

# LOSS OF EARNINGS CONFIRMATION FOR ANTHONY NOLAN DONOR / COMPANION



**PLEASE SUBMIT THE SIGNED FORM BY EMAIL TO YOUR DONOR PROVISION COORDINATOR**

*If you must take unpaid leave from work, if you are self-employed or if your employer requires reimbursement for your time off we will reimburse loss of earnings (up to a maximum of £250/day) for your medical assessment and/or donation day(s). You and/or your companion and employer, if appropriate, must complete the relevant sections of this form in order to make a claim for reimbursement.*

If you have any questions please email donorprovision@anthonymolan.org, or dial 0207 424 6699 to speak to a member of the team

Donor/companion contact details		Salary details		
Name of donor/companion		Job title		Contracted working days (e.g. Monday - Friday)
Address		Annual salary (£s)		
Mobile number		<b>OR</b>		Contracted weekly hours (e.g. 40 hours p/w)
		Hourly rate £/hour		

Dates of absence				Total days taken
Medical	Date from		Date to (if relevant)	
Donation	Date from		Date to	
Other (please state)	Date from		Date to	

**Total amount claimed based on the above (if left blank we will calculate based on the information provided)**

(£s)	Any additional comments
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**PART A: FOR EMPLOYED PERSONS ONLY**

Please tick

Amount claimed to be reimbursed fully to the employee as they were not paid during the dates above <i>(please fill in bank details at end of form)</i>	<input type="checkbox"/>
Amount claimed to be reimbursed fully to the employer as the employee was paid by us whilst absent during the dates above <i>(please fill in bank details at end of form)</i>	<input type="checkbox"/>

**Employer contact details**

Company/Organisation name	Authorised by (full name)
Switchboard number	Department
Registered address	Email address
	Direct number

**PART B: FOR SELF-EMPLOYED PERSONS ONLY**

Please provide **one** of the following documents

Documents Required	Please state documents submitted
Latest self-assessment return	
Income statement from your accountant for the last year (or from start of self-employment if less than one year)	
Copy of last 6 months bank statements / last six months sales invoices	

**PART C: FOR ALL: BANK ACCOUNT DETAILS FOR REIMBURSEMENT**

Bank name	Account number
Account holder name	Sort code

Signature of claimant \_\_\_\_\_ Date \_\_\_\_\_

Signature of employer  
(authoriser under employer contact details, if relevant) \_\_\_\_\_ Date \_\_\_\_\_

**PART D: FOR ANTHONY NOLAN TO COMPLETE**

Donor ID	Patient ID
Project Code	Calculations