**Disability Leave as a Carer Declaration Form**

|  |
| --- |
| 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) |