be consulted before a final decision is reached.

10 Monitoring

- 10.1 Compliance with this policy will be monitored by the Director of Human Resources. The figures will be presented to the Heads of Human Resources Meeting on an annual basis who will identify appropriate action plans to address any concerns

regarding the process and will continue to monitor the plan until its completion.

- 10.2 Monitoring will include an audit of relocation expenses paid to ensure the process has been adhered to and all payments have been made in accordance with the policy

Policy Author: Director of Human Resources

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

FORM 1: APPLICATION FOR ASSISTANCE WITH RELOCATION EXPENSES

This Form must be completed in full by the applicant including the Declaration overleaf, and forwarded to the relevant Senior Human Resources Manager (either Hr Medical & Dental or Human Resource Services).

<p>NAME OF APPLICANT:</p> <p>Mr/Mrs/Miss/Ms/Dr Forename(s): _____</p> <p>Surname: _____</p> <p>Partners Name: _____</p> <p>Children's Names and Ages: _____ _____ -</p>	<p>MARITAL STATUS (Tick as appropriate)</p> <p>Single <input type="checkbox"/></p> <p>Married <input type="checkbox"/></p> <p>*Single with Equivalent Responsibilities of a Married Person <input type="checkbox"/></p> <p>* Status subject to Trust agreement</p>
<p>PREVIOUS APPOINTMENT:</p> <p>Post: _____</p> <p>Employer's Name & Address: _____ - _____ - _____</p> <p>Whole-Time/Part-Time: _____</p> <p>Date of Termination: _____</p>	<p>NEW APPOINTMENT:</p> <p>Post: _____</p> <p>Department: _____</p> <p>Hospital: _____</p> <p>Band & Salary: _____</p> <p>Whole-Time/Part-Time: _____</p> <p>Date of Commencement: _____</p>
<p>PREVIOUS ADDRESS:</p> <p>_____ - _____ - _____</p> <p>Type of Accommodation: (Tick as appropriate)</p> <p>Owner Occupied <input type="checkbox"/></p> <p>Hospital Accommodation <input type="checkbox"/></p> <p>Rented Unfurnished <input type="checkbox"/></p> <p>Rented Furnished <input type="checkbox"/></p> <p>Rented *Part Furnished <input type="checkbox"/> *state to what extent:</p> <p>Date of Removal: _____</p>	<p>NEW ADDRESS:</p> <p>Permanent/Temporary: (Delete as appropriate)</p> <p>_____ _____ _____</p> <p>Type of Accommodation: (Tick as appropriate)</p> <p>Owner Occupied <input type="checkbox"/></p> <p>Hospital Accommodation <input type="checkbox"/></p> <p>Rented Unfurnished <input type="checkbox"/></p> <p>Rented Furnished <input type="checkbox"/></p> <p>Rented *Part Furnished <input type="checkbox"/> *state to what extent:</p> <p>Date of Occupancy: _____</p>

DECLARATION

1. I _____ make application to The Newcastle
PRINT NAME
upon Tyne Hospitals NHS Foundation Trust ("the Trust") for assistance with relocation expenses actually and necessarily incurred by me in connection with my appointment as _____ and, in so doing, I declare that the information provided by me in this respect is correct.

2. In consideration of the Trust reimbursing expenses to which I am entitled in accordance with the Relocation Expenses Policy (a copy of which I have received), this declaration gives the Trust the authority to deduct from my salary, expenses or accrued holiday pay due at the time of termination of employment, any relocation expenses I am required to repay in the event of me leaving the Trust, or my employment being terminated. If there is any shortfall, I confirm I accept my responsibility to repay the outstanding amount. The amount of repayment will be in accordance with the following table:
 - a) Within 12 months of appointment – 100%
 - b) Between 12-18 months of appointment – 75%
 - c) Between 18-24 months of appointment – 50%

***3. Married employees and/or those with equivalent responsibilities**

I further declare that my spouse/partner is not in receipt of, or claiming, relocation expenses from any source.

4. I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the expenses/fees 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 and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signature: _____ Date: _____

(* delete as appropriate)

CERTIFICATE OF ELIGIBILITY

I confirm on behalf of The Newcastle upon Tyne Hospitals NHS Foundation Trust that

_____ is eligible to receive reimbursement of relocation expenses

in accordance with the Relocation Expenses Policy.

Signature: _____ Date: _____

Designation: _____

Print Name: _____

CLAIM FOR REIMBURSEMENT OF RELOCATION EXPENSES
FORM 2: REMOVAL AND STORAGE CHARGES

NAME OF CLAIMANT: _____ POST: _____

DEPARTMENT: _____ HOSPITAL: _____

CLAIMS UNDER SECTION 2 OF THE TRUST'S RELOCATION EXPENSES POLICY																											
Notes		Amount Claimed																									
		£	p																								
<p>Three independent quotations and receipted invoices are required.</p> <p>Reimbursement will be limited to the lowest quotation.</p> <p>Storage charges can be claimed for a maximum of six months.</p>	<p>1. REMOVAL AND STORAGE CHARGES</p> <p>(a) Removal Charges:</p> <p>(i) To temporary accommodation</p> <p>(ii) To permanent accommodation</p> <p>(b) Storage Charges:</p> <p>From _____ To _____</p> <p>No. weeks _____ @ £ ____ per week</p>																										
<p>Travelling expenses are subject to an upper limit equivalent to standard class rail fare.</p> <p>Subsistence Allowances are subject to an upper limit equivalent to the allowances set out in Section 22 of the General Whitley Council Terms and Conditions of Service, and Annex N of the NHS terms and conditions of service handbook.</p> <p>Receipts are required for expenses claimed under this heading.</p>	<p>2. PRELIMINARY VISIT</p> <p>(a) Date(s) and times of visit:</p> <p>From _____ To _____</p> <p>Depart _____ Return _____</p> <p>(b) Travelling Expenses (one return journey)</p> <table border="0"> <tr> <td></td> <td>By Car (No Miles)</td> <td>By Rail/ Coach</td> </tr> <tr> <td>Self</td> <td>_____ £ _____</td> <td>_____</td> </tr> <tr> <td>Partner</td> <td>_____ £ _____</td> <td>_____</td> </tr> <tr> <td>*Children</td> <td>_____ £ _____</td> <td>_____</td> </tr> </table> <p>(c) Subsistence Allowances (four nights maximum)</p> <table border="0"> <tr> <td></td> <td>No Nights</td> <td>Per Night</td> </tr> <tr> <td>Self</td> <td>_____ £ _____</td> <td>_____</td> </tr> <tr> <td>Partner</td> <td>_____ £ _____</td> <td>_____</td> </tr> <tr> <td>*Children</td> <td>_____ £ _____</td> <td>_____</td> </tr> </table> <p>* State names and ages:</p>		By Car (No Miles)	By Rail/ Coach	Self	_____ £ _____	_____	Partner	_____ £ _____	_____	*Children	_____ £ _____	_____		No Nights	Per Night	Self	_____ £ _____	_____	Partner	_____ £ _____	_____	*Children	_____ £ _____	_____		
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Self	_____ £ _____	_____																									
Partner	_____ £ _____	_____																									
*Children	_____ £ _____	_____																									

Notes		Amount Claimed	
		£	p
	<p>3. JOURNEY FROM OLD HOME TO NEW</p> <p>(a) Date of Journey _____</p> <p>Time: Depart _____ Arrive _____</p>		

<p>Travelling expenses are subject to an upper limit equivalent to standard class rail fare.</p> <p>Claims for Subsistence allowances are only considered where warranted by the length of the journey and must be supported by receipts</p>	<p>(b) Travelling Expenses:</p> <table style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">By Car (No Miles)</td> <td style="text-align: center;">By Rail/ Coach</td> </tr> <tr> <td>Self _____</td> <td>£ _____</td> <td></td> </tr> <tr> <td>Partner _____</td> <td>£ _____</td> <td></td> </tr> <tr> <td>*Children _____</td> <td>£ _____</td> <td></td> </tr> </table> <p>(c) Subsistence Allowances</p> <table style="margin-left: 40px;"> <tr> <td>Self _____</td> <td>£ _____</td> </tr> <tr> <td>Partner _____</td> <td>£ _____</td> </tr> <tr> <td>*Children _____</td> <td>£ _____</td> </tr> </table> <p>* State names and ages:</p>		By Car (No Miles)	By Rail/ Coach	Self _____	£ _____		Partner _____	£ _____		*Children _____	£ _____		Self _____	£ _____	Partner _____	£ _____	*Children _____	£ _____		
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Partner _____	£ _____																				
*Children _____	£ _____																				
	<p>4. RETURN VISIT TO SUPERVISE REMOVAL</p> <p>(a) Date of visit _____</p> <p style="margin-left: 40px;">Time: Depart _____ Arrive _____</p> <p>(b) Travelling Expenses:</p> <table style="margin-left: 40px;"> <tr> <td></td> <td style="text-align: center;">By Car (No Miles)</td> <td style="text-align: center;">By Rail/ Coach</td> </tr> <tr> <td>Self _____</td> <td>£ _____</td> <td></td> </tr> </table> <p>(c) Subsistence Allowances:</p> <table style="margin-left: 40px;"> <tr> <td>Self _____</td> <td>£ _____</td> </tr> </table>		By Car (No Miles)	By Rail/ Coach	Self _____	£ _____		Self _____	£ _____												
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Self _____	£ _____																				
Self _____	£ _____																				
TOTAL AMOUNT CLAIMED																					

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the expenses/fees 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 and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed: _____ Date: _____

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

**CLAIM FOR REIMBURSEMENT OF RELOCATION EXPENSES FORM 3:
EXPENSES ASSOCIATED WITH THE SALE AND PURCHASE OF PROPERTY**

NAME OF CLAIMANT: _____ POST: _____

Please print

DEPARTMENT: _____ HOSPITAL: _____

CLAIMS UNDER SECTION 3 OF THE TRUST'S RELOCATION EXPENSES POLICY			
Notes		Amount Claimed	
		£	p
<p>Receipted invoices are required to support all amounts claimed under this heading.</p> <p>Claimants must complete the annex to this form showing comparative details between the old and new properties and provide Estate Agent's details for both properties.</p>	<p>1. HOUSE SALE EXPENSES</p> <p>Selling Price: £ _____</p> <p>Date of Completion: _____</p> <p>(a) Estate Agent(s) Fees (b) Auctioneer(s) Fees (c) Legal Costs (d) Other (please itemise)</p>		
	<p>2. HOUSE PURCHASE EXPENSES</p> <p>Purchase Price: £ _____</p> <p>Date of Completion: _____</p> <p>(a) Legal Costs (b) Survey Fee(s) (c) Mortgage Arrangement/Valuation Fee(s) (d) Abandoned Purchase Cost (e) Other (please itemise)</p>		
TOTAL AMOUNT CLAIMED			

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the expenses/fees 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 and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

**ANNEX TO FORM 3: EXPENSES ASSOCIATED WITH THE
SALE AND PURCHASE OF PROPERTY**

DETAILS OF PROPERTY IN BOTH OLD AND NEW AREAS	PREVIOUS ACCOMMODATION	NEW ACCOMMODATION
1. ADDRESS OF PROPERTY		
2. LOCATION: Town/Suburb/Rural		
Proximity of shops, schools and public amenities.		
3. TYPE: House/Bungalow/Other		
Detached/Semi-Detached/Terrace/Other Freehold/Leasehold		
4. AGE OF PROPERTY - type of construction		
5. ACCOMMODATION		
No of Separate Rooms with approximate size:		
Kitchen		
Dining Room		
Sitting Room		
Lounge		
Study		
Utility Room		
Other Rooms		
Number of Bedrooms		
Bathrooms		
Showers		
Cloakrooms		

DETAILS OF PROPERTY IN BOTH OLD AND NEW AREAS	PREVIOUS ACCOMMODATION	NEW ACCOMMODATION
6. SERVICES AND OTHER AMENITIES		
Mains Water		
Mains Gas		

Mains Electricity		
Mains Sewage		
Telephone		
Central Heating		
Cavity Wall Insulation		
Double Glazing		
7. GARAGE(S) Number and approximate size		
8. GARDENS Approximate Area		
9. APPROXIMATE TOTAL SITE AREA INCLUDED IN PRICE		
10. GARDEN AMENITIES Greenhouse/Summer House/Tool Shed/ Swimming Pools/Workshops		
11. ASSESSED RATEABLE VALUE/ COUNCIL TAX BRACKET		
12. SELLING OR PROPOSED SELLING PRICE		
13. BUYING OR PROPOSED BUYING PRICE		
14. ANY OTHER RELEVANT INFORMATION		
15. ESTATE AGENTS DETAILS ATTACHED	YES/NO	YES/NO

I declare that the information I have given on this form is correct and complete. 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 and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed: _____ Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE:

Comparability Valuation Requested Y/N _____ Date: _____

Notional Purchase Price £ _____ Betterment Factor: _____ %

Authorised by: _____ Date: _____

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

**CLAIM FOR REIMBURSEMENT OF RELOCATION EXPENSES
FORM 4: EXPENSES DURING SEARCH FOR ACCOMMODATION**

NAME OF CLAIMANT: _____ POST: _____

Please print

DEPARTMENT: _____ HOSPITAL: _____

CLAIMS UNDER SECTION 5 OF THE TRUST'S RELOCATION EXPENSES POLICY					
Notes			Amount Claimed		
			£	p	
<p>Documentary evidence is required in support of expenses incurred simultaneously in the old and new areas.</p> <p>The allowances payable under Section 5 may be claimed for a maximum of six months subject to the Trust being satisfied at regular intervals that every effort is being made by the claimant to terminate liabilities in the old area.</p> <p>The overall expenses payable under Section 5 are subject to a maximum of £500 per month.</p>	1.	DUAL ACCOMMODATION ALLOWANCE			
		(a) Continuing Expenses in Old Area:			
			Per Month £		
		* Mortgage	_____		
		Rent	_____		
		Building Insurance	_____		
		Council Tax	_____		
		Water Rates	_____		
		Less: Rent Received	(_____)		
		Total (a)	_____		
		(b) Expenses in New Area:			
			Per Month £		
		* Mortgage	_____		
		Rent	_____		
	Building Insurance	_____			
	Council Tax	_____			
	Water Rates	_____			
	Total (b)	_____			
		(*Excluding Endowment Mortgage Insurance)			
		Amount Claimed [Lesser of totals at (a) and (b)]			
		Period: From _____ To _____			

Notes		Amount Claimed	
A receipted invoice is required.	2. EXPENSES RELATING TO TENANCY AGREEMENTS Arrangement Fee		
Where a married employee's family has been temporarily left behind in the old area, two return visits to the old area per month may be claimed. Travelling expenses are subject to an upper limit equivalent to standard class rail fare.	3. RETURN VISITS TO OLD AREA (a) Date(s) of visit(s) _____ (b) Travelling Expenses per visit: By Car (No. Miles) _____ By Rail/Coach £ _____ No visits _____ @ £ _____ per visit	£	p
A detailed Travelling Expenses Claim Form, countersigned by the Head of Department, is required to support a claim under this heading.	4. EXCESS DAILY TRAVELLING EXPENSES Daily travel between home and: By Car (No. Miles) _____ By Rail/Coach _____ (a) New HQ _____ £ _____ (b) Old HQ _____ £ _____ (c) Daily Excess (a) - (b) _____ £ _____ Period: From _____ To _____ No of Days _____ @ £ _____ per day		
Total Amount Claimed			

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the expenses/fees 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 and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed: _____ Date: _____

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

RELOCATION EXPENSES PAYMENT REQUEST FORM

PAYEE: _____ ADDRESS FOR CHEQUE: _____
 POST: _____
 HOSPITAL: _____
 DEPARTMENT: _____

FORM REF	PAYMENT DETAILS	AMOUNT APPROVED									
		£	p								
2	Removal and Storage Charges Preliminary Visit Journey from Old Home to New Return Visit to Superintend Removal										
3	House Sale Expenses House Purchase Expenses										
4	Bridging Loan Interest										
5	Dual Accommodation Allowance Tenancy Arrangement Fee Return Visits to Old Area Excess Daily Travelling Expenses										
6	Miscellaneous Expenses										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Co</td> <td style="width:30%;">Account Code</td> <td style="width:30%;">Cost Centre</td> <td style="width:20%; text-align: center;">TOTAL</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Co	Account Code	Cost Centre	TOTAL						
Co	Account Code	Cost Centre	TOTAL								

Approved for Payment: _____ Date: _____

Designation: _____

FOR PAYROLL SERVICES USE:			FOR FINANCE DEPT USE:
This Request: (a) To be paid via Payroll Month _____ (b) To be paid manually via Finance Department	£	p	Manual Payment Authorised: £ _____ Signed: _____ Date: _____
Total Approved This Request Add: Previously Approved Cumulative Payments Approved to Date			_____ _____
Signed: _____ Date: _____			Cheque No Date Initials: _____

CT/CT/2.56

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

COMPARABILITY VALUATIONS LIMITED

Trust Reference Date:.....
 Name of Employer Contact Name:
 Address: Telephone No:
 Fax No:
 Email:

 Previous Employer:

DETAILS OF EXISTING PROPERTY:

Please enclose estate agent details where possible:

Approximate date built: Address:
 Freehold/Leasehold/Rental
 Years remaining on lease*
 Annual Ground Rent*£
 Monthly Rental* £
 (* if appropriate) PROPOSED SELLING PRICE £

Type of property (Please circle):
 Detached/Semi Detached/House/Bungalow/Chalet/Town House/Terraced/Flat/Other

Please indicated number of: Please indicate yes/no for the following:
 Reception Rooms: Central heating.....
 Ensuite bedrooms Double Glazing.....
 Other bedrooms Front Garden.....
 Bathrooms Rear Garden
 Kitchens Other features eg swimming pool
 Garages (double/single/carport)

The employee is intending to relocate to:

- a) An area within miles of
 Please indicate the new town/city of his/her employment
 OR
- b) the location of
 please indicate suburb/village or nearest town being as specific as possible

COMPARABLE VALUATION

From the information provided, in our opinion a similar property as outlined above would cost:

£..... inat the present time.

Signed: Date:

On behalf of:.....Valuations.

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Relocation Expenses Policy	Policy Author:	Mrs Dee Fawcett
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	Policy applies to all employees of the Trust.
	• Race	No)
	• Ethnic origins (including gypsies and travellers)	No)
	• Nationality	No)
	• Gender	No)
	• Culture	No) as above
	• Religion or belief	No)
	• Sexual orientation including lesbian, gay and bisexual people	No)
	• Age	No)
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	EPPCG discussed the possibility of a prospective employee relocating and requiring adjustments to the new property due to a disability and agreed there is mechanism in the policy to resolve this
2.	Is there any evidence that some groups are affected differently?	No	There was no evidence to support any group was affected differently
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	As above
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Mrs Wendy Johnson, HR Manager (Projects).....Date: 7 April 2010.....

Names & Designations of those involved in the impact assessment screening process: The Employment Policies and Procedures Consultative Group.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)