

**Version 15**

**To be completed by the manager**

**HR1 – Notification of Starter (incorporating P46 and HR1.3 Pension Form)**

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| *All information will be logged and audited within the Trust. This form should be fully completed. Incomplete forms cannot be actioned and will be returned to the manager. The manager must be a registered authorised signatory. This form must be received from the registered email address in order to be processed.*  **Once complete, please email to** [**starterformsmailbox@York.nhs.uk**](mailto:starterformsmailbox@York.nhs.uk) **and also print out, have it signed, and place into the employee’s personal file. The HR1.2 – New Starter Bank Details MUST also be completed and emailed along with this form:** | | | | | | | | | |
| **1. About the New Employee** | | | | | | | | | |
| **Surname** |  | | | **Forename(s)** |  | | **Preferred name** | |  |
| **Maiden Name** |  | | | **Previous Name** | |  | | | |
| **Title** |  | | | **Gender** | |  | | | |
| **Date of Birth** (Mandatory) |  | | | **Proof of Birth** | |  | | | |
| **NI Number**  (Mandatory) |  | | | **Marital Status** | |  | | | |
| **Religion** |  | | | **Ethnicity** | |  | | | |
| **Sexual Orientation** | | |  | | | **Nationality** | |  | |
| **Does the employee consider themselves disabled?** | | | | | |  | | | |
| **If Yes please select Nature of Disability** | | | | | |  | | | |
| **2. Employee Address & Telephone No** | | | | | | | | | |
| **Address** | |  | | | | | | | |
| **Post Code** | |  | | | | | | | |

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| --- | --- |
| **Home Telephone No** |  |

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| **Mobile Telephone No** |  | | | | | | | | | | | | | | | | |
| **3. Emergency Contact Details** | | | | | | | | | | | | | | | | | |
| **Contact Name** | |  | | | | | | | | | **Relationship** | | | |  | | |
| **Contact Number Home** | |  | | | | | | | | **Contact Number Mobile** | | | | |  | | |
| **Address** | |  | | | | | | | | | | | | | | | |
| **Post Code** | |  | | | | | | | | | | | | | | | |
| **4. Job/Position Details** | | | | | | | | | | | | | | | | | |
| **Offer made subject to probationary period. Please tick box to confirm** | | | | | | | | | | | | | | | | | **YES** |
| **Please state if you would like weekly or monthly pay frequency** | | |  | | | | |  | | | | | | | | | |
| **Effective Date** | | |  | | | | | The date the employee starts work at the trust | | | | | | | | | |
| **Increment Date** | | |  | | | | | The date of the employees pay increment **(Previous NHS Employment?)** | | | | | | | | | |
| **NHS Start Date** | | |  | | | | | The date the employee started in the NHS **(Previous NHS Employment?)** | | | | | | | | | |
| **Job Title** | | | Bank Healthcare Assistant | | | | | | | | | | | | | | |
| **Cost Centre including number** (Mandatory) | | | | | | | | 154752 | | | | | | | | | |
| **Pay Band** | | | | | | | |  | | | | | | | | | |
| **Hours/Sessions** | N/A | | | | | | | | | **Actual Salary £** |  | | | | | | |
| **Employee Site/Base – Enter FULL address** |  | | | | | | | | | | | | | | | | |
| **Type of Employment** | | | |  | | | | | **Contract Type** | | | | |  | | | |
| **If this change is for a fixed period (Fixed Term Contract) please provide an end date** | | | | | | | | | | | |  | | | | | |
| **If Fixed Term Contract, please choose a classification** | | | | | | | | | |  | | | | | | | |
| **5. Medical and Dental Staff Only** | | | | | | | | | **ESR Position No:** | | | | | | | | |
| ***This section should be completed only for Medical and Dental Staff*** | | | | | | | | | | | | | | | | | |
| **Increment Date** |  | | | | **Clinical Excellence Awards - Value** | | | | | | | |  | | | | |
| **Clinical Excellence Award - Level** | | | | |  | **Additional Programmed Activities** | | | | | | | | | |  | |
| **On Call Availability (Senior Medical Staff)** | | | | | | |  | | | | | | | | | | |
| **Pay Band Supplement (Junior Medical Staff)** | | | | | | |  | | | | | | | | | | |

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| **Mess Fund: The Junior Doctors' Mess Fund organises regular social events for members along with paying for the facilities provided in the Mess such as newspapers, magazines, coffee, pool table etc. The membership fee is £7.50 per month. If you would like to join please select the tick box to agree to the deduction.** |  |

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| **Additional Payments:** |  | | | |
| **6. Further Information** | | | | |
| *Enter any relevant further information to assist Payroll to process this form in this box.* | | | | |
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| **7. Professional Registrations** | | | | |
| **Professional Body** | | **Registration No** | | **Renewal Date** |
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| **8. Previous Employment Sector** | | | | |
| **Previous Employment Sector** | | |  | |

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| **9. Last Employer** | | | | | | | | | | | | | | | | | | | |
| **Employer** | | | | **Position Held** | | | | **Grade** | | | **Whole/Part Time** | | | | | **Date From** | | | **Date To** |
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| **10. Student Loans / Postgraduate Loan** | | | | | | | | | | | | | | | | | | | |
| If you have not fully repaid your student please select the tick box below which relates to your student loan plan type. Plan 1 or Plan 2, to set the correct threshold and to work out any repayments deductions based on your income. Your plan type can be found on any recent student loan correspondence.  If you have not full repaid your Postgraduate Loan please tick the Postgraduate box below   |  |  |  | | --- | --- | --- | | Did the first year of your course start Before 1st September 2012? Plan 1 |  | | | Did the first year of your course start on the 1st September 2012 or later? Plan 2   |  |  | | --- | --- | | Do you need to repay a Postgraduate loan? |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **IT IS MANDATORY TO COMPLETE SECTION 11.**  **11. DBS Checks (Band 1 & Apprenticeship posts excluded from charges)** | | | | **PLEASE TICK ONE OF THE BOXES BELOW SO THE APPROPRIATE FEE CAN BE REPAID BY YOUR NEW STAFF MEMBER. NON-COMPLETION MAY LEAD TO YOUR DEPARTMENT BEING CHARGED FOR ANY CHECK WHICH HAS TAKEN PLACE** | **Please refer to the**  **e mail from Trac which was sent to the Line Manager associated with this vacancy which clarifies what charge should be made (the e mail was sent when all pre-employment checks were complete). Please seek clarity from the Recruitment Team if you require clarity** | **Cost Of Check** | | Enhanced Check |  | **£44.20** | | Standard Check |  | **£27.20** |  |  |  |  | | --- | --- | --- | | DBS check not required for role |  | **NIL** | | **Repayment Options – Please tick preferred repayment option** | One Monthly Instalment | Six Monthly Instalments | | | | | | | | | | | | | | | | | | | | |
| **12. P45 & P46 Form** | | | | | | | | | | | | | | | | | | | |
| Please Indicate here if the employee's P45 has been sent to the Payroll Department. ALL employees are required to complete a P46 and send it to payroll along with this form. | | | | | | | | | | | | | | | | | | | |
| **P45 Sent to Payroll** | |  | | | **P45 To Follow** | |  | | | | | | **No P45** | | | | |  | |
| **Please also complete the form P46 DECLARATION below** | | | | | | | | | | | | | | | | | | | |
| **P46 Declaration**  ***THIS FORM IS TO BE COMPLETED BY ALL EMPLOYEES*** | | | | | | | | | | | | | | | | | | | |
| **1. About the Employee** | | | | | | | | | | | | | | | | | | | |
| **Surname** | | |  | | | **Forename(s)** | | | |  | | | | | | | | | |
| **Title** | | |  | | | **Job Title** | | | |  | | | | | | | | | |
| **2. Statements** | | | | | | | | | | | | | | | | | | | |
| Read each statement carefully and select the box for only those that apply to you. | | | | | | | | | | | | | | | | | | | |
| **Statement A**  This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension. | | | | | | | | | | | | | | |  | |  | | |
| **Statement B**  This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance or Incapacity Benefit. I do not receive a state or occupational pension. | | | | | | | | | | | | | | |  | | | | |
| **Statement C**  I have another job or receive a state or occupational pension | | | | | | | | | | | | | | |  | | | | |
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| **13. Re-Employed New Starter?** | | | | | | | | | | | | | | | | | | | |
| **Is the employee a re-employed new starter? (Returning retiree?)** | | | | | | | | | | | |  | | | | | | | |
| **If Yes, Please tick/enter any payroll deductions that will need to be setup** | | | | | | | | | | | | | | | | | | | |
|  | **Car Parking** | **Health**  **Scheme** | | | | | | | **Gym Member** | | | | | **Union** | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **14. Working Time Hours Regulation Opt-Out** | | | | | I agree to opt-out of the 48 hour average weekly limit specified in the Working Time Regulations 1998. I understand that its remains my responsibility to ensure I do not work excessively long hours (for the Trust and/or another employer). Should I wish to end this agreement I will provide my employer with 4 weeks written notice. For further details see attached guidance notes. | | | | | **Select box to agree Declaration above** |  | **Date** |  | | | | | | | | | | | | | | | | | | | | |
| **15. Employee Manual Handling Declaration** | | | | | | | | | | | | | | | | | | | |
| **I CAN CONFIRM THAT I AGREE NOT TO UNDERTAKE ANY MANUAL HANDLING ACTIVITIES UNTIL I HAVE UNDERTAKEN MANUAL HANDLING TRAINING AS PART OF MY INDUCTION AND THAT I FEEL CONFIDENT TO CARRY OUT THESE TASKS AS PART OF MY ROLE.** Please Select Box  **Please Note: This section must be completed otherwise there may be a delay in the new starter document being processed** | | | | | | | | | | | | | | | | | | | |

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| **HR1.3 – Pension Questionnaire**  **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. **Please see completion notes at the end of this document which will assist you with doing so.**  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 | York Teaching Hospital NHS Foundation Trust | | | | | | | | | | | |  |  | | | | | | | | | | | | Your Name |  | | | | | | | | | | | |  |  | | | | | | | | | | | | Previous Surname(s) |  | | | | | | | | | | | |  |  | | | | | | | | | | | | National Insurance Number |  |  |  |  |  |  |  |  |  | |  |  | | | | | | | | | | | | Date of Birth |  |  | / |  |  | / |  |  |  |  | |  |  | | | | | | | | | | | | 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 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 Q3 | No  Go to Q5 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Q3** | Please indicate contract type of this other employment(s) | Full Time  Go to Q4 | Part Time  Go to Q4 | Bank    Go to Q4 |   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   |  |  | | --- | --- | | **Q4** | Please provide the name and contact details of your other employer(s)    Go to Q5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Q5** | When you were previously a member of the NHS Pension Scheme did you claim any retirement pension benefits? | | | | | | Yes  See Below | | | | No  Go to Q6 | | | | |  | Please indicate which NHS Retirement Benefit you are in receipt of :  Ill Health  Retirement (Early or Age)  Drawdown (partial retirement)  Please indicate which Section of the scheme you were a member of  1995 Section  2008 Section  2015 Scheme  Not Known  Go to Q6 | | | | | | | | | | | | | | |  |  | | | | | |  | | | |  | | | | | **Q6** | Have you previously been made redundant from an NHS Employment? | | | | | | Yes  See Below | | | | No  Go to Q7 | | | | |  |  | | | | | |  | | | | | | | | |  | Date of Redundancy | | |  |  | / | |  |  | / |  |  |  |  | |  | | | | | | | | | | | | | | | Did you take an NHS Pension? | | | | | | Yes  See Below | | | | No  Go to Q7 | | | | | |  |  |  |  | | --- | --- | --- | --- | | Which NHS Pension Scheme did you take your benefits from? | 1995 Section | 2008 Section | 2015 Scheme | | | | | | | | | | | | | | | | Name of NHS Employer made redundant from | | Go to Q7 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Q7** | 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 Q8 | | | | |  | 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 Q8) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Q8** | 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 Q9 | | | | | If your answer is “yes” please provide us with a copy of your contract. Go to Q9 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Q9** | In your new post will you be applying for Mental Health Officer Status (MHO)? | | | | | | Yes  See Below | | | | No  Go to Q10 | | | | |  | | | | | | | | | | | | | | | |  | | If you had previous MHO status please provide the date the role ended | |  |  | / | |  |  | / |  |  |  |  | |  | | | | | | | | | | | | If you did not have previous mental health officer status then your new post will not qualify for this status. (Got to Q10) | | | | | | | | | | | | | | **Q10** | | 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 Declaration | | | |   If your answer is ‘Yes’, you should download the Transfer In Guide and application pack from our website at: [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/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.  **PLEASE COMPLETE DECLARATIONS ON NEXT PAGE IN ALL CASES**  **PAYROLL DOCUMENTS DECLARATIONS – please complete in all cases**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **16. Employee’s Declaration** | | | | | | | | **I declare that the information I have given on this form is correct and complete. I understand that if I provide false information I may be liable for disciplinary, prosecution and civil recovery proceedings. I consent to the information on this form being used for the purposes of the prevention, detection and investigation of fraud. I acknowledge that I have been informed that I will receive my payslips electronically and that I must complete my Local Induction [Select Box]** | | | | | |  | | **I declare that there have been no changes in relation to my health since Occupational Health clearance was received for this role** | | | | | |  | | **I declare that there have been no changes to my DBS status since clearance was received in relation to this role (if applicable)** | | | | | |  | | **Pension Declaration - I confirm I will inform payroll if my employment position with other NHS organisations changes** | | | | | |  | | **Employee’s Name** | | |  | **Date** |  | | | **Employee’s Signature** |  | | **Date** |  | | | | | | |
|  | | | | |
| **17. Manager’s Declaration** | | | | |
| **I declare that the details are true and accurate to the best of my knowledge. I can confirm that the details in this form have been approved by the employee stated in section 1 and that a copy of this form has been signed by both persons. 1 copy has been placed on the employee’s personal file held locally, and another has been emailed to Payroll to update ESR with the required details. [Select Box]** | | | |  |
| **I declare that pre-employment checks have been - or will be - fully completed prior to the commencement of this employment in line with the Trust's Recruitment & Selection Policy. These checks include identity, right to work in the UK, references and occupational health, and where appropriate DBS, professional registration and qualification checks, which are part of the national standards for Acute Trusts. [Select Box]** | | | |  |
| **I declare that Section 11 which relates to DBS recharges has been completed [Select Box]** | | | |  |
| **IMPORTANT - If this form relates to a recruitment activity approved by Vacancy Control, please include the vacancy reference number within the right hand box.** | | | **Vacancy Reference No** | |
| **Manager’s Name** |  | **Date** |  | |
| **If the line manager responsible for this staff member’s learning e.g. local induction, statutory / mandatory training, is different from the person completing this declaration please enter their name here. This information will be added to Learning Hub** |  |  |  | |

**Pension Form Completion notes**

These completion notes are provided to assist you in completing the new joiner questionnaire.

Please complete the questionnaire as fully as possible so that the correct assessment can be made.

**Part 1**

Q1 – This question is to establish if you have any previous NHS Pension Scheme membership at the date of starting this new employment.

Q2 – This is to establish whether you will have any other NHS employments at the same time as your new role.

Q3 – You can only be pensionable in this Scheme up to whole time, therefore it is important that your employer knows how many hours you work in your other employment(s). Please make sure that you keep your employer/payroll informed if the situation changes.

Q4 – If you are continuing to work in another NHS post we need to know who your other NHS employment is with. This is important as there are reasons why you may not be eligible for the NHS Pension Scheme in two employments. The name of your other employer may be the same as the one you are starting with. Please note that if you are working for an NHS organisation through an employment agency, this does not count as NHS employment.

Q5 – If you are in receipt of any NHS pension benefits then you may not be eligible to rejoin the NHS Pension Scheme. However, by providing the information requested we will be able to make the correct assessment. We ask you to identify which Section or Scheme you were in (1995 Section, 2008 Section or 2015 Scheme) but if you are unsure then please tick the ‘Not known’.

Q6 – NHS service that has been counted in the calculation of a redundancy payment needs to be declared to ensure the correct assessment of your service. If you are in receipt of an NHS Pension as the result of redundancy, this will impact the assessment.

Q7 – If you have Additional Voluntary Contribution (AVC) arrangements with either Equitable life, Prudential or Standard Life through the NHS Pension Scheme then you need to inform the AVC provider that you are changing employer to ensure continuity can be considered.

Q8 – If you have either Added Years, Additional Pension purchase or Early Retirement Reduction Buy Out (ERRBO) through the NHS Pension Scheme it is essential that you confirm the details and provide a copy of the contract that was provided to you when you commenced the arrangement to ensure continuity of the arrangement.

Q9 – Please note that Mental Health Officer (MHO) status no longer applies to any post commenced after 6 March 1995. However, if you have previously held a post (in the last five years) that attracted MHO status and you believe the new post also qualifies for MHO status then you need to indicate this by ticking ‘Yes’ and completing the details of the previous employment.

Q10 – You may be able to transfer other pensions into the NHS Pension Scheme, however it is important to note that this can only be done:

* in the first 12 months of joining the Scheme if you are member of the 1995 Section
* within the first 12 months of becoming eligible to join the 2008 Section
* within the first 12 months of becoming eligible to join the 2015 Scheme.

If you would like to consider your option to transfer benefits, please tick the ‘Yes’ box and download the Transfer In Guide and application pack. If you say no but decide at a later date that you wish to consider a transfer (within the 12 month deadline) then you can obtain the Transfer In Guide and application pack from your employer or the NHS Pensions website ([www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)). If you have previous NHS pension membership within England and Wales this will be automatically added to any new membership in the NHS Pension Scheme. If you have previous membership of the NHS Pension Scheme in Scotland or Northern Ireland, this will not be automatically linked. You must apply to transfer these benefits if you would like your membership to be added to your new membership in the NHS Pension Scheme (England and Wales).

If you wish to transfer from a scheme that participates in the Public Sector Transfer Club, please note that you must 'elect to proceed' with this transfer within 12 months of becoming eligible to join the NHS Pension Scheme (an election to proceed is not a request for an estimate, it is the signed option form requesting payment of the transfer value).

Once the assessment has been made, you will be notified by your employer by the first pay day which Scheme you have been enrolled in, what the Scheme features are, the contribution rates and your options.

Assessment is not possible until your first payment is made.