**Starter Form**

**HR Office Use Only**

Effective Start Date Position Number

Please complete in **BLOCK** capitals. **ALL SECTIONS** of this form must be completed, failure to do so may result in a delay to your pay.

**Section 1: Personal Details**

Surname Maiden Name

Forename(s) Preferred Name

Title Gender

Date of Birth NI Number

Nationality

Status

Civil Partnership Divorced Legally Separated Married

Single Widowed

**Home Address Emergency Details**

Name

Surname

Relationship

Address

Post Code Home Tel

Home Tel Mobile Tel

Mobile Tel Work Tel

Email

**Section 2: Equality and Diversity**

**Disability** Yes No Prefer not to say

**Registered Disabled Number (If applicable)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asian - Bangladeshi | **K** |  | Mixed : White and Asian | **F** |  |
| Asian : Indian | **H** |  | Mixed : White and Black African | **E** |  |
| Asian : Pakistani | **J** |  | Mixed : White and Caribbean | **D** |  |
| Asian : Any other background | **L** |  | Mixed : Any other background | **G** |  |
| Black : African | **N** |  | White : British | **A** |  |
| Black ; Caribbean | **M** |  | White : Irish | **B** |  |
| Black : Any other Black background | **P** |  | White : Any other background | **C** |  |
| Chinese : | **R** |  | Any other ethnic background | **S** |  |
|  |  |  | Prefer not to say |  |  |

**Ethnic Origin**

|  |  |  |  |
| --- | --- | --- | --- |
| Atheism |  | Jainism |  |
| Buddhism |  | Judaism |  |
| Christianity |  | Sikhism |  |
| Hinduism |  | Other |  |
| Islam |  | Prefer not to say |  |

**Religion Sexual Orientation**

|  |  |
| --- | --- |
| Heterosexual |  |
| Bisexual |  |
| Lesbian |  |
| Gay |  |
| Prefer not to say |  |

**Section 3: Professional Registration (If applicable)**

Awarding Body

Type of Registration

Professional Registration Number

Date Obtained Expiry Date

**Section 4: NHS Pension Scheme**

Do you wish to join the NHS Pension Scheme? Yes No

If no please complete Form SD502 or pension contributions will be deducted (if eligible)

Form SD502 can be obtained from http:www.nhsbsa.nhs.uk/pensions

**Section 5: Bank Details**

Bank Name Account Number

Branch Name Sort Code

Name of Account Holder

Roll Number (Building Society Account Only)

Bank Address

Post Code

**Section 6: Staff Bank Disclaimer**

As a newly appointed employee of “Guy’s and St Thomas’’ NHS Foundation Trust you have the opportunity to join the Trust Staff Bank. Staff Bank is the Trust internal local agency which provides cover for temporary vacancies with the Trust.

Please tick if you wish to join the Staff Bank and have a separate Bank assignment.

Payslips for Substantive and Bank roles are accessible online through ESS Self-Service. Information about how to create your ESS Self-Service account will be provided with your contract of employment.

**Section 7: Employee Declaration**

I confirm that the information that I have provided in this application and in any accompanying documents is to the best of my knowledge correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in disciplinary action and /or dismissal.

Name of previous NHS Trust

Date of joining NHS

**If you have previous NHS service, we may request previous employment history from any previous NHS employer via the IAT system (Inter Authority Transfer)**

Signature

Name

Date

**NHS Pension Scheme -** **New Employee Questionnaire**

**This form must be completed by all new employees as fully as possible, as part of the recruitment process**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| National Insurance Number | |  |  |  |  |  |  |  |  |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Q1 | I have received my NHS Pension Scheme guide | | | | | | | | | | | | | | Yes | | | | No  See Below | | | | |
|  | If no, this can be found as a PDF attachment with your offer letter. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 | Have you previously received a redundancy payment from an NHS Employer? | | | | | | | | | | | | | | Yes  See Below | | | | No | | | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | | |
|  | If yes, please provide date of redundancy | | | | | | | | | |  | |  | / | |  |  | / |  |  |  |  | |
|
|
| Q3 | Have you previously received a Mutually Agreed Resignation Scheme (MARS) payment from an NHS Employer? | | | | | | | | | | | | | | Yes  See Below | | | | No | | | | |
|  |  | | | | | | | | | | | | | |  | | | | | | | | |
|  | If yes, please provide date of MARS | | | | | | | | | |  | |  | / | |  |  | / |  |  |  |  | |
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I confirm that I have completed this form to the best of my ability and knowledge and I undertake to advise the Payroll & Pensions Team, in the event that I should alter the position stated above in respect of employment with any other NHS organisation(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Please make sure this form is provided to your Payroll & Pensions Department by the commencement date of your employment, to enable the correct assessment of your pension position.**

**Starter Checklist – Tax Information**

**Instructions for GSTT Recruitment Staff**

This information will help to fill in tax information on ESR for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years.

**Instructions for employees**

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form electronically and send it to your GSTT Recruitment Contact.

Employee’s Personal Details:

1. **Full Name:**

|  |
| --- |
|  |

1. **National Insurance Number:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. **Employee Statement – For completion if your role at GSTT will be a substantive position (select only one of the following statements):**

A: This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension

B: This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance of taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

C: As well as my new job, I have another job or receive a State or Occupational Pension.

1. **Employee Statement – Only for completion where you are joining GSTT’s Staff Bank:**

A: This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension

B: This is now my only job but since last 6 April I have had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance of taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

C: As well as my new job, I have another job or receive a State or Occupational Pension.

**Student Loan**

1. **Do you have a Student Loan which is not fully repaid?**

Yes (Go to question 6)  No (Go to question 8)

1. **Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments?**

Yes (Go to question 8)  No (Go to question 7)

**Student Loan Plans**

You will have a Plan 1 Student Loan if:

* You lived in Scotland or Northern Ireland when you started your course, or
* You lived in England or Wales and started your course before September 2012.

You will have a Plan 2 Student Loan if:

* You lived in England or Wales and started your course on or after 1 September 2012.

1. **What type of Student Loan do you have?**

Plan 1  Plan 2

1. **Did you finish your studies before the last 6 April?**

Yes  No

For further guidance about repaying Student Loans, go to:

[www.gov.uk/new-employee/student-loans](http://www.gov.uk/new-employee/student-loans)

Signature:

|  |
| --- |
|  |

Name:

|  |
| --- |
|  |

Date:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Working Time Regulations**

**Agreement to work more than 48 hours per week on average**

* Please complete this form and return it to recruitment. This form will be saved on your HR file.
* If you do wish/need to work more than 48 hours on average, including any jobs you do outside the Trust, you must discuss this with your manager, and if agreed to, recorded.

**Please tick one option:**

I do not intend to work more than 48 hours a week on average. I understand that if I change my mind I must sign an agreement.

I do want to be able to work more than 48 hours a week on average, because this is my working pattern with the Trust or because I have other work as well.

I understand that I must give the Trust **four weeks notice** if I cancel this agreement.

Other than your job with the Trust, do you have any other job (including bank or agency work)?

No

Yes

If yes, how many hours a week on average do you work there?...............

If you do not inform your manager of other work you do now, or do in the future, you will be fully responsible for ensuring that you comply with the Regulations. If you do not return this form, it will be assumed that you do not wish to work more than 48 hours and that you have no other job.

Working back-to-back shifts is not acceptable practice and will be subject to disciplinary action.

**Name : Date:**

**Working Time Regulations: Guidance Notes**

The Working Time Regulations became law in the UK on 1 October 1998. Their purpose is to protect your health and safety, placing limits on your hours of work and making sure that you have breaks and holidays.

Your general rights under the Working Time Regulations

* not to be required to work more than 48 hours per week on average
* to have a break of at least 20 minutes in your working day if your working day is longer than six hours
* to have at least 11 consecutive hours off between each working day
* to have at least one whole day off every week, or two days a fortnight
* to have at least 5.6 weeks (28 days) paid annual leave, inclusive of public holidays (the entitlement for part time workers is on a pro rata basis). Prior to April 2009, the entitlement was 4.8 weeks.
* If you are a regular ‘night worker’
  + Your night shift must not be longer than 8 hours on average (averaged over 17 weeks, including days/nights off)
  + Your night shift must never be longer than 8 hours if the work involves special hazards or heavy physical or mental strain
  + To have a free health assessment before starting night work and at regular intervals while doing night work
  + A transfer from nights to days if possible if you are suffering from problems recognised as being due to the night work.
* All these Regulations apply to bank and agency workers as well as all staff on contracts of employment with the Trust.