**New TUPE Starter Payroll Information Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | | **Surname** |  |
| **Full Address** |  | | | | | |
| **Gender** |  | | | **Personal Email Address** |  | |
|  |  | | | **Personal Mobile number** |  | |
| **Date of Birth** |  | | | **NI Number** |  | |
| **P45 attached** | YES / NO | | | **Start date** |  | |

Bank details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of bank** | |  | | | | **Branch** | |  | | | |
| **Account Name** | |  | | **Account No** | |  | | **Sort code** | |  | |
| **Roll No (Building Society)** | |  | | | | | | | | | |
|  | | | | | |  | | | | | |
| **Employee Statement please only tick one box and TUPE employee needs to confirm.** | | | | | | | | | | | **Tick ONE:** |
| 1. 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. | | | | | | | | | | |  |
| 1. This in now my only job but since last 6 April I have 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. | | | | | | | | | | |  |
|  | | | | | | | | |  | |  |
| **Student Loans:** | | | | | | | | | **Yes** | | **No** |
| Do you have a student or postgraduate loan which is not fully repaid: | | | | | | | | |  | |  |
|  | | | | | | | | |  | | **If no, move to page 2** |
| If **yes**. do any of the following apply: | | | | | | | | | **Yes** | | **No** |
| * you’re still studying on a course that your student loan relates to. * you completed or left your course after the start of the current tax year, which started on 6 April. * you’ve already repaid your loan in full. * you’re paying the Student Loans Company by Direct Debit from your bank to manage your end of loan repayments. | | | | | | | | |  | |  |
|  | | | | | | | | |  | | **If no, move to page 2** |
| If **yes**, tick the correct student loans that you have: | | | | | | | | |  | |  |
| Plan 1 | | | Plan 2 | | Plan 4 | | | | Postgraduate loan | | |
|  | | |  | |  | | | |  | | |
| **You have Plan 1 if any of the following apply:**   * you lived in Northern Ireland when you started your course; * you lived in England or Wales and started your course before 1 September 2012 | | | | | | | | | | | |
| **You have Plan 2 if:** You lived in England or Wales and started your course on or after 1 September 2012. | | | | | | | | | | | |
| **You have Plan 4 if:** You lived in Scotland and applied through the Students Award Agency Scotland (SAAS) when you started your course. | | | | | | | | | | | |
| **You have a postgraduate loan if any of the following apply:**  • 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 | | | | | | | | | | | |
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| **Doctor’s Details** | | | |
| **Doctor’s Name** |  | **Practice Name** |  |
| **Doctors Address** |  | | |
| **Town/City** |  | **County** |  |
| **Post Code** |  | **Telephone** |  |
| **Email Address** |  | | |

|  |  |  |
| --- | --- | --- |
| **Education** | | |
| **School/College/University** | **Examination Taken** | **Result/Grade** |
|  |  |  |

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| --- | --- | --- | --- |
| **Membership of Institutes / Professional Bodies (please state if applicable)** | | | |
| **Name of Institute/Professional Body** | **Class/Level of Membership** | **Start Date** | **Expiry Date** |
|  |  |  |  |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Driving License** | | | |
| **Type:** | **Full / Provisional** | **License Number:** |  |
| **Issue date: DD/MM/YYYY** |  | **Expiry date: DD/MM/YYYY** |  |

**Disclaimer and Signature**

EMED Group will process the information provided on this form for the purpose of personnel administration, including payroll and pensions.

It will only be disclosed outside the business to or organisation that are under contract to process data in these areas.

You also acknowledge and consent that EMED Group may release some of your personal information to clients or other third parties as required to fulfil contractual obligations. The data which may be released in these circumstances include, but is not limited to, your name, Date of Birth, Driving Licence number and status, DBS Certificate number, issue date and status, training records and qualifications.

Furthermore, you agree to provide EMED Group with your personal email address that will be retained on your electronic personal file. You consent to EMED Group using this email address for work purposes (including but not limited to) as a User ID to access work related systems, and as a method of sharing work related communications with you.

**Declaration**: I declare that the information I have given is, to the best of my knowledge, true and correct and may be stored and used in accordance with the Company’s recruitment and selection process. I understand that giving false information may be grounds for dismissal. In signing, I also consent to the collection and storage of information, including any sensitive data as defined by the Data Protection Act 1988, for the purpose of my employment by EMED Group.

Signature:

Date:

|  |  |  |
| --- | --- | --- |
| **To be completed by Manager:** | | |
| Company: | ERS Medical |  |
| Job Title: |  | |
| Description of Pay: |  | |
| Rate/Hour: |  | |
| Annual Salary: |  | |
| Weekly Hours Worked: |  | |
| Pay Interval: | Monthly last working day of each moth | |
| Pension contributions ER and EE % | ER% EE% | |
| Car allowance per month | £ | |
| Life cover how much salary |  | |
| Private Medical Insurance single or family cover | Yes or No and level of cover - | |