

Substantive Reactivation Form

Personal Details *(to be completed by the applicant)*

Title: _____ Name: _____ Previous Name: _____

Contracted Trust: _____ Location: _____ Ward: _____

Present Post: _____ Contracted Hours: _____

Date of Birth: _____ NI Number: _____

E-mail Address: _____ Home Telephone Number: _____

Mobile Number: _____

Address: _____

Male Female Nationality: _____

Bank Details

Bank/Building Society: _____ Branch: _____

Account Holder's Name: _____ Roll Number: _____

Bank/Building Society Account Number: _____ Sort Code: _____

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 Human Resources 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 NHS Professionals		
Job title	Flexible Worker	Enclosed
Staff role		Form P45 <input type="checkbox"/>
Assignment(s) codes		Form P46 <input type="checkbox"/>
Registration process completed by		Form P38S <input type="checkbox"/>
Date		SD502 <input type="checkbox"/>
FOR COMPLETION BY SBS PAYROLL		
Input onto ESR by		Date

Substantive Reactivation Form

To be completed by NHS Professionals representative

Name: _____

NI Number: _____

Manager Name: _____

Manager E-mail Address: _____

Proof of ID/Right to Work in the UK + 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 month + photocopy showing all 4 corners of the payslip

One passport sized photograph - name printed on reverse

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: _____

NHS Professionals Verification

Name: _____

Position: _____

Signature: _____

Date: _____