



## **SUNNY DAY NURSERY DISCOUNT AUTHORISATION FORM**

Employees of the Trust using Sunny Day Nurseries will only be entitled to the agreed discount on presentation of this form, signed by their line manager.

NAME: \_\_\_\_\_

POST HELD: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

I confirm that the above named is employed by Dorset County Hospital NHS Foundation Trust. I hereby authorised that this employee is entitled to 10% discount on fees charged by Sunny Day Nurseries. Discount will be reviewed in line with the number of Trust employees using Sunny Day Nurseries and the employee will continue to be entitled to the agreed discount until such a time as their contract of employment with the Trust is terminated.

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

DATE: \_\_\_\_\_

**NB: a copy of this form must be retained on the employees personal file.**

**It is the line manager's responsibility to ensure that Sunny Day Nurseries are informed if the employee leaves the Trust's employ.**