

# 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  
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)		OR	
Mobile number		Hourly rate £/hour			Contracted weekly hours (e.g. 40 hours)

### Dates of absence Total days taken

Medical	Date from		Date to (if relevant)		
Donation	Date from		Date to		
	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 relevant

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>	
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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>	
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### 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	