**Application Form for Occasional Out of Hours and Emergency Care Payments**

This form can be used to claim for Occasional Out of Hours Payments and/or Emergency Care payments.

**All fields must be completed in CAPTALS using black ink**

**PLEASE ENSURE THAT YOU HAVE READ THE TERMS AND CONDITIONS BEFORE YOU COMPLETE THIS FORM AND ATTACH THIS ONTO AGRESSO**

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| 1. **Personal Details**
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| Employee Number: |  |
|  |  |
| Surname: |  |
|  |  |
| Forename: |  |
| [ ]  By ticking this box I confirm that all my personal details are up to date on [**MyVie**](https://soas.myview.northgatearinso.com/dashboard/)**w**. If your personal details have changed, please visit  [**MyView**](https://soas.myview.northgatearinso.com/dashboard/) and amend your information.  |
| 1. **Claim Details**
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|  |  |
|  |  |
| Are you claiming for an Occasional Out of Hours payment Y/N (please tick):Are you claiming for an Emergency Care payment Y/N (please tick): |  **Y:** [ ]  **N:** [ ]  **Y:** [ ]  **N:** [ ]  |

**Please specify the details of your claim:**

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| 1. **Declaration**
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By submitting this form on Agresso I confirm that:

[ ]  I understand and accept the terms and conditions of the Occasional Out of Hours and Emergency Care Payments Scheme

[ ]  I am not claiming beyond my entitlement, as specified in the eligibility section of this scheme.

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| 1. **Amendments to the scheme**
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Please note, this is a discretionary scheme and may be amended/withdrawn with appropriate notice.