### ADDITIONAL PATERNITY LEAVE (APL) FORM -

Please refer to the University’s Maternity, Paternity and Adoption policy for Research Students for details of eligibility

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**In the Case of Births:**

- **Expected date the baby was due:**

- **Actual date of birth:**

**Dates of Additional Paternity Leave:**

- **I would like the date of my Additional Paternity Leave (APL) and Additional Paternity Leave Stipend (APLS), where applicable, to start on:**

- **Date my Additional Paternity Leave Stipend (APLS) is expected to end (where applicable):**

- **I would like the date of my Additional Paternity Leave (APL) to end on:**

**Your Declaration:**

I declare that:

- [ ] I will care for the child during the APP period, and

- [ ] I am the child’s father or I am the spouse, partner or civil partner of the mother, and

- [ ] I have, or expect to have, the main responsibility (apart from the mother) for the upbringing of the child, and

- [ ] The information I have provided is correct

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**Details of the Mother of the Child (to be completed by the mother of the child):**
- Surname or family name:

- First Name(s):

- Home Address:

- Date your Statutory Maternity Pay (SMP) or Maternity Allowance (MA) or Maternity Leave Stipend (MLS) period started:

- Name of your Employer (or University and funder in the case of a PG student):

- Address of your Employer (or University and funder):

- Date you intend to return to work (this must not be less than two weeks after the birth of the child):

- Date you stopped or intend to stop receiving Statutory Maternity Pay (SMP) or Maternity Allowance (MA) or Maternity Leave Stipend (MLS):

**Declaration of the Mother of the Child:**

You need to be able to tick all the boxes for your spouse, partner or civil partner to receive Additional Paternity Leave Stipend (APLS)

I declare that:

- [ ] I am entitled to SMP or MA or MLS
- [ ] This is the only application of APLS for this child
- [ ] I have told my employer the date I expect to return to work
- [ ] I agree that the information I have provided will be used by my spouse, partner or civil partner’s University to work out entitlement to APLS
- [ ] The information I have provided is correct

Mother’s signature:  
Date:  

**PLEASE PASS THIS FORM TO YOUR FACULTY AND ATTACH A COPY OF YOUR CHILD’S BIRTH CERTIFICATE**

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**For Completion by the Faculty:**

Source of Funding:

Graduate Dean’s signature:  
Date:  

**PLEASE PASS THIS FORM WITH A COPY OF THE CHILD’S BIRTH CERTIFICATE TO THE FACULTY OFFICE.**