

1. **Personal Details**

|  |  |  |
| --- | --- | --- |
| **Surname:** | | **Title:** |
| **First name:** | | **Middle name(s):** |
|  | | |
| **Main/Permanent Address –** If you are a student please supply your permanent address P45 and P60 will be posted to this address) | | |
| **Address Line 1:** | | |
| **Address Line 2:** | | |
| **Address Line 3:** | | |
| **Address Line 4:** | | |
| **Postcode:** | **Country:** | |
|  | | |
| **Term-time Address –** If you are a student please supply your Term-time address | | |
| **Address Line 1:** | | |
| **Address Line 2:** | | |
| **Address Line 3:** | | |
| **Address Line 4:** | | |
| **Postcode:** | **Country:** | |
|  | | |
| **Home Tel:** | **Personal Email:** | |
| **Mobile Tel:** | **Student/work Email:** | |

1. **Emergency Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | | **Relation to you:** | |
|  | | | | |
| **Home Tel:** | **Work Tel:** | | | **Mobile Tel:** |
| **Address Line 1:** | | | | |
| **Address Line 2:** | | | | |
| **Address Line 3:** | | | | |
| **Address Line 4:** | | | | |
| **Postcode:** | | **Country:** | | |

1. **Nationality**

|  |  |  |
| --- | --- | --- |
| **Nationality (E.g. British)** | | |
| **Do you have any restrictions on Employment in the UK?**  **(E.g. Limits on stay in the UK, working hours restrictions, work permit requirements)** *(Place an X in the applicable box)* | YES | NO |
| **If YES, please provide details:** | | |
| **Do you require a work permit?**  *(Place an X in the applicable box)* | YES | NO |

1. **Education and Professional Qualification**

**What is the highest qualification you hold?**

|  |  |
| --- | --- |
| 'A' level, Scottish Higher or equivalent |  |
| Degree (i.e. BA, BSc, BEd) |  |
| Degree with Qualified Teacher Status (QTS)\* |  |
| GCSE/'O'level or equivalent |  |
| HND/HNC |  |
| Masters (MA, MSc etc) |  |
| PGCE/PGCHE |  |
| PhD |  |
| Postgraduate qualification (including professional) |  |
| Undergraduate qualification (including professional)\* |  |
| Other qualification |  |
| No qualifications |  |

**Subject/Discipline(s)**

|  |  |
| --- | --- |
| Please supply the subject area/discipline of your qualification |  |

1. **Current/most recent employment or studies**

|  |  |  |
| --- | --- | --- |
| **Are you currently a Student at St Mary’s University?** | Yes | No |

1. **Criminal Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Do you have any unspent or pending criminal convictions?*** *(Place an X in the applicable box)* | YES |  | NO |  |
| If you have answered YES please provide full details in a separate sealed envelope addressed to the HR Manager - Operations, at the address shown below marked **‘Strictly Private and Confidential’.** | | | | |

1. **Declaration**

|  |  |
| --- | --- |
| I declare that the information contained in this application is correct to the best of my knowledge and I understand that a false statement or omission may invalidate an offer of employment, or lead to the termination of my contract. I also agree to St Mary’s University processing personal data contained in this form or other data which the University may obtain from me or other people, in connection with my application. | |
| **Signed:** | **Date:** |

**Equal Opportunities Monitoring Form**

**Policy**

St Mary's University believes that there should be no discrimination because of age, disability gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The University will take appropriate steps to ensure that all employees are recruited, trained and promoted on the basis of ability, the requirements of the job, and where relevant, the need to maintain a highly effective student service.

**Monitoring**

To ensure that the equal opportunities policy is effective and to meet our legislative obligations detailed monitoring of applications will be carried out. This necessitates the collection of information regarding the applicant’s ethnic origin, sex, marital status, disability, religion, belief, and sexual orientation. This monitoring form is detached prior to shortlisting and is not seen by staff outside the Human Resources Department. **All information will be treated as strictly confidential and in accordance with the Data Protection Act 1998.**

**Marital Status**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Civil Partnership |  | Divorced |  | Single |  | Other (Please specify) | |
| Co-habiting |  | Married |  | Separated |  | Widowed |  |

**Religion or belief**

|  |  |  |
| --- | --- | --- |
| My Religion or Belief is: |  | |
| Prefer not to answer |  |

**Nationality**

|  |  |
| --- | --- |
| My Nationality is: |  |

**Ethnic Origin**

The following categories have been devised by the UK governments Census of population and are recommended by the Commission for Racial Equality. It is important to understand that these questions are not about nationality, place of birth or citizenship.

|  |  |
| --- | --- |
| Asian or Asian British - Bangladeshi |  |
| Asian or Asian British - Indian |  |
| Asian or Asian British - Pakistani |  |
| Black or Black British - African |  |
| Black or Black British - Caribbean |  |
| Chinese |  |
| Mixed - White and Asian |  |
| Mixed - White and Black African |  |
| Mixed - White and Black Caribbean |  |
| Other Asian background |  |
| Other Black background |  |
| Other Ethnic background |  |
| Other Mixed background |  |
| Other White background |  |
| White – Scottish |  |
| Prefer not to answer |  |

**Gender and Date of birth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Female |  | Male |  |  |

|  |  |
| --- | --- |
| Date of Birth *(DD/MM/YYYY)* |  |

**Sexual orientation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Bisexual |  | Gay |  | Lesbian |  |
| Prefer not to answer |  |

**Disability**

A disability or health problem does not preclude full consideration for a job. Applications from people with disabilities are treated in the same way as others. The following details are strictly confidential for the Human Resources Department information only.

|  |  |  |
| --- | --- | --- |
| Do you have a disability? | **No** | |
|  | **Yes** - please select from the option(s) below | |
| Specific learning disability (such as dyslexia or dyspraxia) | |  |
| General learning disability (such as Cerebral Palsy or Down’s Syndrome) | |  |
| Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) | |  |
| Long-standing illness or health condition (such as cancer, diabetes, arthritis, chronic heart disease, or epilepsy) | |  |
| Mental health condition (such as depression, anxiety or bipolar) | |  |
| Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) | |  |
| Deaf or serious hearing impairment | |  |
| Blind or serious visual impairment | |  |
| Other type of disability | |  |
| Prefer not to answer | |  |

*There are 8 categories in the relevant legislation which are used to assess whether an individual’s condition is likely to be deemed a disability and applicants may wish to declare any conditions.*

*Please describe any special needs in the box below so that any arrangements and reasonable adjustments necessary for an interview can be made.*

|  |
| --- |
|  |

1. Bank Details Form

# St-Marys-Logo-With-Crest-Colour-Small

# BANK DETAILS FORM

**Name**

**Mr/Dr/Mrs/Ms/Miss/Other**

**Date of Birth**

**Job Title**

**Start date of Employment**

**National Insurance Number**

**Name of Bank/Building Society**

**Branch**

**Address**

**Bank/Building Society Sort Code**

**Bank/Building Society Account No**

***(8-digit number)***

**I hereby authorise St Mary’s University to pay my salary into my Bank/Building Society Account**

**Signed Dated**

***Casual Workers are paid one Month in arrears. Please ensure that you submit your Timesheets in time through our PeopleNet site to be paid correctly.***

**Section 2 – HMRC Starter Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Instructions for employers**  This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years.  **Do not send this form to HM Revenue and Customs (HMRC)**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Instructions for employees**  As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.  It’s important that you choose the correct statement. If you do not choose the correct statement you may pay too much  or too little tax. For help filling in this form watch the short youtube video, go to www.youtube.com/hmrcgovuk  **Do not send this form to HMRC**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee’s personal details** | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
| **1** |  | **Last name** | | | | | | | | | | | |  | **5** |  | **Home address** (including post code) | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | |
| **2** |  | **First name(s)** | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | |
|  |  | Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
| **3** |  | **Are you male or female?** | | | | | | | | | | | |  | **6** |  | **National Insurance number (if known)** | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | |
|  |  | Male | | ☐ | | Female | | | | ☐ | | |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  |  | |
|  |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
| **4** |  | **Date of birth** DD MM YYYY | | | | | | | | | | | |  | **7** |  | **Employment start date** DD MM YYYY | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |
| **Employee statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | **Choose the statement that applies to you, either A, B or C, and tick the appropriate box.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | **Statement A** | **Statement B** | **Statement C** | | Do not choose this statement if you’re in receipt of a State, Works or Private Pension.  Choose this statement if the following applies.  This is my first job since 6 April and since the 6 April I’ve not received payments from any of the following:   * Jobseeker’s Allowance * Employment and Support Allowance * Incapacity Benefit | Do not choose this statement if you’re in receipt of a State, Works or Private Pension.  Choose this statement if the following applies.  Since 6 April I have had another job but I do not have a P45. And/or since the 6 April I have received payments from any of the following:   * Jobseeker’s Allowance * Employment and Support Allowance * Incapacity Benefit | Choose this statement if:   * you have another job and/or * you’re in receipt of a State, Works or Private Pension | | Statement A applies to me☐ | Statement B applies to me ☐ | Statement C applies to me☐ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Student Loans** For more guidance about repaying, go to [www.gov.uk/repaying-your-student-loan](http://www.gov.uk/repaying-your-student-loan)

|  |  |  |
| --- | --- | --- |
| **9** | **Tell us if any of the following statements apply to you:** | **Types of Student Loan** |
|  | * you do not have any Student or Postgraduate Loans * you’re still studying full-time on a course that your Student Loan relates to * you completed or left your full-time course after the start of the current tax year, which started on 6 April * you’re already making regular direct debit repayments from your bank, as agreed with the Student Loans Company | **You have Plan 1 if any of the following apply:**   * you lived in Northern Ireland when you started your course * you lived in England or Wales and started your course before 1 September 2012 |
| **You have a Plan 2 if:**  You lived in England or Wales and started your course on or after 1 September 2012 |
|  | If No, tick this box and go to question 10 ☐ | **You have a Plan 4 if:**  You lived in Scotland and applied through the  Students Award Agency Scotland (SAAS) when you started your course**.** |
|  | If Yes, tick this box and go straight to the  Declaration ☐ |
| **10** | **To avoid repaying more than you need to, tick the correct Student Loans that you have - use the guidance on the right to help you.**  **Please tick all that apply** | **You have a Postgraduate Loan if any of the following apply:**   * you lived in England and started your Postgraduate Master’s course on or after 1 August 2016 * you lived in Wales and started your Postgraduate Master’s course on or after 1 August 2017 * you lived in England or Wales and started your Postgraduate Doctoral course on or after 1 August 2018 |
|  |
|  |
|  | Plan 1 ☐ |
|  | Plan 2 ☐ |
|  | Plan 4  **☐** |
|  | Postgraduate Loan (England and Wales only) ☐ |
| Employees, for more information about the type of loan you have, go to www.gov.uk/sign-in-to-manage-your-student-loan-balance | | |
| Employers, for guidance go to www.gov.uk/guidance/special-rules-for-student-loans | | |

**Declaration**

I confirm that the information I’ve given on this form is correct.

|  |  |  |
| --- | --- | --- |
| **Electronic Signature** |  | **Name** |
|  |  |  |
|  | **Date** DD MM YYYY |
|  |  |

By typing your name above, you are confirming this is a true and accurate record