**Disability Leave as a Carer Declaration Form**

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| Please complete this form and send a copy to your Line Manager and to Human Resources and Development.  Human Resources and Development will then contact you to confirm that you are eligible to use Disability Leave as a Carer | | | |
| **EMPLOYEE DETAILS** | | | |
| **Name:** |  | **Employee Number:** |  |
| **Department:** |  | **Post title:** |  |
| **DEPENDANT’S DETAILS** | | | |
| **Name:** |  | **Relationship to Employee:** |  |
| **Details of Disability:** |  | | |
| **I have read and understood Edinburgh Napier University’s Disability Leave Policy:**  **Yes**  **No**  **I give consent for the University to use and process the information within this form:**  **Yes**  **No** | | | |
| I declare that I am the primary carer for the individual detailed above, and am aware that Disability Leave can only be used for absences that occur as a direct result of caring (as a primary carer) for a dependant who has a disability.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Principal Carer) | | | |