

Employee Payroll Form – Confidential P2D

Personal Details

Surname		Forename (s)				
Title	Date Of Birth	Previous Surname				
N.I. Number	Gender		Male	Female		
Marital Status	Married	Separated	Single	Civil Partnership	Divorced	Widowed Other

Ethnic Origin (Please Tick One Box)

White	British	Irish	Any other White Background			
Mixed	White & Black Caribbean	White & Black African	White & Asian	Other Mixed Background		
Asian or British Asian	Indian	Pakistani	Bangladeshi	Other Asian Background		
Black or Black British	Caribbean	African	Any other Black Background			
Other Ethnic Categories	Chinese	Any Other Ethnic Category				

Right to Work

Nationality	Country of Birth	Passport Number
Have you been a resident in the EU for the last 3 years?	Yes	No
Work Permit / Visa Number	Permit / Visa Expiry	Visa / Immigration Status

Employee Contact Details

Home Address	
Postcode	Mobile Number
Personal e-mail address	Home Number

Emergency Contact Details

Name	Relationship to employee
Address <small>(If different to above)</small>	Mobile Number
Postcode	Home Number

Professional Registration

General Medical Council Registration Number	Retention Fee Due Date
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If any of the above contact information changes please use the ESR Self-Service to amend

Monitoring*Please Indicate your Religious Beliefs*

Atheism
Buddhism
Christianity
Hinduism
Islam
Jainism
Judaism
Other
Sikhism
I do not wish to disclose

Please indicate your sexual orientation

Bisexual
Gay
Heterosexual
Lesbian
I do not wish to disclose

Disabilities under the DDA

Chronic Diseases (Diabetes, Cancer, HIV, etc)
Development Disability (Dyslexia, ADD, etc.)
Hearing Impairment
Mental Disability (Depression, Alzheimer's, etc)
Physical Disability
Spinal Cord Injury
Traumatic Brain Injury
Visual Impairment
Any other disability
Not applicable - No Disability

Previous Employer (for retrieval of training record if NHS)

Employer *Job Title / Grade FT / PT From (DD/MM/YY) To (DD/MM/YY)*

Bank / Building Society Details

Name Account Registered to

Account Number

Sort Code

Name of Bank / Building Society

Bank or Building Society Branch (Town)

Tax Declaration (P46)

Should you be expecting a P45 from your previous employment within the next 30 days, you may wish to submit that to payroll rather than declare your tax position on the employee statement.

EMPLOYEE STATEMENT - You need only tick one of the following statements: A, B or C relevant to your personal circumstances as at your start date with West Suffolk NHS Hospital Foundation Trust.

- A** This is my first job since 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State Pension or Occupational Pension.
- 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 Pension or Occupational Pension.
- C** As well as this new job. They have another job or receive a State Pension or Occupational Pension

STUDENT LOAN

Do you have a Student Loan which is not fully repaid?

Yes**No**

Are you repaying your student Loan direct to the Student Loans Company by agreed monthly payments?

Yes, go to Question 1**No, go to Question 2**

For further guidance about repaying Student Loans go to www.gov.uk/new-employee/student-loans

Student Loan Plans

You will have a Plan 1 Student Loan if:

- 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

Question 1: What type of Student loan do you have?

Plan 1**Plan 2**

Question 2: Did you finish your studies before the last 6 April?

Yes**No**

NHS Pension Declaration

- Q1 Are you currently a member of the NHS Pension Scheme? Yes
Go to Q2 No
Go to Q4
- Q2 Will you continue to have any other current NHS post (at the same time as this post), including Bank (but excluding agency) Yes
Go to Q2 No
Go to Q4

Please state who your other employer is (if West Suffolk Hospital Foundation Trust, go to Question 4)

- | | | | |
|--|--|--|--|
| | Full Time | Part Time | Bank |
| Q3 Please indicate contract type of the other post | If Full Time please Go to Declaration (Please see note below) | If Part Time please state number of contracted hours | If Bank please go to Question 4 |

If **Part Time** please go to Question 4

Important: If you change your hours or leave the other role(s) it is your responsibility to advise the Payroll team as this may affect the eligibility to a pension scheme.

- Q4 Have you previously been a member of the NHS Pension Scheme and taken pension benefits (Retirement, Early Retirement, Ill Health Retirement or other type of NHS Pension) Yes
See Below No
Go to Q8

Please indicate which NHS Retirement Benefit you are in receipt of:

Ill Health	Redundancy	Retirement (Early or Age)	Drawdown
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Please indicate which Section of the scheme you were a member of

1995 Section	2008 Section	Not Known
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- Q5 Do you have any existing pension rights that you would be interested in transferring into the NHS Pension scheme? Yes No
- If your answer is "Yes" your employer will provide the Transfer of Benefits Booklet. However, it is important to note that this can only be done in the first 12 months of joining the scheme if a member of the 1995 Section or within the first 12 months of becoming eligible to join if in the 2008 Section.

- Q6 Have you previously been made redundant from an NHS Employer? Yes
See Below No
Go to Q7

Date of Redundancy

Did you take an NHS Pension Yes No

Please state the name of the NHS Employer made redundant from

- Q7 Do or did you have any Additional Voluntary Contribution arrangements in place through the Pension Scheme? Yes
See Below No
Go to Q8

Please contact your AVC provider if you wish to continue to pay AVC contributions. You will need to advise them of your new employer so they can provide details for payroll deductions to continue.

- Q8 Do you have an added years contract or NHS Additional pension purchase in place? If your answer is "yes" please provide us with a copy of your contract. Yes No

Employee Declaration

I confirm that I have completed the above form to the best of my ability and knowledge and undertake to advise my payroll team in the event that I should alter the position stated above in respect of employment with any other NHS organisations.

Signature

Date

HR Use Only

Post Title
Ward / Department
Site Location

Start Date
NHS Start Date
Contract Type PERMANENT FIXED LOCUM
Cost Centre: **E**
Basic Hrs/Sessions

End Date
Grade Start Date
Account Code: **W**

Pay

CONSULTANT	YM	£	CONSULTANT Banding % & Supplement	%	Cat A	Cat B	N/a
Payscale & Salary:							
Payscale - 2016		<i>Jnr Doctors Only</i>	Payscale - 2002		<i>Jnr Doctors Only</i>		
Payscale			Payscale				
Nodal Point			Basic Salary				
Basic Salary			Banding and Percentage				

Total additional rostered hours	Pay Protection
Weekend Allowance (%/£)	Pay Protection Applies: Yes No
Night premium	Pay Protection Type : Start Date
On-call %	End Date
Flexible pay	
Total salary	Whole Time Annual Value (cash floor) Payscale / Nodal Point
Incremental date	

DBS Status Enhanced PoCA PoVA Date with DBS

DBS Issue Date DBS Number

DBS Issued to (Organisation)

DBS Online Date:

Doctors Mess - please deduct £10 per month

Additional Information:

Authorisation

Authoriser's Name * Date *

Authoriser's Signature *

Job Title *

Actioned by Date

Checked Date