

Substantive Registration/Appointment Form

A&C/Support Staff Groups

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:

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 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	

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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

-
- 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**

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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: _____

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)

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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Professionals

Admin & Clerical/Support 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	✓
A&E Band 2	AEAB00		Medical Secretary (MSE) Band 4	MSED00	
A&E Band 4	AEAD00		Office Services Band 1	OSA00	
Accounts Payable Administrator (AP)	APC00		Office Services Band 2	OSB00	
Accounts Receivable Administrator (AR)	ARC00		Office Services Band 3	OSC00	
Audio Typist (AT) Band 3	ATYC00		Office Services Band 4	OSD00	
Audio Typist (AT) Band 4	ATYD00		Office Services Band 5	OSE00	
Business Admin and Projects (BA) Band 3	BAC00		Office Services Band 6	OSF00	
Business Admin and Projects (BA) Band 4	BAD00		Office Services Band 7	OSG00	
Business Admin and Projects (BA) Band 5	BAE00		Office Services Band 8a	OSH00	
Business Admin and Projects (BA) Band 6	BAF00		Patient Services (PS) Band 1	PSA00	
Clinical Coding Officer (CCO) Band 3	CCOC00		Patient Services (PS) Band 2	PSB00	
Clinical Coding Officer (CCO) Band 4	CCOD00		Patient Services (PS) Band 3	PSC00	
Clinical Coding Officer (CCO) Band 5	CCE00		Patient Services (PS) Band 4	PSD00	
Cook Band 2	CKB00		Patient Services (PS) Band 5	PSE00	
Cook/Chef - Band 2	CHSB00		Payroll Clerk (PC)	PCC00	
Domestic	DM00		Personal Assistant Band 4	PAD00	
Domestic Higher	DMH00		Porter	PORT00	
Driving & Logistics Porters - Band 2	DLPB00		Porter Band 2	PORB00	
Estate Maintenance Worker	EMW00		Project Worker (PW) Band 2	PWB03	
Estate Support Worker Higher	ESWH00		Project Worker (PW) Band 3	PWC03	
Human Resources (HR) Band 3	HRC00		Project Worker (PW) Band 4	PWD03	
Human Resources (HR) Band 4	HRD00		Project Worker (PW) Band 5	PWE03	
Information Services (IS) Band 4	ISD00		Project Worker (PW) Band 6	PWF03	
Information Services (IS) Band 5	ISE00		Public Relations (PR) Band 3	PRC00	
Information Technology (IT) Band 3	ITC00		Receptionist	REC00	
Information Technology (IT) Band 4	ITD00		Security - Band 2	SCOB00	
Interpreter Band 4	INTD00		Sterile Services Worker	SSW00	
Interpreter Band 5	INTE00		Switchboard Operator	SBO00	
Learning and Development (LD) Band 4	LDD00		Switchboard Operator Band 4	SBOH00	
Medical Secretary (MSE) Band 3	MSEC00				

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 one To be completed by the employee

Your employer will need this information if you don't have a form P45 from your previous employer. Your employer may ask you to complete this form or provide the same information in another format. If you later receive your P45, hand it to your present employer. Use capital letters when completing this form.

Your details

National Insurance number

This is very important in getting your tax and benefits right

Title - enter MR, MRS, MISS, MS or other title

Surname

First name(s)

Gender. Enter 'X' in the appropriate box

Male Female

Date of birth DD MM YYYY

Address

House or flat number

Rest of address including house name or flat name

Postcode

Your present circumstances

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

A - This is my first job since last 6 April and **I have not** been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.

OR

B - This is now my only job, but since last 6 April **I have** had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.

OR

C - I have another job or receive a state or occupational pension.

Student Loans (advanced in the UK)

If you left a course of UK Higher Education before last 6 April and received your first UK Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D. *(Do not enter 'X' in box D if you are repaying your UK Student Loan by agreement with the UK Student Loans Company to make monthly payments through your bank or building society account.)*

Signature and date

I confirm that this information is correct

Signature

Date DD MM YYYY

Section two To be completed by the employer

Almost all employers must file employee starter information online at www.hmrc.gov.uk/online

Guidance for employers who must file online can be found at 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

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.