Version.5.1 Medical and Dental Payroll Form

**Medical and Dental New Starter Payroll Form**

*Including forms: HR1 – Notification of Starter, HR1.1 – P46 Declaration, HR1.2 – New Starter Bank Details, HR1.3 – Pension Questionnaire*

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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.***This is an electronic form, please complete and return via email in its original word format to yhs-tr.medical.recruitment2@nhs.net.** *A completed version of this form will be provided to you on your start date, you are required to check all of the details and sign each of the declarations. The final version signed by all parties will be placed on your electronic personal file.*  |
| **1. About the New Employee** |
| **Surname (Family Name)** |       | **Forename(s)** |       |
| **Maiden Name** |       | **Previous Name** |       |
| **Title** |  | **Gender** |  |
| **Date of Birth** |       |  |  |
| **NI Number** |       | **Marital Status** |  |
| **Religion** |  | **Ethnicity** |  |
| **Sexual Orientation** |  |
| **Does the employee consider themselves disabled?** |  |
| **If Yes please select Nature of Disability** |  |

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| **PAYROLL USE ONLY** | [ ]  NI Multiple Assignments | [ ]  PAYE Multiple Assignments |

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| **2. Employee Address & Telephone No** |
| **Address** |       |
| **Post Code** |       |
| **Telephone No** |       |
| **Personal Email Address** |       |
| **NHS.net email address (its important we have this information if you already have an NHS email address to avoid duplication)**  |       |

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| **3. Emergency Contact Details** |
| **Contact Name** |       | **Relationship** |  |
| **Contact Number Home** |        | **Contact Number Mobile** |        |
| **Address** |       |
| **Post Code** |       |

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| **4. Professional Registrations** |
| **Professional Body** | **Registration No** | **Renewal Date** |
|       |       |       |
|       |       |       |
|       |       |       |
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| **5. Previous Employment Sector** |
| **Previous Employment Sector** |  |

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| **Please detail below any previous NHS experience** |
| **6. Previous NHS Employer** |
| **Employer** | **Position Held** | **Grade** | **Full/Part Time** | **Date From** | **Date To** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **7. 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 it 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.  |
| **Select box to agree Declaration above** | [ ]  | **Date** |       |

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| **8. Bank Assignment Opt-Out** |
| You will automatically be set up with a zero hours bank assignment in addition to your primary assignment. You are not obligated to work additional shifts for the Trust above your contracted hours, however, if you do choose to opt out of this please be aware that as per Schedule 03, paragraph 43, of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016, you are contractually required to offer such additional hours of work exclusively to the service of the NHS, via an NHS staff internal bank. Please note: If you have a zero hours bank assignment you must also tick the Working Time Hours Regulation Opt-Out declaration in Section 7. |
| **Select box to Opt-Out of an additional bank assignment** | [ ]  |

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| **9. Mess Fund** |
| **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 the deduction.** |  [ ]  |

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| **10. Student Loans / Postgraduate Loan** |
| If you have not fully repaid your student loan 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 fully 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? [ ]  |
| **11. Trust Accommodation** |
| **Do you require a salary deduction for staying in accommodation provided by the Trust? (Stays of a duration of four weeks or more require a salary deduction to be arranged)** |
| If yes, please select the tick box  | **[ ]**  |

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| **12. HR1.1 - P45 & P46 Form** |
| Please Indicate here if your P45 has been sent to the Payroll Department. ALL employees are required to complete this P46 form, which will be sent to payroll on your behalf.  |
| P45 Sent to Payroll | [ ]  | P45 To Follow | [ ]  | No P45  | [ ]  |
| StatementsRead each statement carefully and select the box for only those that apply to you. |
| Statement AThis 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 BThis 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 CI have another job or receive a state or occupational pension | [ ]  |

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| **13. HR1.2 – Bank Details** |
| **Bank Name** |       |
| **Account name as shown on your bank card** |       |
| **Account Number** |       | *This should be 8 digits long* |
| **Sort Code** |       | *This should be 6 digits in groups of 2 split by a dash e.g. 11-22-33* |
| **Roll Number** |       | This is optional – building society accounts often have roll numbers |
| **Employee Declaration** |
| **I authorise you to setup my employee record with the bank details within the above section.** | [ ]  |

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| **14. HR1.3 – Pension 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. |
| **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 KnownGo 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 |
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| Which NHS Pension Scheme did you take your benefits from? | [ ]  1995 Section | [ ]  2008 Section | [ ]  2015 Scheme  |

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| Name of NHS Employer made redundant from |      Go to Q7 |

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| **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** |
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| **Q9** | In your new post will you be applying for Mental Health Officer Status (MHO)? | Yes [ ] See Below | No [ ]  Go to Q10 |
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|  | If you had previous MHO status please provide the date the role ended  |   |   | / |   |   | / |   |   |   |   |
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| 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 [ ]  |

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.

**FOR MEDICAL RECRUITMENT USE ONLY**

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| **15. Position Details** |
| **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** |  |  | **Insert specialty** |
| **ESR Position Number** |       |  |
| **Cost Centre Code** |       | **Cost Centre Name** |       |
| **Site/Base** |             |
| **Type of Employment** |  | **Contract Type** |  |
| **If Fixed Term Contract, please choose a classification** |  |
| **Training and Trust Grade Doctors ONLY** |
| **Hours** |       per week  | **Whole Time Equivalent**  |       |
| **Total Contracted Hours** |       per week | **Nodal/Pay Point** |  |
| **Full Time Salary (£)** |        | **Pay Grade Code** |       |
| **Pro Rata Salary (£)** *e.g. Less than full time* |       | **Weekend Allowance** |   |
| **On-call Availability allowance** **Banding Supplement**   |  |
| **Hours at Basic Rate**  |       | **Night Duty Hours (37% enhancement)** |       |
| **LTFT Allowance****(£)\* Annual value** |        |  |  |
| **Flexible Pay Premia (£)\*** *Annual value* |        | **Number of Years of Programme** |       |
| **Start Date of FPP** |       | **End Date of FPP** |       |
| *\*Flexible pay premia (FPP) will be fixed at the rate applicable at the point in time at which the doctor becomes eligible i.e. at the point in which the doctor enters the relevant training programme which attracts the FPP.* |
| **Type of pay protection** |  | **Amount***Section One Only* |       |
| **Cash Floor Document** | Yes; Attached [ ]  | Yes; To Follow [ ]  | Not Applicable [ ]  |
| **2016 Contract Start Date** |       | **Transition End Date****(4 Years)** |       |
| **Annual Pay Premia** *For Less than full time only* |  | **Amount** |  |

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| **Consultants and Specialty Doctors ONLY** |
| **Programmed Activities** |       per week  | **Whole Time Equivalent**  |       |
| **Pay Grade Code** |  | **Pay Point** |  |
| **Full Time Salary (£)** |       | **Pro Rata Salary (£)** *e.g. Less than full time* |       |
| **Clinical Excellence Award - Level** |       | **Clinical Excellence Awards - Value** |       |
| **On Call Availability (Senior Medical Staff)** |  | **Additional Programmed Activities** |    |

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| **16. Further information** |
| Enter any relevant further information to assist Payroll to process this form in the box below |
|       |

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| **17. Enhanced DBS Check (if you don’t have a current DBS and we are required to do one for you please tick the relevant repayment option below)** |
|  **£42.68** |
| **Repayment Option – PLEASE TICK ONE OPTION** | One Monthly Instalment [ ]  | Six Monthly Instalments [ ]  |

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| **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.**  | [ ]  |
| **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 and Appointment 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.**  | [ ]  |
| **Recruitment Advisor** |       | **Date** |  |
| **Recruitment Advisor Telephone** |  | **Recruitment Email** | **Yhs-tr.medical.recruitment2@nhs.net** |
| **Line Manager Name** |  | **Line Manager email** |  |

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| **18. 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**  | [ ]  |
| **Employee Name** |  | **Date** |  |
| **Employee Signature** |  |  |