

NEW STARTER PAYROLL FORM

This form should be returned as soon as possible. On your first day of service please bring your **P45 and relevant/essential qualifications (originals)**.

You will also be required to provide original, relevant documents that show your right to work in the UK **PRIOR** to your first day of employment.

PERSONAL DETAILS

Surname	First name(s)
Date of birth	Title
Current address	Permanent address
Post Code	Post Code
Home telephone number	Mobile telephone number
National Insurance number	E Mail Address

EMERGENCY CONTACT DETAILS

Name	Relationship
Address	
	Telephone number

BANK DETAILS – this bank account will be used for all payments made to you by the College.

Name of Bank/Building Society	
Address	
Bank account number	Sort code

PENSION SCHEME

You will be automatically entered into the scheme and deductions from your salary will be made, unless you supply Payroll with an opt-out form prior to the relevant payroll deadline. This opt-out form can be obtained from the pension provider.

Are you currently a member of the Peoples Pension scheme? Please provide details:

ESSENTIAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

Registration number (if applicable):

NEW POST DETAILS

Job title	Department
Campus	Start Date
Room Number	Extension Number

DECLARATION

I declare that to the best of my knowledge the information given above is correct.

Signature Date

Please note that this data will only be held for the purposes listed under the College’s registration, Purpose 2. If you have any questions about this process, please contact Peter Dron, the College Data Protection Officer.

FOR OFFICE USE ONLY

Passport checked (2 copies taken)		Original P45	
Essential qualifications checked (copy taken)		P46 (in absence of a P45 form)	
		Position number	
Employee number	Research Group (Ask Line Manager)		
HR Data Input by & Date	HR Data Input Checked by & Date		
Payroll Input by & Date	Payroll Data Input Checked by & Date		

MONITORING INFORMATION

The data in this form is used for statistical purposes to assist the College in meeting its obligations in accordance with the Race Relations Amendment Act, to provide information for the annual statistical returns to the Higher Education Statistics Agency and to enable the College to monitor the performance of its Equal Opportunities Policy. Any reports produced using this information are anonymised. Any information given on this form will be treated in the strictest confidence. The form will be retained in a secure location on your personnel file in Human Resources.

NAME

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GENDER

Male		Female	
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ETHNIC ORIGIN (please tick the box which most closely related to you)

White		Mixed	
British	English	White and Black Caribbean	
	Scottish	White and Black African	
	Welsh	White and Asian	
	Irish	Other Mixed background (please specify)	
Other White background (please specify)		Asian	
Black		Indian	
Caribbean		Pakistani	
African		Bangladeshi	
Other Black background (please specify)		Other Asian background (please specify)	
Chinese		Other Ethnic background (please specify)	
Chinese			

NATIONALITY

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DISABILITY

Do you consider yourself to be disabled?		Yes/No	
Please indicate below which category your disability falls within			
Dyslexia		Blind/partially sighted	
Deaf/hearing impairment		Wheelchair user/other mobility difficulties	
Requires personal support		Mental health disability	
Unseen Disability (e.g. diabetes and epilepsy)		Multiple disabilities	
Other disability (please specify)		Do not wish to disclose information	

MARITAL STATUS

Single		Married/Civil Partnership*	
Widowed		Divorced	

EMPLOYMENT HISTORY

Previous Employer	Was it a public or private sector organisation?		
Name of any previous employer/ end date			
Closing tax code	This will need to be acquired from last payslip or P45		

QUALIFICATIONS

Highest Qualification	
Academic Discipline/Subject	
Regulatory Body	