**NEW STARTER FORM**

**Please complete all sections of the form below. Details you provide will be for use within the Human Resources and Payroll departments in order to ensure that your employee record is complete and that payment details are correct. Information will only be shared with those agents of the Trust that are legally entitled to access and/or process it and sharing will be kept to a minimum.**

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| **PART ONE – FOR COMPLETION BY EMPLOYEE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 1 – PERSONAL DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Forename | |  | | | | | | | | | | | | | | | | | | | | | | | | Middle Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Preferred Name | |  | | | | | | | | | | | | | | | | | | | | | | | | Previous Surname/s | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | |  | | | | | | | | | | | | | | | | | | | | | | | | Place of Birth | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National Ins Number | |  | | | |  | | |  | | | | |  | |  | |  | |  | | |  |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email Address | | | | | Home | | | | | |  | | | | | | | | | | | | | | | | Work | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | Home | | | | | |  | | | | | | | | | | | | | | | | Mobile | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Section 2 - EMERGENCY CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Forename(s) | | |  | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone | | | Home | | | | | | |  | | | | | | | | | | | | Work | | | |  | | | | | | | | | | | | | Mobile | | | | | |  | | | | | | | | | |
| **Section 3 - PREVIOUS NHS EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYER | | | | | | | | | | | | | | | POST TITLE | | | | | | | | | | | | | | | WT/PT | | | | | FROM | | | | | | | TO | | | | | | | NHS PENSION | | | | | |
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| **Section 4 – SALARY DEDUCTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All junior medical staff will be automatically opted into Doctors Mess Membership. Current subscription is £12 per month (Brighton and Haywards Heath), £20 per month (Chichester and Worthing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you wish to opt out of this subscription?  *NB Failure to respond will result in subscription fees automatically being deducted from salary.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | |  |
| **Section 5 - MEDICAL BANK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You will automatically be registered to undertake bank work at the same grade as your substantive employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you intend to undertake hours of paid work as a locum, additional to the hours set out in your schedule, you must initially offer such additional hours of work exclusively to the service of the NHS via our internal NHS Staff Locum Bank.  The requirement to offer such service is limited to work commensurate to your grade and competencies, rather than work at a lower grade than you are currently employed to work at.  You must inform us as your employer of your intention to undertake additional hours of locum work. You can carry out additional activity over and above the standard commitment set out in your schedule up to a maximum average of 48 hours per week (or up to 56 hours per week, if you have opted out of the Working Time Regulations).  Doctors in Training: You have a professional responsibility for ensuring your total hours of work, including any work undertaken for any other employer, comply with the contractual and regulatory limits set out in Schedule 3 of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016\*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Have you read and understood your responsibilities as outlined above regarding additional working if you are employed under the 2016 Terms and Conditions of Service? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | |  | | | | | No | | | | |  | | | | N/A (Senior) | | | |  |
| **Section 6 - BANK DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank / Building Society Name | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sort Code |  | | |  | | |  | | | | | |  | | | |  | |  | | Account No | | | | | | | |  | | |  | | | | |  | | |  | | | |  | | |  | | | |  | |  | |
| Building Society Account No.  (if known) | | | | | | | | | | | | |  | | | |  | |  | |  | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Section 7 – EMPLOYEE CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please read and sign the statement below. This does not need to be a “wet” signature. You may insert an electronic signature if you have one or alternatively, please type your name in block capitals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify the above information is true and correct, and I understand the information from this form will be held in a manual filing system and on the NHS electronic staff record database. I authorise that my previous employers can be contacted in order to verify my salary and continuous service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Signature** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | |  | | | | | | | | | | | |