



# Welcome to Humber Recruitment Pack



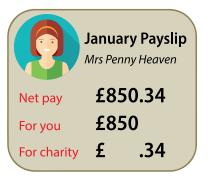






# Do you know how many pennies were on your last payslip?

Probably not, so why not donate them to charity?



Earn £850.34 then you keep the £850 and donate the 34p.

Simple and if we all join in we can raise thousands of pounds.

This year all our pennies will support Health Stars.



Health Stars is THE Charity for Humber Teaching NHS Foundation Trust, working in partnership to enhance the community and mental health services provided to over 800,000 people living in our service area.

To join in or for more information please contact Health Stars hello@healthstars.org.uk or call 01482 389103

### Welcome to Humber,

Congratulations on your appointment and welcome to Humber Teaching NHS Foundation Trust!

Here at Humber Teaching NHS Foundation Trust, we want our employees to feel valued and appreciated and to help us provide a strong foundation for delivering outstanding patient care. After all, without you, it would be impossible to provide the award winning, high quality of care to our service users for which we are renowned.

I am proud to say that you are now part of an award winning team of more than 2,500 employees with the ultimate aim to provide the best possible health and social care to residents of Hull, the East Riding of Yorkshire and North Yorkshire.



Please read and complete the relevant documents found within this 'Welcome to Humber Recruitment Pack' to enable us to start your employment journey at the Trust.

I wish you every success in your future career at the Trust and once again, Welcome!

Best wishes

Steve McGowan Director of Workforce & Organisational Development

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Pension Questionnaire

#### Did you know Humber won HSJ Provider for 2019?



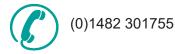
## Which forms are compulsory?

Please take your time to read through your new starter welcome pack and ensure you complete all the necessary forms. To make it a little easier below is an illustration which indicates which forms are compulsory and must be completed before you start your new role.

If you have any problems or need further information to complete any forms please contact recruitment on:



hnf.tr.recruitment@nhs.net



Form Name	Compulsory Yes	Compulsory No	Tick once completed and saved
New Employee Information Form	x		
Secondary Employment	x		
Reckonable Service Form		х	
Workplace Declaration	x		
Model Declaration	x		
Car Parking Registration	X*		
Application to use Private Vehicle on Official Business		х	
Bank Details	x		
HMRC Starter Declaration	x		
Pension Questionnaire	Х		

\* Our car parking registration is mandatory to those who are based at Willerby Hill and/or if they attend the site regularly by car - we don't want any staff to be fined!

# Did you know?

Did you know our services are delivered from over 70 sites spread across a huge geographical area including community hospitals, inpatient units and GP practices in Hull, the length and breadth of the East Riding and up to Whitby.

The map below shows where our units and offices are located.



# **New Employee Information Form**

Ξ.

Please Note: Information which you included within your application form will be used for your Employee Staff Record. If you need to update this information please notify the recruitment team on HNF-TR.Recruitment@nhs.net

FOR HR USE ONLY												
Job Ref:			Job Title				HR Le	ead:				
Position No:			Assignment No:				Start	Date				
	F	OR NEW EM		IPLET	E - PEF	RSONA		ORMAT	ION			
NI No:				Date	e of Birth	า:						
Surname:				Fore	ename(s	s):						
Title:				Maio	den Nar	ne:						
				Prev	vious Na	ame:						
EMERGENCY CONTACT DETAILS												
Surname:					Forena	ime(s):						
Title:					Home	Telepho	elephone:					
Work Number					Mobile	e Number:						
Address:												
Postcode:												
		EN	MPLOYEE TO SIG	NATU	RE /DE	CLARA	TION					
I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud and Security Management Service for the purpose of verification, prevention and detection and prosecution of fraud and to the retention of this form for a minimum period of two years.												
Signature:		Date:										
FOR HR USE ONLY - EMPLOYEE SIGNATURE / DECLARATION												
<ul><li>All cleater</li><li>A risk and a second sec</li></ul>	<ul> <li>I confirm the following:</li> <li>All clearances have been received</li> <li>A risk assessment has been authorised</li> <li>The NI Number and Date of Birth have been verified and entered into ESR</li> </ul>											
Signature:				Da	ite:							

### **Secondary Employment**

PERSONAL DETAILS					
Surname:		Forenames(s	):		
Job Title:			·		
Do you have any secondary employment to declare?	Yes / No				
If answered yes,	please complete de	etails below, ot	herwise please	sign a	and date.
5	SECONDARY EMPLOYMENT INFORMATION				
Name of Employer:			Hours per wee	ek:	
Nature of Employment:					
Nature of Business:					
Nature of work undertaken:					
Do you envisage this seconda Foundation Trust? Yes/ NO	ry employment will	impact on you	r employment v	with H	umber Teaching NHS
I	EMPLOYEE TO SIG	SNATURE /DE	CLARATION		
I declare that the above information detrimental impact on my duties, per of employment with the Trust.					
I will inform my line manager and Hu	man Resources of any	changes to the at	oove.		
I understand that if I give false inform accordingly under the Disciplinary P this form to and by the Trust's Local	ocedure. To prevent an	d detect fraud, I a			
I have read and understood the Trust's Standards of Business Conduct and Managing Conflicts of Interest Policy for NHS Staff and I agree to comply with all of its requirements.					
Please return this form to HR Operations Team, Workforce and Organisational Development Directorate, Mary Seacole Building, Willerby Hill, Beverley Road, Willerby, HU10 6ED					
Employee Name:		Employee	e Signature:		
		Date:			
Manager Name:		Manager	Signature:		
		Date:			

### **Reckonable Service Form**

PERSONAL DETAILS				
Surname:		Forename(s):		
Job Title:		Location:		
Manager:		Start Date:		

#### **PREVIOUS EMPLOYMENT**

Please confirm if you have previous service that the Trust would consider as reckonable service for your employment with Humber Teaching NHS Foundation Trust:

Yes – Please continue with the form

No – Please sign and date the form

Yes - Please list below all periods of previous NHS related service.

(Please note all periods of employment listed below must be supported by documentary evidence e.g. a letter from previous employers stating your start and end dates along with job title, a copy of your contract or P60 for the end of each year)

#### DETAILS TO BE CONSIDERED

Start Date	End Date:	Employment Trust or Organisation	Evidence

PENSION				
Please confirm whether you have been in receipt of any NHS or Local Authority pension benefits:				
	Yes			
	No			
Have you bee	n made redund	lant from the NHS in the las	t 12 months?	
	Yes			
	No			
DECLARATION				
I hereby confi	rm the above ir	formation is correct:		
Employee Name:		Employ	/ee Signature:	

Date:

#### **REGISTER OF DECLARABLE INTERESTS**

If you wish to declare any interests in line with section 5.1 of the policy, you must follow the appropriate process and notify the Trust Secretary of any changes to your circumstances without delay.

To make a declaration, please obtain the form from the Standards of Business Conduct Policy on the Intranet.

#### **DECLARATION OF GIFTS, HOSPITALITY & SPONSORSHIP**

The Trust's Standards of Business Conduct Policy requires all staff to declare gifts, hospitality and sponsorship offered to them from outside of the Trust, regardless of whether they accept. Declarations should be made to the Trust Secretary at the time the offer is made.

Offers of cash or cash equivalents; for example, gift vouchers or lottery tickets to individual members of staff must always be declined and the offer declared.

Only personal gifts of low intrinsic value (less than £25) may be accepted and will not need to be declared. Any gift(s) worth more than £25 but less than £100 should initially be declined, but can if appropriate, be accepted if to not do so would cause undue offence or distress and must be declared. If several gifts of low value worth a total of over £100 are received from the same or a closely related source in a 12 month period, these should be formally declared. Any other gifts (either exceeding £25 in single value or £100 in total) must be politely but firmly declined and the offer declared.

Offers of hospitality, including those declined, must be declared subject to the values set out above; this applies even if the hospitality would occur in your own time.

To make a declaration, please obtain the form from the Standards of Business Conduct Policy on the Intranet.

#### SECONDARY EMPLOYMENT

If you wish to declare that you have secondary employment or undertake private practice, you must declare this as stated in the policy. The Human Resources Department should be notified immediately following any changes. In addition to the required forms attached to the Trust policies, once appointed you will have access to the Humber Intranet where you will be able to download and complete any relevant forms. These forms, if applicable, should be returned to the Human Resources Department without delay.

To make a declaration, please obtain the form from the Standards of Business Conduct Policy on the Humber Intranet.

### **Workplace Declaration Continued..**

#### CONFIDENTIALITY OF INFORMATION (RELATING TO PATIENTS, STAFF & THE ORGANISATION)

During the course of your time with the Trust, you may acquire or have access to confidential information which must not be disclosed to any other person unless in pursuit of your duties or with specific permission given by a person on behalf of the Trust. This condition applies during your relationship with the Trust and after the relationship ceases.

Confidential information includes all information relating to the Trust and its patients and employees. Such information may relate to patient records, telephone enquiries about patients or staff, electronic databases or methods of communication, use of fax machines, hand-written notes containing patient information, etc.

If you are in doubt as to what information may be disclosed, you must check with your manager. The Data Protection Act 1998 regulates the use of computerised information and paper records of identifiable individuals (patients and staff). The Trust is registered in accordance with this legislation. If you are found to have made an unauthorised disclosure you may face legal action. In addition, if you are found to have made an unauthorised disclosure or failed to protect personal data in accordance with Trust policy, you will be subject to the Trust's Disciplinary Procedure.

You understand that you are bound by a duty of confidentiality and have read and understood the Code of Conduct and the requirements of the Data Protection Act 1998.

#### RECKONABLE SERVICE

In most cases, reckonable service will be an addition to your standard contract. All reckonable service needs to be applied for and evidence will need to be provided. Please refer to the Reckonable Service Policy for suitable evidence.

To claim reckonable service, please review the Reckonable Service Policy on the Intranet and complete the form included within your Conditional offer letter pack.

DECLARATION					
I confirm that I have received, read and understood the contents of the Standards of Business Conduct Policy and Confidentiality Code of Conduct and am aware of their provisions.					
Employee Name:		Employee Signature:			
Date:					

### **Model Declaration**

The position you have applied for has been identified as being an 'eligible position' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 [the Exceptions Order] and, in certain circumstances, the Police Act 1997. As such, it meets the eligibility criteria for a standard or an enhanced disclosure to be requested through the Disclosure and Barring Service (DBS).

Both standard and enhanced DBS disclosure certificates contain information about any convictions, cautions (including reprimands and final warnings) which are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended) - see highlighted note in the section below. Enhanced disclosures may also include other relevant police information where this is deemed relevant to the position you are applying for.

Please be aware that the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 (SI 2013/1198) made amendment to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 to provide that certain spent convictions and cautions will become protected when specific conditions are met. Protected convictions and cautions will not be disclosed in a DBS check, and employers cannot ask for information about protected convictions or cautions, or take these into account when considering you for appointment.

Before you complete this form please read guidance and criteria for the filtering of these convictions and cautions which can be found on the Disclosure and Barring Service website at www.gov.uk/government/ disclosure-and-barring-service.

Before you can be considered for appointment with Humber Teaching NHS Foundation Trust we need to be satisfied about your character and suitability.

Where the position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012) an enhanced DBS disclosure will include information which is held on the Children and / or Adults Barred List(s), as applicable to the position.

Humber Teaching NHS Foundation Trust aims to promote equality of opportunity and is committed to treating all applicants for positions fairly and on merit regardless of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership. We undertake not to discriminate unfairly against applicants on the basis of criminal conviction or other such information declared.

Prior to making a final decision concerning your application, we shall discuss with you any information declared by you that we believe may have a bearing on your suitability for the position. If we do not raise this information with you, this is because we do not believe that it should be taken into account. In that event you still remain free, should you wish, to discuss the matter with the recruiting manager. As part of assessing your application, we will only take into account criminal records and other information declared which is relevant to the position being applied for.

### **Model Declaration Continued**

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Please ensure that you read the Guidance Notes for Applicants that accompanied your application form carefully before completing this declaration form.

The guidance notes provide you with further and more detailed information about how your application will be processed, the persons to whom it will be disclosed and the checks that will be done to verify the information provided.

Please answer all of the following questions in this form. If you answer 'yes' to any of the questions, please provide full details in the space indicated. Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so.

Answering 'yes' to any of the questions below will not necessarily bar you from an appointment within the NHS. This will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying and the particular circumstances.

1. Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a Court of Court-Martial in the United Kingdom or in any other country?

Yes



If 'yes', please include details of the order binding you over and / or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 - See applicant notes above.

You are also **not** required to tell us about parking offences.

### 2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?



If 'yes', please include details of the nature of the offence with which you are charged, date on which you were charged and details of any ongoing proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.

You do not need to tell us if you are charged with a parking offence.

No

#### 3. Are you aware of any current investigation being undertaken by the NHS Counter Fraud and Security Management Services (NHS CFSMS) following allegations made against you?

Yes	No
-----	----

If 'yes', please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by NHS Counter Fraud and Security Management Services (NHS CFSMS).

### 4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current or past conviction or dismissal from your employment or volunteering position?



If 'yes', please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

Investigatory bodies include Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body.

### 5. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you?

Yes		No
-----	--	----

If 'yes', please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you. 6. Have you ever been disqualified from the practise of a profession, or required to practise subject to specified limitations following fitness to practise proceedings by a regulatory or licensing body in the United Kingdom or in any other country?

	Yes			No
--	-----	--	--	----

If 'yes', please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

### 7. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

Yes	
-----	--

If 'yes', please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction

### 8. Are you subject to any other prohibition, limitation or restriction that means we are unable to consider you for the position for which you are applying?

Yes		No
-----	--	----

No

If 'yes', please include details.

### 9. Are there any other matters that may be relevant to the position being applied for which might cause your reliability or suitability for employment to be called into question?

	Yes			No
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If 'yes', please include details.

Please note that you are not required to disclose a protected conviction or caution as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) (England and Wales) Order 2013 or any circumstances ancillary to that protected conviction or caution - See applicant notes above.

If you answered 'yes' to any of the questions above, please use the below space to provide details. Please indicate clearly the number(s) of the question(s) that you are answering. You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so.

### **Declaration**

#### **IMPORTANT**

The Trust will hold computer records and personnel files relating to you which contain personal data. The Trust will comply with its obligations under the UK Data Protection Act 2018, and the General Data Protection Regulation and all other data protection legislation.

The data the Trust holds may include employment application details, references, bank details, performance appraisals, holiday and sickness records, salary reviews and remuneration details and other records, (which may, where necessary, include special category data, data relating to your physical or mental health, ethnic monitoring, political opinions, trade union membership) or details of criminal convictions or offences.

Where you are applying for a position which involves regulated activity, this will also include any barring decisions made by the Disclosure and Barring Service (DBS) against the Children's or Adults barred lists under the terms of the Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedom's Act 2012).

The Trust requires such personal data for personnel administration and management purposes and to comply with its obligations regarding the keeping of employee records. The privacy notice for staff sets out the Trust legal basis for processing your personal data. Your rights of access to this data are prescribed by law. Subject to certain exceptions you are entitled to have access to your personal/special category data held by the Trust.

The information that you provide in this declaration form will be processed in accordance with the Data Protection Act 2018/GDPR. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, Humber Teaching NHS Foundation Trust will not retain this declaration for any longer than necessary. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

Successful candidates will familiarise themselves with the Trust's information governance policies and procedures which sets out its obligations under Data Protection Legislation. You must comply with the Trust's Confidentiality Code of Conduct, and related policies at all times and you agree that you will only access the systems, databases or networks to which you have been given authorisation and only for the purposes of your work for the Trust. The Trust will consider a breach of its data protection policies to be a disciplinary matter, which may lead to disciplinary action up to and including summary dismissal.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this declaration form being used by Humber Teaching NHS Foundation Trust for the purpose of assessing my application, and for enquiries in relation to the prevention and detection of fraud. I confirm that the information I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my application being rejected, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

Employee Full Name:	Employee Signature:	
	Date:	

If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact the Human Resources Department on 01482 301825. All enquiries will be treated in strict confidence.

# **Staff Car Parking Registration**

By entering your details below and submitting this form you indicate your agreement to comply with Humber Teaching NHS Foundation Trust Car Parking Management System & Policy.

The Trust is only allowing two vehicles per staff member to be registered onto the system Completed forms should be sent electronically to: hnf-tr.carparkingregistration@nhs.net

PERSONAL DETAILS			
Surname:		Forename(s):	
Employee No.:	TO FOLLOW - NEW STARTER	Home Telephone:	
Work Number:	TO FOLLOW - NEW STARTER	Mobile Number:	
Email:			
Main Base:			

FIRST VEHICLE DETAILS			
Vehical Registration		Vehical Model:	
Vehical Make:			

SECOND VEHICLE DETAILS			
Vehical Registration		Vehical Model:	
Vehical Make:			

### **APPLICATION TO USE PRIVATE VEHICLE ON OFFICAL BUSINESS**

YOUR DETAILS			
Name:		Employee No:	
Post:		Base:	
VEHICLE DETAILS			
Make:		Model:	
Reg No:		CC:	
Vehicle Type:		Fuel Type:	
	INSURANCE DETAILS		
Insurance Company:			
Policy No.		Expiry Date:	
Is the vehicle	insured when used on official busines	s of the employer?	YES/NO

Is the insurance cover:

If NO, this application will be rejected

a) Comprehensive for all normal risks

b) Third party including injury to or death of passengers and damage to property YES/NO

YES/NO

#### \* A copy of your insurance certificate indicating you are covered for business purposes must be attached (do not send the original document)

Please sign and date below and hand to your department head / manager for approval

Signed:		Date:	
INSURANCE DETAILS CHECKED AND APPLICATION APPROVED BY MANAGER			ROVED BY MANAGER
Signed:		Date:	
Print Name:		Designation:	
Approval with Effect from:			

User Classification STANDARD

When approved, this form and a copy of the insurance certificate should be sent to PAYROLL DEPARTMENT, MARY SEACOLE BUILDING, WILLERBY HILL, HU10 6ED

### **Bank Details**

PERSONAL DETAILS			
Employee No.:		Start Date:	
NI Number:		Date of Birth:	
Surname:		Forename(s):	

BANK / BUILDING SOCIETY (BS) ACCOUNT DETAILS			
Bank / BS Name:			
Branch Name:			
Bank /BS Address:			
Postcode:			
Sort Code:		NEEDS TO BE 6 DIGITS	
Account Number:		NEEDS TO BE 8 DIGITS	
If payment is to be made to a building society account the details above may refer to a generic building society account number. In which case you will need to provide your unique roll number below. If in doubt you shouldcontact your building society for clarification.			
BS Roll Number:			

#### EMPLOYEE SIGNATURE

Signature:	Date:	

This form should be completed and returned to the payroll department, at the address below, by the commencement of your employment to ensure that you are paid. Failure to fully complete the form could mean a delay in you being paid.

**By post:** Payroll Department, Mary Seacole Building, Willerby Hill, Beverley Road, Willerby, HU10 6ED **Email:** hnf-tr.salaries@nhs.net

FOR PAYROLL USE ONLY - ENTERED ON ESR			
Signature: Date:			



### Starter checklist

### Instructions for employers

This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years. **Do not send this form to HM Revenue and Customs (HMRC)**.

### Instructions for employees

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer. **Do not send this form to HMRC**.

#### Employee's personal details

1	Last name		
		5	Home address
2	First name(s)		
	Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth		
			Postcode
			Country
3	Are you male or female?	6	National Insurance number (if known)
	Male Female		
4	Date of birth DD MM YYYY	7	Employment start date DD MM YYYY

#### **Employee statement**

8 You need	to select only one of the following statements A, B or C
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 or Occupational Pension.
в	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.
c 🗌	As well as my new job, I have another job or receive a State or Occupational Pension.

### Student Loan

#### You will have a Plan 1 Student Loan if: Do you have a Student Loan which is not fully repaid? 9 • You lived in Scotland or Northern Ireland when you started your course, or If yes, go to guestion 10 Yes • You lived in England or Wales and started your course before September 2012 If no, go to question 12 No You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012. Are you repaying your Student Loan direct to the 10 Student Loans Company by agreed monthly payments? What type of Student Loan do you have? 11 If yes, go to guestion 12 Yes Plan 1 If no, go to question 11 No Plan 2 12 Did you finish your studies before the last 6 April? Yes No For further guidance about repaying Student Loans go to www.gov.uk/new-employee/student-loans Signature Name Date DD MM YYYY

Student Loan Plans

Please complete and return the form to the following address: Humber Teaching NHS Foundation Trust Payroll Department Mary Seacole Building Willerby Hill Beverley Road Willerby HU10 6ED

Alternatively you can email the completed form to: hnf-tr.salaries@nhs.net

#### Failure to return this form before your first payday could result in you paying the incorrect tax.

#### FOR PAYROLL USE ONLY - Entered on ESR by

Date

### **NHS** Business Services Authority

### **NHS Pensions - New employee questionnaire**

As part of the recruitment process, all new employees, staff transferring in from another NHS employer and existing NHS employees must complete this questionnaire as fully as possible.

The NHS Pension Scheme legislation requires employers to contractually enrol all new eligible employees into the NHS Pension Scheme on commencement of their employment. The Pensions Act 2008 requires those employees who cannot join the NHS Pension Scheme to be automatically enrolled into an alternative pension scheme. In order to ensure that you are correctly enrolled your employer needs to establish your current NHS pension status.

Please note that the information provided will only be used for local and central pensions/payroll administration purposes to determine your eligibility criteria to join the NHS Pension Scheme.

Emplo	mployer name Humber Teaching NHS Foundation Trust (VPD 338)			
Your f	ull name			
Previo	ous surname(s)			
National Insurance number				
Date	of birth			
Email address				
What	is your new job role / title			
Date ı	new role will start			
Q1	Have you ever had employ Pension Scheme (agency	yment which is covered by the NHS work is not applicable)?	Yes Go to Q2	No Go to Q10
Q2	Is this an employment that your new role?	will continue at the same time as	Yes Go to Q4	No Go to Q3
Q3	What date did you leave y	our last employment with the NHS?		Go to Q4

Please use the completion notes whilst completing the form.

Q4	Please indicate contract type of this other employment(s)	Full time Go to Q5	Part time Go to Q5	Bank Go to Q5	Self employed Go to Q5
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**Important:** If you change your hours or leave your other employment(s) it is your responsibility to advise the Payroll team as this may affect your eligibility to a pension scheme.

	Please provide the name and conta hours you are (or were) contracted sheet.			
	Name	Contact details		Contracted hours
Q5				
	Go to Q6			
Q6	When you were previously a memb Scheme did you claim any retireme than on redundancy or interest of e	nt pension benefits (other	Yes See below	No Go to Q7
	Please indicate which NHS retireme	ent benefit you are in receipt	of:	
			own (partial ret	irement)
				,
	Please indicate which Section or So	cheme you were a member o	f:	
	1995 Section 2008 Section	on 2015 Scheme	Not Known	Go to Q7
	Have you previously been made rea	dundant from an NHS	Yes	No
Q7	employment?		See below	Go to Q8
	Date of redundancy		/ /	
	Did you take an NHS Pension?		Yes See below	No Go to Q8
	Which NHS Pension Scheme did you take your benefits from?		2015 Scheme	Not known
	Name of NHS employer made redu	ndant from		
		Go to Q8		
	Do, or did you, have any NHS Mone			
Q8	Voluntary Contribution (NHS MPAV through the NHS Pension Scheme Prudential or Standard Life?		Yes See below	No Go to Q9

Please contact your NHS MPAVC provider if you wish to continue to pay your additional contributions. You will need to advise them of your new employer so they can provide details for payroll deductions to continue. (Go to Q9)

Q9	Do you have an Added Years contract, Additional Pension purchase or Early Retirement Reduction Buy Out (ERRBO) in place?	Yes See below	No Go to Q10
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If your answer is 'yes' please provide us with a copy of your contract. Go to Q10

Q10	In your new post will you be applying for Mental Health C status (MHO)?	Office	er		es ee b	w	No Go	J	 Q11	I
	If you had previous MHO status please provide the date the role ended			/		/				

If you have never held MHO status your new post will not qualify for this status. (Go to Q11)

011	Do you have any previous pension rights that you might be	Yes	No
QII	interested in transferring into the NHS Pension Scheme?	See below	Go to Part 2

If your answer is 'Yes', you should download the Transfer In Guide and application pack from our website at: <u>www.nhsbsa.nhs.uk/nhs-pensions</u>. However, it is important to note that this can only be done in the first 12 months of joining the Scheme for members of the 1995 Section, or within the first 12 months of becoming eligible to join the 2008 Section or 2015 Scheme. (Go to Part 2)

### Part 2 Declaration

I confirm I will inform my employer (or Employing Authority) if my employment position with other NHS organisations changes.

Signature

Date

Please make sure this form is provided by the commencement of your employment to enable the correct assessment of your pension position.

The form should be returned to:

Payroll Department
Mary Seacole Building
Willerby Hill
Beverley Road
Willerby
HU10 6ED

Alternatively you can email your completed form to: mailto:hnf-tr.salaries@nhs.net

#### How we use your information

The NHS Business Services Authority – NHS Pensions will use the information provided for administering your NHS Pension Scheme membership and processing payment of your NHS pension benefits. We may share your information to administer and pay your NHS pension, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share your information with and how long we keep your personal data and your rights, please visit our website at www.nhsbsa.nhs.uk/yourinformation

### **Completion notes**

These completion notes are provided to assist you in completing the new joiner questionnaire.

Please complete the questionnaire as fully as possible so that the correct assessment can be made.

Q1 – This question is to establish if you have any previous NHS Pension Scheme membership at the date of starting this new employment.

Q2 – This is to establish whether you will have any other NHS employments at the same time as your new role.

Q3 – This is to ensure you do not have an overlapping employment.

Q4 – You can only be pensionable in this Scheme up to whole time, therefore it is important that your employer knows how many hours you work in your other employment(s). Please make sure that you keep your employer/payroll informed if the situation changes.

Q5 – If you are continuing to work in another NHS post we need to know who your other NHS employment is with. This is important as there are reasons why you may not be eligible for the NHS Pension Scheme in two employments. The name of your other employer may be the same as the one you are starting with. Please note that if you are working for an NHS organisation through an employment agency, this does not count as NHS employment.

Q6 – If you are in receipt of any NHS pension benefits then you may not be eligible to rejoin the NHS Pension Scheme. However, by providing the information requested we will be able to make the correct assessment. We ask you to identify which Section or Scheme you were in (1995 Section, 2008 Section or 2015 Scheme) but if you are unsure then please tick the 'Not known'.

Q7 – NHS service that has been counted in the calculation of a redundancy payment needs to be declared to ensure the correct assessment of your service. If you are in receipt of an NHS Pension as the result of redundancy, this will impact the assessment.

Q8 – If you have Additional Voluntary Contribution (AVC) arrangements with either Equitable life, Prudential or Standard Life through the NHS Pension Scheme then you need to inform the AVC provider that you are changing employer to ensure continuity can be considered.

Q9 – If you have either Added Years, Additional Pension purchase or Early Retirement Reduction Buy Out (ERRBO) through the NHS Pension Scheme it is essential that you confirm the details and provide a copy of the contract that was provided to you when you commenced the arrangement to ensure continuity of the arrangement.

Q10 – Please note that Mental Health Officer (MHO) status no longer applies to any post commenced after 6 March 1995. However, if you have previously held a post (in the last five years) that attracted MHO status and you believe the new post also qualifies for MHO status then you need to indicate this by ticking 'Yes' and completing the details of the previous employment.

Q11 – You may be able to transfer other pensions into the NHS Pension Scheme, however it is important to note that this can only be done:

- in the first 12 months of joining the Scheme if you are member of the 1995 Section
- within the first 12 months of becoming eligible to join the 2008 Section
- within the first 12 months of becoming eligible to join the 2015 Scheme.

If you would like to consider your option to transfer benefits, please tick the 'Yes' box and download the Transfer In Guide and application pack. If you say no but decide at a later date that you wish to consider a transfer (within the 12 month deadline) then you can obtain the Transfer In Guide and application pack from your employer or the NHS Pensions website (www.nhsbsa.nhs.uk/nhs-pensions). If you have previous NHS pension membership within England and Wales this will be automatically added to any new membership in the NHS Pension Scheme. If you have previous membership of the NHS Pension Scheme in Scotland or Northern Ireland, this will not be automatically linked. You must apply to transfer these benefits if you would like your membership to be added to your new membership in the NHS Pension Scheme (England and Wales).

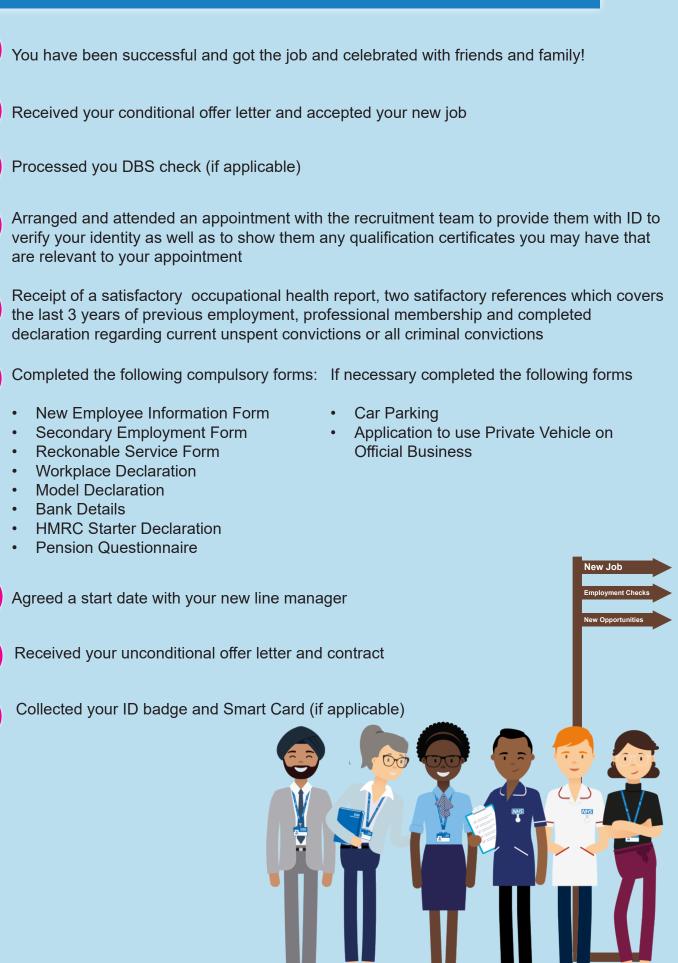
If you wish to transfer from a scheme that participates in the Public Sector Transfer Club, please note that you must 'elect to proceed' with this transfer within 12 months of becoming eligible to join the NHS Pension Scheme (an election to proceed is not a request for an estimate, it is the signed option form requesting payment of the transfer value).

Once the assessment has been made, you will be notified by your employer by the first pay day which Scheme you have been enrolled in, what the Scheme features are, the contribution rates and your options.

Assessment is not possible until your first payment is made.

### Your recruitment checklist





# What to expect in your first year at Humber...

### What will my first two weeks at Humber be like?

### New Starter Welcome' to Humber Induction

The New starter Welcome to Humber is held on the first Monday of every month. Bank staff will also be invited to attend a bespoke Bank induction which is held weekly on a Monday.

The welcome event is intended to take all new starters on a journey highlighting the mission, vision, and values of the Trust as well as giving an overview of all of the great benefits on offer to employees, workers and volunteers alike.

Attendance at the 'New Starter Welcome is mandatory for all new employees.

#### **Local Induction**

Your local or workplace induction will be carried out on your first day by your line manager. The Local/workplace induction is the perfect opportunity for you to familiar yourself with the working environment, meet member of your team and generally begin to understand more about your team and the wider Trust.

#### **Probationary Reviews**

All eligible new starters to the Trust will benefit from a Probationary period of 6 months, during which you will receive support and guidance from your line manager as well as have the opportunity to explore learning and development opportunities to enable you to develop in your new role.

During the probationary period you can expect to be set some reasonable objectives to achieve during the first 6 months and will enjoy regular reviews as part of this process.

#### What happens in the first 3 months?

#### Coffee and Catch up with an Executive

Your feedback is incredibly important to us and as such this event is an opportunity for us to hear of the successes as well as any challenges or frustrations that you may have faced as a new employee at the Trust.

#### **Probationary Review**

This is an opportunity for you and your manager to review your progress to date, discuss training/development opportunities undertaken, (or still required) and for both parties to raise any issues.

### What happensMonths 3-12?

a) You can expect a probationary final review

 b) Depending upon your start date you should expect to benefit from an annual appraisal during this time

c) You can expect to receive regular supervision with your line manager to discuss your progress.

d) Depending on your start date you are likely to have the opportunity to share your views in the annual NHS National Staff Survey as well as our Staff, Friends and Family Test.

### **Contact us**

Email hnf-tr.recruitment@nhs.net

Twitter @HumberNHSFT

If you would like to receive this document in another format, please do not hesitate to contact us.







