

NEW STARTER FORM



Employee Details

Surname:	
First Name(s):	
Title:	
Date of Birth:	
Male or Female	
National Insurance No:	
Address:	
Post Code:	
Telephone:	
Email:	
Bank Name:	
Sort Code:	
Account Name:	
Account Number:	
Are you registered disabled? Y/N	
If Yes - Registered Disabled No:	
Are you a UK/Swiss/EU national? Y/N, if No please provide work visa details below	
Passport Number: *	
Work Visa Number & Dates: **	
Other ID Type: ***	
Other ID Number:	
Next of Kin Name:	
Contact Number or Email:	
Relationship to you:	

Key: - It is a legal requirement that we check your ID to see if you are allowed to work in this country: * Please attach a copy of your passport counter signed by your line manager to confirm that it is your passport: ** If you are NOT a UK, Swiss or EU national you MUST also provide us with a copy of a CURRENT work visa, expired or soon to expire work visas are not acceptable: *** If you have no passport please attach a copy of the other ID you wish to use (eg national ID card, driving licence, birth certificate) – again please ensure that it is counter-signed by your line manager

Employment Details

Start Date:	
Annual Salary:	
Job Title:	
Parish/Agency Name & Location:	
Line Manager:	
Is this job permanent or temporary?	
If temporary please give end date:	
Is this job full or part time?	
Hours of Work:	
Work Pattern (eg 9am to 2pm Monday to Wednesday):	
Do you already work elsewhere within the Diocese? Y/N:	
If Yes, please give Payroll Number:	
Do you have a contract of employment Y/N:	
If Yes, please attach a copy:	
Do you have a P45 with a leaver date after 05/04 in the current year? Y/N:	
If Yes – please enclose: Please note that you MUST also complete the P46 at the end of this form	
Is there any other information relevant to this employment (eg private pension contributions, salary sacrifice, car allowance)?	

Form P46

You must complete the P46 below even if you are providing a P45.

FAILURE TO COMPLETE THIS WILL RESULT IN BOX C BEING PRESUMED.

YOUR PRESENT CIRCUMSTANCES

Please read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A – 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 Pension or Occupational pension.

OR

B – This is 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.

OR

C – As well as my new job, I have another job or receive a State Pension or Occupational Pension. If you are receiving a pension, please provide an NI exemption form.

Student Loans

1.	Do you have a Student Loan Y/N:	
2.	If Yes, please give Student Loan Number:	
3.	Do you have a student loan which is not fully repaid? If yes, go to question 4 If no, go to question 6	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly Payments? If yes, go to question 6 If no, go to question 5	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Student Loans Plus <i>You will have a Plan 1 Student Loan if:</i></p> <ul style="list-style-type: none">• You lived in Scotland or Northern Ireland when you started your course, or• You lived in England or Wales and started your course before September 2012. <p><i>You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1st September 2012.</i></p>		
5.	What type of Student Loan do you have?	Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
6.	Did you finish your studies before the last 6 April?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><i>For further guidance about repaying Student Loans go to www.gov.uk/new-employee/student-loans</i></p>		

Employee Signature

I confirm that the information I have provided is accurate:

Signed: **Date:**

Name in Full:

Employer Signature

I authorise payroll to set up this employee on the payroll and pay them, as detailed above.

Signed: **Date:**

Name in Full:

Contact Details in Case of Query

Telephone:

Email: