

Staff Absence Insurance Application

(Part 1 of 2)

Please fax **01454 616 810**,
call **freephone 0800 389 2028** with your details,
or **post application** to the address at the bottom of the page.

Section 1: School Details

School name:	
School postcode:	Type of school: mainstream / special (delete as appropriate)
Name of contact:	Their position:
Tel no:	Fax no:
Email:	

How do you currently protect your staff absence budget?

Self manage Commercially insure Local Authority Scheme

Section 2: Staff Details

We need to know which categories of staff you would like covered and the level of cover you would like.

Your staff details		Cover details	
Staff category	Total FTE ¹	Daily benefit (£'s) ²	Excess period (Working days) ³
Teachers			
Support () ⁴			
Support () ⁴			
Support () ⁴			
Support () ⁴			

Notes:

- FTE is full time equivalent eg a teacher working 16 hours where the normal hours for the post are 32, has FTE 0.5
- Daily benefit can be up to £250
- Excess can be 0, 1, 2, 3, 5, 10, 15, 20 or 25 working days
- Please name the support categories if you require them

Have there been any significant variations (+/-10%) in total FTE per category in the last three years? Yes No

Section 3: Additional Cover

Do you require cover for maternity, paternity and adoption leave? Yes No

Do you require cover for stress related absence?

If yes, please tick relevant box Yes. Full cover Yes. 30 day only cover No cover required

Continued on next page...

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(Part 2 of 2)

BEST

Helpful notes to save you time:

1. **Do include** jury service, accidents and illness in Section 4 and 5.
2. **Don't include** Maternity, Paternity or Adoption Leave in Section 4.
3. **Do include** Maternity, Paternity or Adoption Leave in Section 5.
4. **Do adjust** to account for part-time employees. For example, 5 days absence for an FTE of 0.6 should be shown as 3 days.

It is important you provide your school's absence history to receive an accurate quotation. Please complete the tables below as fully as possible.

Section 4: Absence History

Total number of days lost through accident or illness, above the excess period/s you have selected

(Please complete the relevant dates for the last three years of your absence history, according to the month in which you would like your insurance to start. Please do not include Maternity, Paternity or Adoption Leave in Section 4.)

Staff category	/ / 08 to / / 09	/ / 09 to / / 10	/ / 10 to / / 11
Teachers			
Support ()			
Support ()			
Support ()			
Support ()			
Which did you use each year - Local Authority Scheme, insurance or self manage			

Section 5: Extended Absence

If any absences lasted more than 20 continuous working days, please provide details

(Please attach additional sheet if necessary. Please do include Maternity, Paternity or Adoption Leave in Section 5.)

Staff category	Start date of the absence	End date of the absence	Total no. of days for that absence	Are they still absent?	Their FTE	What was the cause of that absence?	Are they still a member of staff?
	/ /	/ /		Yes / No			Yes / No
	/ /	/ /		Yes / No			Yes / No
	/ /	/ /		Yes / No			Yes / No
	/ /	/ /		Yes / No			Yes / No
	/ /	/ /		Yes / No			Yes / No
	/ /	/ /		Yes / No			Yes / No

Your signature to confirm the above details are full and accurate:	School name:
	School postcode:

Reference code: FF247 BEST 11101113 V3.1