



GOVERNMENT FUNDED PAID MATERNITY LEAVE SCHEME APPLICATION FORM

To be completed by the **Employee**

Please read **GUIDE SECTION** before completing this application.

1. APPLICANTS DETAILS *It is important that you complete this entire section*

First name: _____

Surname: _____

Date Of Birth: ____/____/____

Marital status: ☐ Single ☐ De facto ☐ Married

2. CONTACT DETAILS

Island: _____ Village: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Postal Address: _____

3. APPLICANTS EMPLOYMENT DETAIL *In order to determine your eligibility you must complete this entire section*

Are you: ☐ Employed ☐ Unemployed

Sector of employment: ☐ Private Sector ☐ Public Service

Type of employment: ☐ Full time ☐ Part time ☐ Casual

Industry of employment: _____

Name of Employer: _____
(primary employment)

Your position/ title: _____ Commencement date: ____/____/____

Name of all other employers _____

4. RESIDENCY *You must provide proof of your residency status, refer to guidelines for more information*

I (the employee) am a:

- ☐ Cook Islander ☐ Cook Island Permanent Resident
☐ Spouse of Cook Islander or Permanent Resident ☐ Child of Cook Islander or Permanent Resident

5. OTHER

RMD Number: _____ CINSF Number: _____

Expected Date of Delivery: _____ (you must provide medical certificate confirming EDD)

6. DECLARATION

I _____ declare that the information I have provided is true and complete.

Signature _____ Date: _____

You must take your form to Revenue Management Division for verification

Revenue Management Division – Ministry of Finance and Economic Management

This is to verify that the applicant is a tax registered employee. RMD no _____

Name _____ Signed _____ Date _____



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7. EMPLOYERS DETAILS

Name of Company or Business: _____
 Director/ Managers name: _____
 Business RMD Number: _____ Employees RMD Number: _____
 Contact person: _____

8. EMPLOYERS CONTACT DETAILS

Island: _____ Location: _____
 Phone: _____ Mobile: _____ Fax: _____
 Email: _____
 Postal Address: _____

9. EMPLOYERS BANK DETAILS *This is required so that the Ministry can deposit GFPML into your account for payment.*

Account Name: _____
 Account Number: _____

10. MATERNITY LEAVE DETAILS *This should be discussed with your employee*

Commencement Date: _____ Last day of leave: _____

11. EMPLOYERS CONTRIBUTION *(tick the options that apply to your employment arrangement with this employee)*

In addition to the Government Fund Paid Maternity Leave Scheme we will be providing our employee with:

☐ Top up payment ☐ Extended paid leave ☐ Extended unpaid leave

12. CONFIRMATION OF EMPLOYMENT AND PAYMENT

I declare at the baby's expected date of birth that _____ (enter employees name) will have been employed by me for _____ year(s) _____ month(s) and I agree to pay GFPML to the employee during the dates set out in item 10.

Signed: _____ Date: _____

OFFICIAL USE ONLY

Outer Island date received: ____/____/____ Received by: _____ Office: _____
 Rarotonga date received: ____/____/____ Received by: _____ Office: _____

EMP	<input type="checkbox"/> EM	<input type="checkbox"/> UNE	RSD	<input type="checkbox"/> CI	MFEM	<input type="checkbox"/> YES	VCHR NO.
	<input type="checkbox"/> PRV	<input type="checkbox"/> PSE		<input type="checkbox"/> PR		<input type="checkbox"/> NO	
	<input type="checkbox"/> FT/PT	<input type="checkbox"/> CS		<input type="checkbox"/> CH/SP			
	<input type="checkbox"/> 1E	<input type="checkbox"/> 2+		<input type="checkbox"/> FW			

Secretary Use only

Recommendation: Approve/ Decline

Rec Officer: _____

Signed: _____

Approved Declined Date: _____

Signed: _____