NEW EMPLOYEE STARTER FORM

In order for the Company to obtain and maintain up to date records concerning your employment please complete the following information:

| 1. Company Name | | | | | | | |
|--|--|-----------------|---|----------------------|---|--------------------------------|--|
| 2. Employees Personal Det | tails | | | | | | |
| Title and Forenames (no abbreviations i.e. Robert/Bob) | Title | Title Forenames | | | | Marital Status | |
| Surname | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| Post Code | | | | | | | |
| Email Address (for workplace pension provider) | | | | | | | |
| Telephone No. | | | | Mobile No. | | | |
| Date of Birth | | | | | | | |
| Passport No if applicable (UK & NonUK) | | | | Expiry Date | | | |
| | | | | | | | |
| National Ins. No. | | 1 | T | | | | |
| P45 Enclosed | Yes | No | | | | | |
| Start Date | | | | | | | |
| Contracted hours and pay rate | Hour | per week | :/month | | Rate of pay (£) | | |
| | | | | | | | |
| 3. EMPLOYEE DECLARATIO appropriate box |)N - C | hoose t | he statemen | t that applies t | to you, | either A, B or C, and tick the | |
| Statement A | | Stateme | nt B | | Sta | atement C | |
| Do not choose this statement if you' receipt of State, Works or Private Pens Choose this statement if the follo applies: | Do not choose this statement if you're in receipt of State, Works or Private Pension. Choose this statement if the following applies: | | | i. - Y ing - Y | oose this statement if: You have another job and/or You're in receipt of a State, Works or Private Pension | | |
| This is my first job since last 6 April and not received payments from any of following: | Since 6 Aoril I have had another job but I do not have a P45. And/or since the 6 April I have received payments from any of the following: | | | do il I | Tivate i clision | | |
| - Employment and Support Allowance - I | | | Jobseeker's AllowanceEmployment and Support AllowanceIncapacity Benefit | | | | |
| Statement A applies to me | | Statemer | nt B applies to r | me | Sta | atement C applies to me | |

| 4. STUDENT LOANS | Types of Student Loan | | | | | |
|---|--|--|--|--|--|--|
| Tell us if any of the following statements apply to you: | You have Plan 1 if any of the following apply: | | | | | |
| You do not have any Student or Postgraduate Loans You're still studying full-time on a course that your Student Loan relates to You completed or left your full-time course after the start of the current tax year, which started on 6 April You're already making regular direct debit repayments from your bank, as agreed with the Student Loans Company | 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 | | | | | |
| If No, tick this box and go to question 5 | You have Plan 4 if: | | | | | |
| If Yes, tick this box and go straight to the Declaration | - You lived in Scotland and applied through the Students Award Agency Scotland (SAAS) when you started your course | | | | | |
| 5. To avoid repaying more than you need to, tick the correct Student Loans that you have – use the guidance on the right to help you. | You have a Postgraduate Loan if any of the following apply: - You lived in England and started your Postgraduate Master's | | | | | |
| Plan 1 Plan 2 | course on or after 1 August 2016 - You lived in Wales and started your Postgraduate Master's course on or after 1st August 2017 - You lived in England or Wales and started your Postgraduate | | | | | |
| Plan 4 | Doctoral course on or after 1 August 2018 | | | | | |
| Postgraduate Loan (England and Wales only) | | | | | | |
| Employees, for more information about the type of loan you have Employers, for guidance go to www.gov.uk/guidance/special-rules | e, go to <u>www.gov.uk/sign-in-to-manage-your-studen-loan-balance</u> s-for-student-loans | | | | | |
| Bank/Build. Society | | | | | | |
| Account Holders Name | | | | | | |
| Sort Code | Account No. | | | | | |
| I hereby confirm that the information contained in this form is correct. Signed by employee: | | | | | | |
| For Employer Use Only Have you conducted a Right to Work check? (As an employer it is your responsibility to ensure your employees have the legal right.) | Yes | | | | | |
| For Employer Use Only | | | | | | |
| ID must be seen to confirm name, address and date of birth (E.g. Driving Licence, Passport, Utility Bill, Birth Certificate) | | | | | | |
| Signed by employer: | Date: | | | | | |
| | | | | | | |