



# New Starter Personal Details Form - Confidential

## Help us to get you paid correctly and quickly

You must complete all sections of this form for us to carry out the required pre-employment checks. Forms that are incomplete or are submitted electronically by someone else will not be accepted. They will be returned to you and may result in a delay in us paying you.

Acrobat Reader software is required if you want to submit this form electronically and is **free** to download from the [Adobe website](#).

Please complete and return within 7 days of receipt or before your start date whichever is sooner.

### 1a. PERSONAL DETAILS

<b>Full Name*</b> <i>(This should reflect your official name that you are known by to the HMRC)</i>									
<b>Preferred name</b>									
<b>Personal contact number*</b>									
<b>Address*</b>									
<b>Address line 2</b>									
<b>Town*</b>									
<b>County*</b>									
<b>Post code*</b>									
<b>National Insurance number*</b>									
<b>Nationality*</b>									
<b>Date of Birth*</b> <i>(dd-mm-yyyy)</i>			/			/			

### 1b. BANK OR BUILDING SOCIETY DETAILS

<b>Sort code*</b> <i>(e.g. 01-02-03)</i>			-			-		
<b>Bank name*</b>								
<b>Account number*</b>								
<b>Account name*</b>								
<b>Building society acct / roll number<sup>#</sup></b>								

\*Mandatory fields throughout the form

<sup>#</sup>Mandatory if your account is a Building Society Account

## 2. NEW STARTER TAX DECLARATION

We want to ensure your tax details are correct as soon as you start working with us, so please advise us of your current tax status.

Job title*				
Name of NT property / location*				
Start date* (dd-mm-yyyy)		/		/
Manager's name*				

Statement	Description	Tick one box only
Statement A	This is my first job since last 6 April and <b>I have not</b> been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension	
Statement B	This is now my only job, but since last 6 April <b>I have</b> had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or Incapacity Benefit. I do not receive a state or occupational pension	
Statement C	I currently have another job or receive a state or occupational pension	

Student loan questions – please follow the instructions below		Tick one box from each relevant section
1	Do you have a Student Loan which is <b>not</b> fully repaid? (If <b>yes</b> , go to question 2, if <b>no</b> , go to question 4)	Yes No
2	Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments? (If <b>yes</b> , go to number 4, if <b>no</b> , go to number 3)	Yes No
3	What type of Student Loan do you have? <b>Plan 1</b> – You lived in Scotland or Northern Ireland when you started your course or You lived in England or Wales and started your course before 1 Sep 2012 <b>Plan 2</b> – You lived in England or Wales and started your course on or after 1 Sep 2012	Plan 1 Plan 2
4	Did you finish your studies before the last 6 April?	Yes No

### 3. HEALTH ASSESSMENT QUESTIONNAIRE

This questionnaire will help us to determine if you have any health issues that could affect your ability to do your job effectively, or that could place you or others at any risk in the workplace.

It will also help us to identify what, if any, adjustments we need to make to your work or the workplace to help you carry out your duties effectively.

<b>Full Name*</b>	
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Please answer the following questions*:			
1	Do you believe that you will need any adjustments to your work or workplace to enable you to carry out your duties effectively?  <i>(The Trust has a legal obligation to make reasonable workplace adjustments to remove, reduce or prevent the obstacles a disabled worker or job applicant might otherwise face).</i>  If you have worked with the Trust before, has this requirement changed since your last employment?	Yes	No
		Yes	No N/A
2	If relevant to your role, do you have a condition or symptoms that may affect your ability to use power tools?  If you have worked with the Trust before, has this condition changed since your last employment?	Yes	No N/A
		Yes	No N/A
3	Do you have any other health issues that you believe might impact your ability to maintain satisfactory attendance and/or carry out the duties outlined in your role profile?  If you answered 'Yes' and have worked with the Trust before, have these health issues changed since your last employment?	Yes	No
		Yes	No N/A

#### RETURNING EMPLOYEES ONLY

5	What date were you last employed with the National Trust?		/		/	
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#### What happens next?

If you answered yes to questions 1 or 2 above we will send you a more detailed form for you to complete and send directly to our occupational health providers. As a result you may be required to attend an appointment with one of their clinicians.

If you answered yes to question 3 either your manager or a member of the People Team will contact you to discuss your requirements further.

If you are an employee with health issues that the Trust has been made aware of previously we will not seek additional information unless the requirements of your new role are different. In accordance with the [Data Protection Act 1998](#), the information on this form will be held securely and only used for the purposes indicated above. In doing so, we will need to share the information with your manager.

## 4. REFERENCES

Please supply the details of two suitable referees. All fields on this page are to be fully completed, even if your previous employer was the National Trust. By providing this information you consent to the National Trust contacting the organisations / individuals stated below.

**Current or most recent employer (including volunteer work)** - If this is your first job, please provide details of your school, college or university:

Contact name*	
Business name*	
Address*	
Address line 2	
Town*	
County*	
Post code*	
Contact phone number*	
Email address*	

**Personal Reference** – this cannot be a family member

Contact name*	
Business name*	
Address*	
Address line 2	
Town*	
County*	
Post code*	
Contact phone number*	
Email address*	
Relationship to you*	

## 5. NEW STARTER DECLARATION

### **\*\*PLEASE READ THIS STATEMENT CAREFULLY BEFORE SUBMITTING THIS FORM\*\***

I declare that the information I have provided is true to the best of my knowledge. I accept that should it be found that I have not disclosed or provided misleading or false information I will be subject to disciplinary proceedings which may lead to dismissal.

By providing this form, I am confirming my commitment to commence employment with the National Trust on the date stated above, and my consent to obtain references from those specified on page 4.

Signature*	
Name in Full*	
Email address*	

Date* (dd-mm-yyyy)		/		/	
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Please choose **one method** to send your form to us from the following three options:

1. Submit your form electronically using the button below. Acrobat Reader software is required if you want to submit this form electronically and is **free** to download from the [Adobe website](#).
2. Email the form once saved to your computer to [recruitmentenquiries@nationaltrust.org.uk](mailto:recruitmentenquiries@nationaltrust.org.uk) stating 'New starter form – your name and start date' in the subject title.
3. Post: People Service Centre, the National Trust, Heelis, Kemble Drive, Swindon, Wilts, SN2 2NA  
(ensuring correct postage is used)

**Note: Where this form is emailed or submitted electronically we will confirm receipt of your form within 3 working days. If you do not receive this, please check your junk mail or contact the People Service Centre on 0370 240 0274.**