

STAFF APPOINTMENT FORM

Assignment Number:										-			WEEKLY	MONTHLY	
Section 1: Employee to Complete (Please complete in BLOCK Letters)															
PERSONAL DETAILS: NAME TO APPEAR AS PER THE PASSPORT															
Surname:										Maiden Name: (if Applicable)					
Forename(s):										Title :					
DOB:					NI Num:										
Gender:	Male	Female	Status:	Single	Married	Widowed	Divorced	Separated							
Home Address:													Postcode:		
Home Tel:					Mobile:										
Bank Account Details:															
Bank/ Building Society Name:															
Bank Address:															
Account Number:										Sort Code:					
Building Society Account Number:															
Declarations:															
Have you previously received a Redundancy Payment from any NHS Trust?										YES *		NO			
										* please indicate date received					
Do you have another contract of employment with this Trust?										YES		NO			
If you have previously worked at another NHS Trust do you give permission for this Trust to request your service history via IAT?										YES	Please give name of Trust:			NO	
I certify that I have received and read the NHS Pension Scheme Starter pack and the information I have provided above is true to the best of my knowledge.															
Employees Signature:										Date:					
Section 2: HR to Complete:															
Start Date:					Organisation/ Department:										
Position number / Job Title:										Payslip Address:					
Contract Type:	Permanent		Bank		Locum		Fixed Term**		**End Date:						
	Reason for fixed term:														
Hours of Work:	Full-time		Part-time		Hours worked per week:										
Pay-scale:	Band:				Pay-point:				Basic Pay:						
Elements: (Please indicate all elements to be added including value and frequency)										High Cost Area Supplement:					
										Increment date					
										Subjective code					
Documents Attached:	Marriage Cert	NI Card	Driving Licence	Timesheet	Birth Cert	D.O.B checked against original documents:				YES	NO				
	P45	P46	P15	SD502	Passport	Line Manager Name									
HR Advisors Signature:										Date:					
HR Advisor Name: (Print):										Telephone:					



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

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

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 or Occupational Pension.

C ☐ As well as my new job, I have another job or receive a State or Occupational Pension.

Please turn over >

Student Loan

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

Yes ☐ If yes, go to question 10

No ☐ If no, go to question 12

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

Yes ☐ If yes, go to question 12

No ☐ If no, go to question 11

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

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.

11 What type of Student Loan do you have?

Plan 1 ☐

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

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.

Please use the completion notes whilst completing the form.

Employer name	<input type="text"/>
Your full name	<input type="text"/>
Previous surname(s)	<input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>
What is your new job role / title	<input type="text"/>
Date new role will start	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Q1	Have you ever had employment which is covered by the NHS Pension Scheme (agency work is not applicable)?	Yes <input type="checkbox"/> Go to Q2	No <input type="checkbox"/> Go to Q10
Q2	Is this an employment that will continue at the same time as your new role?	Yes <input type="checkbox"/> Go to Q4	No <input type="checkbox"/> Go to Q3
Q3	What date did you leave your last employment with the NHS?		Go to Q4

Q4	Please indicate contract type of this other employment(s)	Full time <input type="checkbox"/> Go to Q5	Part time <input type="checkbox"/> Go to Q5	Bank <input type="checkbox"/> Go to Q5	Self employed <input type="checkbox"/> 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.

Q5	Please provide the name and contact details of your other employer(s) along with how many hours you are (or were) contracted to work. If necessary please continue on a separate sheet.		
	Name	Contact details	Contracted hours
Go to Q6			

Q6	When you were previously a member of the NHS Pension Scheme did you claim any retirement pension benefits (other than on redundancy or interest of efficiency grounds)?	Yes <input type="checkbox"/> See below	No <input type="checkbox"/> Go to Q7
<p>Please indicate which NHS retirement benefit you are in receipt of:</p> <p><input type="checkbox"/> Ill health <input type="checkbox"/> Retirement (Early or Age) <input type="checkbox"/> Drawdown (partial retirement)</p> <p>Please indicate which Section or Scheme you were a member of:</p> <p><input type="checkbox"/> 1995 Section <input type="checkbox"/> 2008 Section <input type="checkbox"/> 2015 Scheme <input type="checkbox"/> Not Known</p> <p style="text-align: right;">Go to Q7</p>			

Q7	Have you previously been made redundant from an NHS employment?	Yes <input type="checkbox"/> See below	No <input type="checkbox"/> Go to Q8										
Date of redundancy		<table border="1" style="width: 100%;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">/</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">/</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				/			/				
		/			/								
Did you take an NHS Pension?		Yes <input type="checkbox"/> See below	No <input type="checkbox"/> Go to Q8										
Which NHS Pension Scheme did you take your benefits from?		<input type="checkbox"/> 1995 Section	<input type="checkbox"/> 2008 Section										
		<input type="checkbox"/> 2015 Scheme	<input type="checkbox"/> Not known										
Name of NHS employer made redundant from													
		Go to Q8											

Q8	Do, or did you, have any NHS Money Purchase Additional Voluntary Contribution (NHS MPAVC) arrangements in place through the NHS Pension Scheme with Equitable Life, Prudential or Standard Life?	Yes <input type="checkbox"/> See below	No <input type="checkbox"/> Go to Q9
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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 <input type="checkbox"/> See below	No <input type="checkbox"/> 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 Officer status (MHO)?	Yes <input type="checkbox"/> See below	No <input type="checkbox"/> Go to Q11
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If you had previous MHO status please provide the date the role ended

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

Q11	Do you have any previous pension rights that you might be interested in transferring into the NHS Pension Scheme?	Yes <input type="checkbox"/> See below	No <input type="checkbox"/> Go to Part 2
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If your answer is 'Yes', you should download the Transfer In Guide and application pack from our website at: www.nhsbsa.nhs.uk/nhs-pensions. 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:

Employer stamp

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.

HR Information

Personal Details:			
Name:		Surname:	
Job Title:			

Ethnicity - Please indicate <input checked="" type="checkbox"/> which one of the following categories that best describes your ethnicity?			
White			
A - White British	<input type="checkbox"/>	B - White Irish	<input type="checkbox"/>
		C - White Other	<input type="checkbox"/>
Mixed/multiple ethnic groups			
D - Mixed White & Black Caribbean	<input type="checkbox"/>	E - Mixed White & Black African	<input type="checkbox"/>
		F - Mixed White & Asian	<input type="checkbox"/>
Asian/Asian British			
H - Indian	<input type="checkbox"/>	J - Pakistani	<input type="checkbox"/>
		K - Bangladeshi	<input type="checkbox"/>
L - Asian Mixed	<input type="checkbox"/>		
Black/Black British			
M - Caribbean	<input type="checkbox"/>	N - African	<input type="checkbox"/>
E. Other ethnic group			
Any other ethnic group, please specify:			

Town of Birth:		Country of Birth:	
Nationality:		Permission to Work in UK required:	

Marriage / Civil Partnership			
(In terms of the Equality Act 2010, we would only require information relating to someone married or in a civil partnership). Please indicate <input checked="" type="checkbox"/> one which best describes your relationship status?			
Single	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>
		Married	<input type="checkbox"/>
Partnered/Living with partner	<input type="checkbox"/>	Separated	<input type="checkbox"/>
		Divorced	<input type="checkbox"/>
Widowed/Surviving partner	<input type="checkbox"/>	Other, please specify:	

Sexual Orientation - Please indicate <input checked="" type="checkbox"/> a category which best identifies your sexual orientation?			
Heterosexual/Straight	<input type="checkbox"/>	Gay/Lesbian	<input type="checkbox"/>
		Bisexual	<input type="checkbox"/>
Not Stated	<input type="checkbox"/>	Other sexual orientation not listed	<input type="checkbox"/>
		Undecided	<input type="checkbox"/>
Other, please specify:			

Disability				
Are you disabled? (This applies if your day-to-day activities are limited because of a health problem or physical, mental or sensory impairment, which has lasted or is expected to last at least 12 months)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please indicate <input checked="" type="checkbox"/> from the following categories (tick all that apply):				
Mental Health				<input type="checkbox"/>
Wheelchair user / Mobility impairment				<input type="checkbox"/>
Memory or ability to concentrate, learn or understand (Learning Disability)				<input type="checkbox"/>
Progressive conditions and physical health (e.g. cancer, Multiple Sclerosis)				<input type="checkbox"/>
Deaf or hard of hearing				<input type="checkbox"/>
Speech				<input type="checkbox"/>
Blind or partially sighted				<input type="checkbox"/>
Other, please specify:				<input type="checkbox"/>

Religion/Belief - Please indicate <input checked="" type="checkbox"/> which category best describes your religion or belief?							
Christian	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Jain	<input type="checkbox"/>	None/Atheist	<input type="checkbox"/>
Other, please specify:							

Next of Kin Details: your next of kin contact details may be used in emergency situations or if there is an immediate concern for your well-being'			
Name of next of Kin/ Contact Person:			
Their relationship to you:		Their contact number:	

Professional Registrations: (if applicable)			
Professional Registration Body: i.e. NMC, GMC etc			
Professional Registration Number:		Expiry date:	

Employees Signature:		Date:	
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Please note the information you provide will be processed in the strictest confidence, in keeping with provisions of the Data Protection Act 1998 and will be used solely for equality monitoring purposes. Individuals will not be personally identifiable within equality reporting, as the data will be aggregated and totally anonymised.

**Individual Agreement on Working Hours Limits for All Staff
(Excluding Doctors in Training)**

I agree that I fully understand and will abide by the following rules and regulations and that my failure to comply with these rules and regulations could lead to disciplinary action being taken against me up to and including DISMISSAL.

Section A: Compliance with Working Time Regulations

1. I will work up to a **maximum of 48 hours per week averaged over a reference period of any 26 weeks.** If I choose to **opt-out** of this provision and work **up to a maximum of 60 hours per week (the Trust's limit*)** over the same reference period I have completed the relevant section below and I will not exceed these hours either through undertaking any bank/agency work or duties within all localities/services of the Trust or with another organisation.
2. I will ensure that I comply with the following rest periods, which can be averaged out over a seven day period, however, I will ensure that I receive a minimum of a 90 hour rest period a week:
 - 20 minutes every 6 hours (averaged over a 7 day period)
 - 11 hours every 24 hours (averaged over a 7 day period)
 - 24 hour continuous rest period every 7 days or 48 hours per fortnight

In cases of an emergency instead of getting normal breaks, I will take a 'compensatory rest'. This is rest taken later, ideally during the same or following working day. If I choose to work through my break I will not be entitled to a compensatory rest break.
3. I will ensure I take a minimum of 28 days leave per year, irrespective of annual leave or bank holidays, strictly for annual leave/rest purposes. For 28 days a year I will not undertake bank/agency work or duties within all localities of the Trust or with another organisation.

Section B: Compliance with Trust Health and Safety Rules*

1. I will not undertake back-to-back shift working which may include:
 - A late (or long-day) shift followed by a night shift;
 - A night shift followed by any day duty.
2. On returning from sickness absence or any other unexpected absence, I will refrain from undertaking additional bank/agency duties for a period of 7 calendar days.

Confirmation of Agreement: Employee

Signed: _____ Print Name: _____

Date: _____

Confirmation of Opt-out of Working Time Regulations: Employee to sign

I do intend to work over 48 hours per week up to a maximum of 60 hours per week (the Trust's limit) averaged over a reference period of any 26 weeks. I will give two months notice if I wish to change this provision. I agree that if I do intend to work over an average of 48 hours per week that my working hours and practices will be monitored by my manager and Trust processes and mechanisms.

Signed: _____ Print Name: _____

Date: _____

Received by: Authorising Manager/Supervisor

Signed: _____ Print Name: _____

Date: _____

STAFF APPOINTMENT ACCEPTANCE FORM (Please return to your Recruitment Officer)

Name:		Job Title:	
Job Ref Number:	363-	Department:	
Location:			
I confirm that I wish to accept the post offered, I have read the full document. Please circle decision:		YES	NO
I agree to the provisional date and am aware I must not commence employment until this date is confirmed to me.		Provisional Start Date:	
Holidays: Please discuss any pre-booked dates with Recruiting Manager and state dates in the box provided.		From:	To:
Are you related to any employee in the Trust, regardless of the relationship?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Please state Name and Position Held

I confirm that I would like to be registered for Staffbank as well as my substantive role	Yes <input type="checkbox"/> No <input type="checkbox"/>
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PRE-EMPLOYMENT CHECKLIST

Supporting documents for DBS	<input type="checkbox"/>
Examination/Professional Certificates	<input type="checkbox"/>
Previous/most recent NHS payslip*	<input type="checkbox"/>
Acceptance Slip – HR Induction Booklet Last page.	<input type="checkbox"/>
Have you previously been issued with a Smart Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to bring my DBS disclosure report to HR prior to commencing employment, should the report reveal any convictions, cautions or relevant information	
Signature	

Do you have your Smart Card with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Card Check to see it is working	Yes <input type="checkbox"/> No <input type="checkbox"/>

CRIMINAL CONVICTION AND PROFESSIONAL PRACTICE DECLARATION (Please return to your Recruitment Officer)

Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are “spent” under the provisions of the Act. Any information given will be completely confidential and will be considered only in relation to any application for positions to which order applies. If you are in doubt as to whether you need disclose a prior conviction, you should declare it.

Please note if you are an overseas national resided in the UK for less than a month, you will be required to obtain a Certificate of Good Conduct or Police Check from the appropriate authority in your home country. Please check **ALL** the boxes below that apply to you:

- ☐ I do not have any convictions or cautions in the UK or in any country
- ☐ I have not been charged with a criminal offence, whether in the UK or any other country that is not yet spent under the Rehabilitation of Offenders Act 1974
- ☐ I have not received a police caution, final warning or reprimand;
- ☐ I am not to the best of my knowledge the subject of any police investigation, in the UK or in any other country.
- ☐ I am not currently the subject of any investigation or proceedings by anybody having regulatory functions relating to health/social care professionals including such a body in another country.
- ☐ I have never been disqualified from practice of a profession or required to practice it subject to specific limitations following fitness to practice proceedings by a regulatory body in the UK or in another country;
- ☐ I have not previously been dismissed from any employment, office or other position by reason of misconduct.

If you have not been able to tick all the boxes above please give details below of any convictions, investigations or actions you have been subjected of.

I understand that in the event of any discrepancy between the information given by me and that provided by the Disclosure Barring Service or which comes to light subsequent to my appointment, this will be discussed with me and I will have the opportunity to see the information. Any discrepancy will be treated seriously by the Trust and could result in dismissal or disciplinary action. I also understand that a criminal record will not automatically disbar me from employment but will be taken into consideration in assessing my suitability.

DECLARATION OF INTERESTS FORM

*Please refer to the Standards of Business Conduct Policy for guidance on completing this form
(See Appendix H of Policy for examples of interests)*

This form should be completed by:

all new Staff (please submit a NIL declaration if there are no interests to declare)

- Existing staff with an interest that has not been previously declared
- Board members need to supply an annual declaration. They are also required to submit a NIL declaration if there are no interests to declare.

Nature and details of your interest(s)

Directorships. State type of business, trading name and address of business	
Ownership or part-ownership of private companies, businesses or consultancies	
Shareholdings in excess of 1%. State type of business, trading name and address of business	
Position of authority in a charity or voluntary body. State name and type of charity/body and position held	
Connections with a voluntary or other organisation contracting for or commissioning NHS services	
Membership of professional bodies or mutual support organisations, including political parties;	
Connections with an organisation or Company entering into, or having entered into a financial arrangement with the Trust	
Any of the above interests held by a relative (as per 11.4 of the policy), personal friend or associate	
Any other significant financial interests. E.g. loans other than mortgages over £100,000. State lender's name only not the loan amount	
Outside/additional employment/self-employment	Employer: Post: Date employment began: Hours worked:
Any other interests not covered by the above	

DECLARATION BY STAFF:

- *I have read the Trust's Standards of Business Conduct Policy and confirm that the information above is complete and accurate.*
- *I have shown my declaration form to my Line Manager and I acknowledge that any changes in these declarations must be notified to my Line Manager and the Trust Secretary as soon as they occur.*

SIGNED (person making declaration).....DATE.....

NAME (in CAPITALS).....

JOB TITLE/ROLE.....

DIRECTORATE AND LOCATION.....

LINE MANAGER/SERVICE DIRECTOR *(Approval of additional/outside employment to be given by Service Director):*

I have reviewed the declaration of interest(s) notified above.

- **I do not believe there is a conflict or potential for a conflict / *I believe there is a conflict or potential for a conflict (*Please delete as applicable)*
- *If any action is deemed necessary as a result of the declaration, please provide details below:*

.....

.....

.....

.....

SIGNEDDATE.....

NAME (in CAPITALS).....

JOB TITLE/ROLE.....

DIRECTORATE AND LOCATION.....

MODEL DECLARATION (FORM A)

Before you can be considered for appointment with ELFT East London 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 Freedoms Act 2012)* an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

ELFT 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.

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. They 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 or Court-Martial in the United Kingdom or in any other country?

NO ☐

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 also are 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?

NO ☐

YES ☐

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 on-going 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.

3. Are you aware of any current investigation being undertaken by NHS Protect or a Local Counter Fraud Specialist (LCFS) following allegations made against you?

NO ☐

YES ☐

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 Protect .

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

NO ☐

YES ☐

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 from any employment, volunteering, office or other position previously held by you?

NO ☐
YES ☐

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?

NO ☐
YES ☐

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?

NO ☐
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 to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

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?

NO ☐
YES ☐

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?

NO ☐
YES ☐

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 - as outlined within the applicant notes above.

10. To the best of your knowledge are you the subject of any disciplinary investigation by your current or former employers?

NO ☐
YES ☐

If you have answered 'yes' to any of the questions above, please use the space on the next page to provide details.

If you have answered 'yes' to any of the questions above, please use this space to provide details. Please **indicate clearly the number(s) of the question** 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 *Data Protection Act 1998* requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The *Data Protection Act 1998* defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

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 Freedoms Act 2012)*.

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.

Once a decision has been made concerning your appointment, **ELFT** will not retain this declaration form any longer than necessary [see further details in '*Guidance Notes for Applicants*' which was provided with your application form. 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.

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 have read the '*Guidance Notes for Applicants*' that accompanied my application form, and I consent to the information provided in this declaration form being used by East London 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 that 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.

SIGNATURE.....

NAME (in block capitals)

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 elft.hr@nhs.net.

All enquiries will be treated in strict confidence.