

# Substantive Registration/Appointment Form

AHP/HCS Staff Group

Dear Colleague

Welcome to the Substantive Registration process - we are delighted that you are looking to join NHSP's Staff Bank as a Substantive Worker.

In order to make the process as simple as possible, you will need to do the following:

- Complete page 3 of this registration form – please use capital letters when completing this form.
- Take the form to your line manager and ask him/her to complete page 5 (line manager details/authorisation) and the assignment codes on page 6.
- Make an appointment with your local Trust Liaison Co-Ordinator – do **NOT** send your paperwork until your documents have been verified by your TLC.
- Attend appointment with your TLC and bring with you this completed registration form and the following documents:

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## Proof of ID/Right to Work + Photocopy

- Valid Passport** (*any nationality*) + **valid Visa or Work Permit** - *if applicable*

***Foreign Nationals – if your visa is in an expired passport, you will need to bring both the expired passport and your current one***

- Valid Photo Identity Card** (*EU Countries only*)

***OR (for full UK Nationals ONLY)***

- UK Birth Certificate** (*Full/Long – issued within 12 months of date of birth. Short birth certificates are not acceptable*)
- Certified evidence of name change if the surname is different to the Birth Certificate, e.g. Marriage/Adoption Certificate/Deed Poll
- Trust Payslip** – dated within the last 3 months + photocopy showing all 4 corners of the payslip
- One passport sized photograph** – name printed on reverse
- Working Time Directive Opt Out Form**
- P46**
- Evidence of Professional Registration** (NMC, AHP, etc Pin Number) – *if applicable*

**Failure to provide your TLC with the above documents will prevent your application from being processed.**

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## Personal Details – to be completed by the applicant (using CAPITAL LETTERS)

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Contracted Trust: \_\_\_\_\_ Location: \_\_\_\_\_ Ward: \_\_\_\_\_

Present Post: \_\_\_\_\_ Contracted Hours: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

NI Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Male  Female

## Bank Details

Bank/Building Society: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Account Number: Sort Code: \_\_\_\_\_ Roll Number: \_\_\_\_\_

## Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Telephone Work: \_\_\_\_\_

## Declaration

I declare that the information provided on this form is correct and that I will advise NHS Professionals of any changes in writing.

I consent to the disclosure of the information from this form between NHS Professionals and NHS Shared Business Services for HR and Payroll purposes.

I understand that the details on this form will not become valid until I have successfully completed the registration process.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If your status changes for any of the following reasons you **MUST** advise us immediately in writing:

- Leave contracted post
- Change in contracted hours
- Change of name, address, telephone numbers

If you should need to contact us by telephone, the number can be found by visiting [www.contact.nhsprofessionals.nhs.uk](http://www.contact.nhsprofessionals.nhs.uk) and choosing the Trust that you work at.

FOR COMPLETION BY RECRUITMENT			
Job Title	Flexible Worker	Enclosed:	
Staff Role		Form P45	<input type="checkbox"/>
Assignment Code(s)		Form P46	<input type="checkbox"/>
Recruitment Process Completed by		Form P38S	<input type="checkbox"/>
Date		SD502	<input type="checkbox"/>
FOR COMPLETION BY SBS PAYROLL			
Input onto ESR by		Date	

# Substantive Registration/Appointment Form

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## Check List - to be completed by NHSP Representative

Name of Substantive Employee: \_\_\_\_\_ Trust: \_\_\_\_\_

NI Number: \_\_\_\_\_

### Proof of ID/Right to Work + Photocopy

- Valid Passport** (any nationality) + **valid Visa or Work Permit** - if applicable

**Foreign Nationals – if the visa is in an expired passport, gain copies of both the expired passport and the current one, including Bio pages**

- Valid Photo Identity Card** (EU Countries only)

**OR (for full UK Nationals ONLY)**

- UK Birth Certificate** (Full/Long – issued within 12 months of date of birth. Short birth certificates are not acceptable)

- Certified evidence of name change if the surname is different to the Birth Certificate, e.g. Marriage/Adoption Certificate/Deed Poll

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- Trust Payslip** – dated within the last 3 months + photocopy showing all 4 corners of the payslip

- One passport sized photograph** – name printed on reverse

- Assignment Code Form** – signed by Line Manager. Review codes with applicant and refer to Line Manager if necessary

- Registration/Appointment Form** – fully completed, bank details confirmed and signed by applicant

- Signed copy of the Flexible Worker Registration document** – name, address, signature and date completed on front page

- Working Time Directive Opt Out Form**

- P46**

- Evidence of Professional Registration** (NMC, AHP, etc Pin Number) – if applicable

Pin Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### NHSP Verification

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions relating to any of the above,  
please call the Substantive Registration Team on 01923-699929**

# Substantive Registration/Appointment Form

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## Manager Details – to be completed by Ward/Line Manager

Manager's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Ward: \_\_\_\_\_

Trust: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Substantive Employee: \_\_\_\_\_

NI Number: \_\_\_\_\_

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I can confirm that the person named above as a Substantive Employee has an NHS contract with the Trust and that the following checks were completed on their appointment/registration:

- Two Satisfactory References
- Occupational Health Screening Completed
- Enhanced CRB Disclosure carried out
- Mandatory Training completed in the last 12 months  
(Fire, moving & handling, infection control and CPR)

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I can confirm that the assignment codes selected over are correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see over the page to select the assignment codes**

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## A4C Assignment Codes – to be completed by Line Manager

Please select all the codes that apply.

Substantive Employee Name: \_\_\_\_\_

Line Manager Name: \_\_\_\_\_

Line Manager Position: \_\_\_\_\_

Line Manager Signature: \_\_\_\_\_

Assignment Type	Code	✓	Assignment Type	Code	✓
Assistant Practitioner (Radiography)	RDST00		Pharmacist Specialist	PAAP00	
Audiologist Band 5	AUDE00		Pharmacy Support Worker	PASW00	
Cardiographer	CARB00		Pharmacy Support Worker Higher Level	PASH00	
Clinical Cardiac Physiologist	CCPG00		Pharmacy Technician	PAT00	
Clinical Cardiac Physiologist	CCPE00		Pharmacy Technician Team Manager	PATM00	
Clinical Cardiac Physiologist	CCPF00		Phlebotomist	BMPH00	
Clinical Cardiac Physiologist	CCPG00		Physiotherapist	PYRP00	
Clinical Psychologist	CPA00		Physiotherapist Advanced	PYAP00	
Clinical Psychologist Consultant	CPC00		Physiotherapist Specialist	PYSP00	
Clinical Psychologist Consultant Higher	CPCH00		Physiotherapist Specialist (Experienced Rotational)	PYSE00	
Clinical Respiratory Physiologist	CRPE00		Physiotherapy Team Manager	PYTM00	
Clinical Respiratory Physiologist	CRPF00		Play Specialist	PLYS00	
Clinical Support Worker (Healthcare Science)	BMSW00		Play Specialist Higher Level	PLHL00	
Clinical Support Worker (Physiotherapy)	PYSW00		Podiatrist	PORP00	
Clinical Support Worker Higher Level (Healthcare Science)	BMSH00		Podiatrist Specialist	POSP00	
Clinical Support Worker Higher Level (Physiotherapy)	PYSH00		Podiatry Team Manager	POTM00	
CSW Higher Level (Occupational Therapy)	OTSH00		Psychologist	PSY03	
CSW Higher Level (Occupational Therapy)	OTSH00		Psychologist	PSY03	
Diabetic Retinal Screener - Band 3	DRSC00		Psychotherapist	PSYT00	
Diabetic Retinal Screener - Band 4	DRSD00		Radiographer (Diagnostic)	RDRP00	
Diabetic Retinal Screener - Band 5	DRSE00		Radiographer Advanced	RDAP00	
Diabetic Retinal Screener - Band 6	DRSF00		Radiographer Coordinator	RDCT00	
Dietician	DIRP00		Radiographer Specialist (Diagnostic Therapeutic)	RDSP00	
Dietician Advanced Practitioner	DIAP00		Radiographer Specialist (Reporting Sonographer)	RDSO00	
Dietician Specialist	DISP00		Radiographer Team Manager	RDTM00	
Medical Engineering Technician Specialist	MTSP00		Radiography (Private Patients)	RDPR00	
Medical Engineering Technician, Entry Level	MTT00		Radiography (Therapeutic)	RTRP00	
Medical Physics Technician	CSRPO0		Radiography Department Assistants	RDA00	
Occupational Therapist	OTRP00		Senior Pharmacist	PAC00	
Occupational Therapist Specialist	OTSP00		Social Worker	SWRP00	
Occupational Therapist Team Manager	OTTM00		Specialist Physiotherapist (Community)	PYSC00	
Occupational Therapy Technical Instructor Higher Level	OTTI00		Specialist Physiotherapist (Respiratory Problems)	PYSR00	
Occupational Therapy Technician	OTT00		Specialist Speech and Language Therapist	SLSP00	
Optometrist Specialist	OPAP00		Speech and Language Therapist	SLRP00	
Perfusionist On Call	OCP00		Speech and Language Therapist Advanced	SLAP00	
Perfusionists Band 1	PERA00		Speech and Language Therapy Assistant/ Associate Practitioner	SLSH00	
Perfusionists Band 2	PERB00		Therapy, Assistant Practitioner	THT00	
Pharmacist	PASP00		Tutor Band 7	TUTG00	

## Agreement to work more than 48hrs per week

In addition to the paragraph detailing your normal hours of duty in your terms and conditions of engagement with NHS Professionals, you specifically agree to work such hours, including such hours over 48 hours over any seven day period as is required of you to carry out your duties. You therefore give your consent to waive your right under the Working Time Regulations to have your working time limited to an average of 48 hours per week over the reference period as it may be defined from time to time. You further agree that, in the event that you wish to withdraw this consent, you will give to NHS Professionals three months' written notice of the withdrawal of your consent.

It is the duty of NHS Professionals to generally monitor your working hours including hours that you work for a person, firm, health service body or company other than NHS Professionals. You therefore agree that within two weeks of the day on which you sign these terms you will inform NHS Professionals of the following:

- Any other work you carry out for any other person, firm, health service body or company, other than NHS Professionals
- The days on which you carry out such work
- The hours that you work for such person, firm, health service body or company and the times at which you carry out such work.

In addition, you agree that within two weeks of any change to work you carry out for a person, firm, health service body or company, other than NHS Professionals, you will notify NHS Professionals of such change whether it involves a change in the total hours of such work, the times at which you perform such work or, indeed, where you commence work for a different person, firm, health service body or company.

I have read and understood the terms set out above and agree to them. I also agree that the terms set out above form part of my overall terms and conditions of engagement with NHS Professionals.

Name (capitals): \_\_\_\_\_

Department/Trust: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

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## Section two To be completed by the employer

Almost all employers must file employee starter information online at [www.hmrc.gov.uk/online](http://www.hmrc.gov.uk/online)

Guidance for employers who must file online can be found at [www.businesslink.gov.uk/payingnewemployees](http://www.businesslink.gov.uk/payingnewemployees)

Employers exempt from filing online should send this form to their HM Revenue & Customs office on the first payday. Guidance can be found in the E13 *Employer Helpbook Day to day payroll*.

### Employee's details

Date employment started DDMMYYYY

 / 

Works/payroll number and department or branch (if any)

  

Job title

  

### Employer's details

Employer PAYE reference

Office number Reference number

 / 

Address

Building number

Employer name

  
  

Rest of address

  
  
  

Postcode

 

### Tax code used

If you do not know the tax code to use or the current National Insurance contributions (NICs) lower earnings limit, go to [www.businesslink.gov.uk/payeratesandthresholds](http://www.businesslink.gov.uk/payeratesandthresholds)

Enter 'X' in the appropriate box

#### Box A

Emergency code on a **cumulative** basis

 **A** 

#### Box B

Emergency code on a **non-cumulative** Week 1/Month 1 basis

 **B** 

#### Box C

Code BR unless employee fails to complete section one then code OT Week 1/Month 1 basis

 **C** 

Tax code used

If Week 1 or

Month 1 applies,

enter 'X' in this box

For employees who complete Box A or Box B starter notification is not needed until their earnings reach the NICs lower earnings limit.