**Leave and Return to Bank Application Form**

**No start date or shifts should be arranged or booked until all relevant clearances are completed, and an unconditional letter is issued by the recruitment team.**

**Please note for all leaver and returns a new OH PPQ will need to be completed and evidence of right to work will need to be verified at an appointment.**

|  |  |
| --- | --- |
| **New Employee Details** | |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Maiden Name: |  |
| NI Number: |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Email: |  |
| Work Telephone: |  |
| Mobile Telephone: |  |

|  |  |
| --- | --- |
| **Please tick the appropriate boxes.**  ***Please note by completing this form there is an expectation you will complete a minimum number of shifts as per the relevant policy.*** | |
| I am able to commute effectively within the Trust boundaries. |  |
| Join the Bank in the same role as your previously held Substantive Post. |  |

|  |  |
| --- | --- |
| **Current Post Details:** | |
| Base: |  |
| Job Title: |  |
| Telephone: |  |
| Employee Number: |  |
| Date Commenced: | Click or tap to enter a date. |
| Band: |  |
| Line Manager: |  |
| Leave Date: | Click or tap to enter a date. |
| Bank Post Applied For: |  |
| Band: |  |
| Please tick the following areas you are prepared to work on: | Trust Wide:  Current Service Area:  Other: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration**  ***Please note – if you need to amend your details on ESR, they must be updated prior to leaving and in accordance with Payroll deadlines.*** | | | | |
| I can confirm that I have reviewed my personal details on ESR Employee Self Service can verify that they are accurate (or have been amended) and I understand these details will be duplicated to form my new employee record.  **Please note a new OH PPQ will need to be completed and evidence of right to work will need to be verified at an appointment with a member of the recruitment team.** | | | |  |
| I confirm that my bank details for my payment are accurate. | | | |  |
| Signature: |  | Date: | Click or tap to enter a date. | |



**Instructions for employees**



**Starter checklist**

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 then give it to your employer.

Do not send this form to HMRC.

**Failure to return this form before your first payday could result in you paying the incorrect tax.**

**Employee’s personal details**

**5**

**Last name**

**1**

**Home address**

**First name(s)**

**2**

|  |
| --- |
|  |
|  |
|  |
| Postcode |
| Country |

Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth

**National Insurance number (if known)**

**6**

**Are you male or female?**

**3**

Male

Female

**Employment Start date** DD MM YYYY

**Date of birth** DD MM YYYY

**7**

**4**

**Employee statement**

**You need to select only one of the following statements A, B or C**

**8**

1. This is my first job since 6 April and I’ve not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit,

State or Occupational Pension.

1. This is now my only job but since 6 April I’ve had another job, or received taxable Jobseeker’s Allowance, Employment and Support Allowance or taxable Incapacity Benefit.

I do not receive a State or Occupational Pension.

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

**Please turn over >**

Starter checklist Page 1 HMRC 02/19

**Student Loan**

For more guidance about repaying go to [www.gov.uk/](http://www.gov.uk/funding-for-postgraduate-study)repaying-your-student-loan

**Do you have one of the Student Loan Plans described below which is not fully repaid?**

**9**

Yes If Yes, go to question 10

No If No, go to question 13

**Did you complete or leave your studies before 6th April?**

**10**

Yes If Yes, go to question 11

No If No, go to question 13

**Are you repaying your Student Loan directly to the Student Loans Company by direct debit?**

**11**

Yes If Yes, go to question 13

No If No, go to question 12

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

**12**

Plan 1 Plan 2 Both

**Student Loan Plans**

You’ll have a Plan 1 Student Loan if:

* you lived in Scotland or Northern Ireland when you started your course (undergraduate or postgraduate)
* you lived in England or Wales and started your undergraduate course before 1 September 2012

You’ll have a Plan 2 Student Loan if:

* you lived in England or Wales and started your undergraduate course on or after 1 September 2012
* your loan is a Part Time Maintenance Loan
* your loan is an Advanced Learner Loan
* your loan is a Postgraduate Healthcare Loan

**Postgraduate Loan**

For more guidance about funding and repaying go to [www.gov.uk/funding-for-postgraduate-study](http://www.gov.uk/funding-for-postgraduate-study)

For more guidance for employers go to [www.gov.uk/guidance/special-rules-for-student-loans](http://www.gov.uk/guidance/special-rules-for-student-loans)

**Do you have a Postgraduate Loan which is not fully repaid?**

**13**

Yes If Yes, go to question 14

No If No, go to the Declaration

You’ll have a Postgraduate Loan if:

* you lived in England and started your Postgraduate Master’s course on or after 1 August 2016
* you lived in Wales and started your Postgraduate Master’s course on or after 1 August 2017
* you lived in England or Wales and started your Postgraduate Doctoral course on or after 1 August 2018

**Did you complete or leave your Postgraduate studies before 6th April?**

**14**

Yes If Yes, go to question 15

No If No, go to the Declaration

**Are you repaying your Postgraduate Loan direct to the Student Loans Company by direct debit?**

**15**

Yes No

Go to the Declaration

**Declaration**

I confirm that the information I’ve given on this form is correct.

**Signature**

**Full name**

Page 2

**NHS Pensions - New employee questionnaire**

As part of the recruitment process, all new employees, staff transferring in from another NHS employer and existing NHS employees must complete this questionnaire as fully as possible.

The NHS Pension Scheme legislation requires employers to contractually enrol all new eligible employees into the NHS Pension Scheme on commencement of their employment. The Pensions Act 2008 requires those employees who cannot join the NHS Pension Scheme to be automatically enrolled into an alternative pension scheme. In order to ensure that you are correctly enrolled your employer needs to establish your current NHS pension status.

Please note that the information provided will only be used for local and central pensions/payroll administration purposes to determine your eligibility criteria to join the NHS Pension Scheme.

Please use the completion notes whilst completing the form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer name | Humber Teaching NHS Foundation Trust (VPD 338) | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Your full name |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Previous surname(s) |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| National Insurance number |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | | | |
| Date of birth |  |  | / |  |  | / |  |  |  |  |
|  |  | | | | | | | | | | |
| Email address |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| What is your new job role / title |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Date new role will start |  |  | / |  |  | / |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Q1** | Have you ever had employment which is covered by the NHS Pension Scheme (agency work is not applicable)? | Yes  Go to Q2 | No  Go to Q10 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Q2** | Is this an employment that will continue at the same time as your new role? | Yes  Go to Q4 | No  Go to Q3 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Q3** | What date did you leave your last employment with the NHS? |  | Go to Q4 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q4** | Please indicate contract type of this other employment(s) | Full time    Go to Q5 | Part time    Go to Q5 | Bank    Go to Q5 | Self employed  Go to Q5 |

**Important:** If you change your hours or leave your other employment(s) it is your responsibility to advise the Payroll team as this may affect your eligibility to a pension scheme.

|  |  |  |  |
| --- | --- | --- | --- |
| **Q5** | Please provide the name and contact details of your other employer(s) along with how many hours you are (or were) contracted to work. If necessary please continue on a separate sheet. | | |
| **Name** | **Contact details** | **Contracted hours** |
|  |  |  |
|  |  |  |
|  |  |  |
| Go to Q6 | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q6** | When you were previously a member of the NHS Pension Scheme did you claim any retirement pension benefits (other than on redundancy or interest of efficiency grounds)? | | | | | | | | Yes  See below | | | | No  Go to Q7 | | | |
|  | Please indicate which NHS retirement benefit you are in receipt of:  Ill health  Retirement (Early or Age)  Drawdown (partial retirement)  Please indicate which Section or Scheme you were a member of:  1995 Section  2008 Section  2015 Scheme  Not Known  Go to Q7 | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | |  | | | |
| **Q7** | Have you previously been made redundant from an NHS employment? | | | | | | | | Yes  See below | | | | No  Go to Q8 | | | |
|  |  | | | | | | | |  | | | | | | | |
|  | Date of redundancy | | | | |  |  | / | |  |  | / |  |  |  |  |
|  | | | | | | | | | | | | | | | |
| Did you take an NHS Pension? | | | | | | | | Yes  See below | | | | No  Go to Q8 | | | |
|  | | | | | | | | | | | | | | | |
| Which NHS Pension Scheme did you take your benefits from? | | 1995 Section | | 2008 Section | | | | 2015 Scheme | | | | Not known | | | |
|  | | | | | | | | | | | | | | | |
| Name of NHS employer made redundant from | | |  | | | | | | | | | | | | |
|  | | | Go to Q8 | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Q8** | Do, or did you, have any NHS Money Purchase Additional Voluntary Contribution (NHS MPAVC) arrangements in place through the NHS Pension Scheme with Equitable Life, Prudential or Standard Life? | | | | | | | | Yes  See below | | | | No  Go to Q9 | | | |
|  | Please contact your NHS MPAVC provider if you wish to continue to pay your additional contributions. You will need to advise them of your new employer so they can provide details for payroll deductions to continue. (Go to Q9) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Q9** | Do you have an Added Years contract, Additional Pension purchase or Early Retirement Reduction Buy Out (ERRBO) in place? | | | | | | | | Yes  See below | | | | No  Go to Q10 | | | |
| If your answer is ‘yes’ please provide us with a copy of your contract. Go to Q10 | | | | | | | | | | | | | | | | |
| **Q10** | In your new post will you be applying for Mental Health Officer status (MHO)? | | | | | | | | Yes  See below | | | | No  Go to Q11 | | | |
|  | | | | | | | | | | | | | | | | |
|  | | If you had previous MHO status please provide the date the role ended | | | |  |  | / | |  |  | / |  |  |  |  |
|  | | | | | | | | | | |
| If you have never held MHO status your new post will not qualify for this status. (Go to Q11) | | | | | | | | | | | | | | |
| **Q11** | Do you have any previous pension rights that you might be interested in transferring into the NHS Pension Scheme? | | | | | | | | Yes  See below | | | | No  Go to Part 2 | | | |

If your answer is ‘Yes’, you should download the Transfer In Guide and application pack from our website at: [www.nhsbsa.nhs.uk/nhs-pensions](http://www.nhsbsa.nhs.uk/nhs-pensions). However, it is important to note that this can only be done in the first 12 months of joining the Scheme for members of the 1995 Section, or within the first 12 months of becoming eligible to join the 2008 Section or 2015 Scheme. (Go to Part 2)

**Part 2 Declaration**

I confirm I will inform my employer (or Employing Authority) if my employment position with other NHS organisations changes.

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

Please make sure this form is provided by the commencement of your employment to enable the correct assessment of your pension position.

**How we use your information**

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)