

Airedale NHS Foundation Trust

New Starter Information

Last name		First name (s)									
Title:	Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	National Insurance No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Date of Birth	/ /	Country of birth									
Marital Status		Nationality									
Preferred personal name		Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Email address		Next of kin: Name									
Your home address postcode		Next of kin address and postcode									
Your telephone number											
Ethnic origin		Next of kin: Tel no									
Will you be continuing with any other employment?	Yes <input type="checkbox"/> <i>Please complete form WT1</i> No <input type="checkbox"/>	If applicable: Work permit no and expiry date									
Bank/Building Society		Branch									
Bank Sort Code	- -	Bank Account No									
Building Society Account No											
I confirm I have received the Pension Scheme Guide			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Do you have previous Mental Health Officer Status?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Do you wish to transfer an existing non NHS pension in to the NHS Scheme?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Do you wish to opt out of the NHS Pension Scheme?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT											
Employee's Signature		Date									

Office use only

Employee number		Start date	
Documents Attached:	P45/P46/P38 <input type="checkbox"/>	Pension Join/SD502 <input type="checkbox"/>	WT1 <input type="checkbox"/>
Information verified?	DOB <input type="checkbox"/>	Identity <input type="checkbox"/>	Work Status <input type="checkbox"/> Prof Reg <input type="checkbox"/> Other quals <input type="checkbox"/> Verified by:
How verified?			
Authorised officer	Name	Signature	Date
Input By		Date	
Checked By		Date	