

New Employee Data Collection Form



Note to Employer:

If required please use this form to collect essential personal information that is required when completing via the Fairway Training website. **Please note that this form must not be sent to Fairway Training.**

Employee Personal Details	
Title (Please circle)	Mr Mrs Ms Miss Dr Sir Prof Rev Hon
First Name(s)	
Surname	
Previous Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	Civil Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>
Date of Birth	
NI Number	
Telephone No.	
Mobile No.	
Email Address	
No./Street Name	
Post Code	
Address 2	
Address 3	
Address 4	
Address 5	

Bank Details	
Account type	Bank <input type="checkbox"/> B/Soc. <input type="checkbox"/> Other <input type="checkbox"/>
Account No (8 digits)	
Sort Code	
Name on Account	
Building Soc.No.	
Bank Name	
Address 1	
Address 2	
Town	
County	
Country	
Post Code	

Student Loans
Do you have a Student Loan?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what type of Student Loan do you have?
Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/>
<i>You will have a Plan 1 loan if you lived in Scotland or N.Ireland when you started your course, or you lived in England or Wales and started your course before September 2012. You will have a Plan 2 loan if you lived in England or Wales and started your course on or after 1 September 2012.</i>

HMRC Real Time Information (Please tick only one of the options that applies)

This is my first job since last 6 April and I **have not** been receiving taxable Jobseeker's Allowance or taxable Incapacity Benefit or a state or occupational pension **OR** ☐

This is now my only job, but since last 6 April I **have** had another job, or have received taxable jobseeker's Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension **OR** ☐

I have another job or receive a state or occupational pension. ☐

NHS Pension Scheme

Please ensure you read the Guide to the NHS Pension Scheme before answering these questions.

Are you currently claiming any NHS Pension Scheme retirement benefits from any of the following : 1995, 2008 or 2015 sections? :
Yes ☐ No ☐

If Yes, which section?
1995 ☐ 2008 ☐ 2015 ☐ Don't know ☐

Do you wish to opt out of the NHS Pension Scheme?

Yes ☐ No ☐

If No, please also complete questions overleaf.

Your Signature	
Date	

Please hand the signed form back to your Practice Manager

NHS Pension Scheme New Employee Checklist



To be completed if the employee IS NOT OPTING OUT of the NHS Pension Scheme

Study the list carefully and tick any boxes which apply to you. Please refer to the Scheme Guide if you are unsure about any of these points. You can obtain a Scheme Guide from your Practice Manager or from the NHS Pensions Website. <http://www.nhsbsa.nhs.uk/pensions>

Please Tick or write Yes/No in the appropriate box.	YES	NO
<p>In the twelve months preceding this post, was your hourly rate higher whilst being an active member of the NHS Pension Scheme?</p> <p>If YES - In certain circumstances it may be possible to protect an employee's pension benefits at a higher rate of pay where a reduction in pay has occurred. This will only be applicable if you have 1995 or 2008 membership. Please provide your Manager with any relevant details or information.</p>		
<p>Are you presently employed elsewhere in the NHS (Inc. Bank or Out of Hours Provider work), and paying NHS pension contributions?</p> <p>Concurrent part-time membership is allowable but only up to whole-time hours. Please provide details to your Manager if applicable.</p>		
<p>Are you currently making contributions to any of the following? :</p> <p>1. Added Years (1995 members only) If YES, what percentage are you paying? <input type="text"/> %</p>		
<p>2. Early Retirement Reduction Buy Out (ERRBO) 2015 members only If YES, what percentage are you paying? <input type="text"/> %</p>		
<p>3. Half Cost Added Years (1995 members only) due to a refund of contributions for any NHS membership before 05/04/1978 If YES, what percentage are you paying? <input type="text"/> %</p>		
<p>4. Additional Pension (All members) If YES, what amount are you paying? £ <input type="text"/> per month</p>		
<p>Do you have any previous pension arrangements that you are considering transferring into the NHS Pension Scheme?</p> <p>This includes NHS Scotland & Northern Ireland. There are time limits on transferring benefits from any pension scheme outside the NHS (internal transfers are not constrained by time limits e.g. Scotland to England and Wales). For members of the 1995 section – within 12 months from joining. For members of the 2008 section – within 12 months from becoming eligible to join. For members of the 2015 section – within 12 months from becoming eligible to join and before your Normal Pension Age which is equal to your State Pension Age or 65 if that is later.</p>		
<p>Do you have a non-legal partner (co-habitee)?</p> <p>For a non-legal partner to benefit from Survivor Benefits form PN1 <u>MUST</u> be completed. The Scheme provides a pension for legally married couples & civil partnerships. Certain qualification criteria must be met for Survivor pensions for co-habitees. Ask your Practice Manager for form PN1 or download from website www.nhsbsa.nhs.uk/pensions. The completed form should be forwarded to NHS Pensions.</p>		
<p>Do you wish to nominate someone other than your spouse or civil partner to receive your life assurance lump sum?</p> <p>A lump sum equal to twice a member's annual pensionable pay is due to a surviving spouse or civil partner, or if a member is single, widowed or divorced, it will form part of their estate. By requesting or downloading form DB2, payment may be made to either one or more nominated individuals, an organisation or a Personal Legal Representative. The completed form should be forwarded to NHS Pensions.</p>		

Please hand the signed form back to your Practice Manager

Equal Opportunities Monitoring

In accordance with Race Relations, Employer Equality and Disability Discrimination legislation the NHS Pension Scheme is required to collect the census data below. Please complete **all** parts of this form and return it to your employer, or directly to NHS Pensions if you are no longer in pensionable employment.

Pensions

Ethnicity Please tick the box that is most applicable to you			
White			
<input type="checkbox"/> British (A)	<input type="checkbox"/> Irish (B)	<input type="checkbox"/> Other white background (C)	<input type="checkbox"/> Northern Irish (C2)
<input type="checkbox"/> Unspecified (C3)	<input type="checkbox"/> English (CA)	<input type="checkbox"/> Scottish (CB)	<input type="checkbox"/> Welsh (CC)
<input type="checkbox"/> Cornish (CD)	<input type="checkbox"/> Cypriot - non specific (CE)	<input type="checkbox"/> Greek (CF)	<input type="checkbox"/> Greek Cypriot (CG)
<input type="checkbox"/> Turkish (CH)	<input type="checkbox"/> Turkish Cypriot (CJ)	<input type="checkbox"/> Italian (CK)	<input type="checkbox"/> Irish Traveller (CL)
<input type="checkbox"/> Traveller (CM)	<input type="checkbox"/> Gypsy / Romany (CN)	<input type="checkbox"/> Polish (CP)	<input type="checkbox"/> ex-USSR (CQ)
<input type="checkbox"/> Kosovan (CR)	<input type="checkbox"/> Albanian (CS)	<input type="checkbox"/> Bosnian (CT)	<input type="checkbox"/> Croatian (CU)
<input type="checkbox"/> Serbian (CV)	<input type="checkbox"/> Other ex-Yugoslav (CW)	<input type="checkbox"/> Mixed (CX)	<input type="checkbox"/> Other European (CY)
Asian or Asian British			
<input type="checkbox"/> Indian (H)	<input type="checkbox"/> Pakistani (J)	<input type="checkbox"/> Bangladeshi (K)	<input type="checkbox"/> Any other Asian background (L)
Asian			
<input type="checkbox"/> Mixed (LA)	<input type="checkbox"/> Punjabi (LB)	<input type="checkbox"/> Kashmiri (LC)	<input type="checkbox"/> East African (LD)
<input type="checkbox"/> Sri Lankan (LE)	<input type="checkbox"/> Tamil (LF)	<input type="checkbox"/> Sinhalese (LG)	<input type="checkbox"/> British (LH)
<input type="checkbox"/> Caribbean (LJ)	<input type="checkbox"/> Unspecified (LK)		
Black or Black British			
<input type="checkbox"/> Caribbean (M)	<input type="checkbox"/> African (N)	<input type="checkbox"/> Any other black background (P)	
Black			
<input type="checkbox"/> Somali (PA)	<input type="checkbox"/> Mixed (PB)	<input type="checkbox"/> Nigerian (PC)	<input type="checkbox"/> British (PD)
<input type="checkbox"/> Unspecified (PE)			
Mixed			
<input type="checkbox"/> White & Black Caribbean (D)	<input type="checkbox"/> White & Black African (E)	<input type="checkbox"/> White & Asian (F)	
<input type="checkbox"/> Any other mixed background (G)	<input type="checkbox"/> Black & Asian (GA)	<input type="checkbox"/> Black & Chinese (GB)	
<input type="checkbox"/> Black & White (GC)	<input type="checkbox"/> Chinese & White (GD)	<input type="checkbox"/> Asian & Chinese (GE)	<input type="checkbox"/> Other/Unspecified (GF)
Other Ethnic Groups			
<input type="checkbox"/> Chinese (R)	<input type="checkbox"/> Any other ethnic group (S)	<input type="checkbox"/> Vietnamese (SA)	<input type="checkbox"/> Japanese (SB)
<input type="checkbox"/> Filipino (SC)	<input type="checkbox"/> Malaysian (SD)	<input type="checkbox"/> Other Specified (SE)	
I do not wish to declare my ethnicity			
<input type="checkbox"/> Not stated (Z)			

Employer Equality Regulations 2003

Sexual orientation

- ☐ Heterosexual ☐ Bi-sexual ☐ Lesbian ☐ Gay
- ☐ I do not wish to declare my sexual orientation

Religion / Belief

- ☐ Christianity ☐ Judaism ☐ Hinduism ☐ Atheism
- ☐ Islam ☐ Sikhism ☐ Other
- ☐ I do not wish to declare my religion / belief

Disability Discrimination Act 1995

Disability

- ☐ Yes ☐ Physical impairment ☐ Sensory impairment ☐ Long standing illness
- ☐ No ☐ Mental Health condition ☐ Learning disability/difficulty ☐ Other
- ☐ Not declared

Please hand the completed form back to your Practice Manager