*Appendix 3*

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**Long Term Sickness and Maternity Insurance Scheme 2024/25**

**NOMINATION FORM – TO BE COMPLETED BY ALL SCHOOLS**

Name of School: ……………………………………………………..………

Name of School Administrator or member of the Admin Team

 ……………………………………….………………………………………...

Name of Caretaker ……………………………………………………..……

Name of Nursery Nurse in Nursery Class …………………………………

Signed…………………………………. Date …………………………….

**PFI SCHOOLS & PRIMARY SCHOOLS WITHOUT A NURSERY**

I wish to nominate the following member of support staff to be covered by the long term sickness insurance scheme:

Name…………………………………….. Job Title……………………………………

School……………………………………………………………………………………..

Signed ………………………………….. Date …………………………………

*Appendix 2*

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**ADDITIONAL NURSERY NURSES to be covered - at a charge of £200 per additional NNEB by headcount**

Name of School ………………………………………………………………………..

Name of Nursery Nurses

1. ………………………………………………………………
2. ………………………………………………………………
3. ……………………………………………………………….
4. ……………………………………………………………….
5. ……………………………………………………………….

Signed……………………………………….. Date…………………………………