New Starter Details CHRIS/22

All **new** (but not existing) employees must complete this form in BLOCK CAPITALS and send it to their new Department upon their acceptance of an offer of appointment. This form does not have to be completed if you are transferring from one job in the University to another, or if you are taking on a second job in the University.

**If you do not return this form then we will not be able to pay you.**

**If you need this form in larger print, please contact chrishelpdesk@admin.cam.ac.uk**

PART 1 – New Employee Payment & Emergency Contact Details

To be completed **by the new employee**

Section A – Personal Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NI Numbers**If you do not currently have a National Insurance number, please refer to:http://www.admin.cam.ac.uk/offices/finance/payroll/nationalinsurance.html Do not enter information about social security numbers issued by governments outside the UK.**Student Loans***Do* ***not*** *tick Yes 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.***Pension Schemes***For further information, please refer to your Welcome Pack or http://www.admin.cam.ac.uk/offices/pensions/* |

|  |  |
| --- | --- |
| 1. Surname |  |
| 2. Forenames |  |
| 3. Date of birth | D | D | M | M | Y | Y | Y | Y |
| 4. UK N.I. Number | N | I | 1 | 2 | 3 | 4 | 5 | 6 | X |

5. Is a P45 attached/to follow?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

6. If no, tick one of the following applicable statements: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.

|  |  |
| --- | --- |
| A |  |

 **OR**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.

|  |  |
| --- | --- |
| B |  |

**OR**I have another job or receive a state or occupational pension.

|  |  |
| --- | --- |
| C |  |

7. Student LoansHave 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please confirm which plan type\* repayments are made under.

|  |  |  |  |
| --- | --- | --- | --- |
| Plan 1 |  | Plan 2 |  |

 \*If not known, tick Plan 1. |

Section B – Payment details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |

|  |  |
| --- | --- |
| 8. Bank & Branch Name |  |
| 9. Sort code |  |  | **–** |  |  | **–** |  |  |
| 10. Account Number |  |  |  |  |  |  |  |  |
| 11. Building society account number (if applicable) |  |

 |

Section C– Emergency Contact

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In cases of need (such as an accident or an emergency) the University would like to be able to contact a relative or friend.Note: These details may be made available to any relevant University employee in an emergency. |

|  |  |
| --- | --- |
| 12. Name of contact |  |
| 13. Relationship to you  |  |
| 14. Telephone |  |

15. Address of emergency contact

|  |
| --- |
|  |

 |

Signed Date

Return this form with your letter of acceptance. Don’t write anything in Part 2.

Part 2 – Departmental Confirmation

To be completed **by the** **Faculty, Department or other institution**

Section D – Employment details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If the employee subsequently does not start on the intended date of appointment, please notify the Payroll Section as soon as possible to avoid any over-payment. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| 16. Job title of new starter |  |
| 17. Start Date of appointment | D | D | M | M | Y | Y | Y | Y |
| 18. Department |  |

 |

 |

The above-named member of staff has agreed to begin work on the above date.

Signed Name

Position Date

Telephone

This form should now be sent, with the P45 where supplied, to the Payroll Section, Finance Division, Greenwich House, Madingley Rise, Madingley Road, Cambridge.