



New Starter Form

BASIC DETAILS

Surname	Forenames	Title	NI Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Email Address		
<input type="text"/>	<input type="text"/>		
Address 1	<input type="text"/>		Gender
Address 2			<input type="text"/>
Address 3			
Address 4			
Postcode			
			Tick if Apprentice
			<input type="checkbox"/>

BANK DETAILS

Sort Code	Bank Account Number	Bank Name and Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>

STARTER DECLARATION – Please enter X in the one box that applies to you

A – This is my first job since 6 April and I have not been receiving taxable jobseekers allowance or taxable incapacity benefit or a state or occupational pension

A

☐

B – This is now my only job but since last 6 April I have had another job, or have received taxable jobseekers Allowance or incapacity benefit. I do not receive a state or occupational pension

B

☐

C – I have another job or receive a state or occupational pension

C

☐

P45 to follow

☐

P45 Attached

☐

STUDENT LOAN

If you left a course of higher education **before 1 September 2012** and have an unpaid loan - tick box Plan 1

Plan 1

☐

If you took out your loan **on or after 1 September 2012** which is not fully repaid – tick box Plan 2

Plan 2

☐

Did you complete or leave your studies before 6th April?

Yes

☐

if Yes, go to Bank Details section

No

☐

if No, go to Postgraduate Loan section



POSTGRADUATE LOAN

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

Yes if Yes, go to next question

No if No, go to Bank Details section

Did you complete or leave your Postgraduate studies before 6th April?

Yes if Yes, go to next question

No if No, go to Bank Details section

ARMED FORCES VETERAN

Are you a veteran, that served at least one day in the regular armed forces? If so, what was the start date of your first employment in civilian capacity since leaving the forces?

Yes If Yes, Start Date:

D	D	M	M	Y	Y	Y	Y
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Employees Signature:

Date:

Please return this form to your payroll department by email.

EMPLOYER USE ONLY

Company Name

Client Reference

Period

Start Date

D	D	M	M	Y	Y	Y	Y
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Department

Employee Number

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PAYMENT AND DEDUCTION DETAILS

Standard Weekly Hours *

Annual Salary

Basic Hourly rate

*if irregular weekly hours mark as n/a

EMPLOYEE WORKING HOURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

BENEFITS IN KIND

Company Car?

If YES, please complete additional form

Any other benefits in kind?

Yes

If Yes, please specify

No

If No, go to student loan section

Please note it is the Employers responsibility to ensure the employee is eligible to work in the UK and the correct documentation is held on file.