

NEW STARTER FORM (All Employees)

PERSONAL DETAILS									
Title:				Telephone Number		Home:			
Name:						Mobile:			
Address:				Date of Birth :					
EMERGENCY CONTACT	Name:			Relationship:			Contact Tel.		
PAYROLL DETAILS									
National Insurance Number									
Tax Code (If known)									
Bank Details	Bank/Building Society Name								
	Account Name								
	Account Number								
	Sort Code								
	Building Society Ref. Number (if applicable)								
I authorise the deduction of £59.30 to cover the cost of my CRB check. (All Domiciliary Staff)						YES (Delete as applicable)			
Uniform Deduction (All staff undertaking care work) I also understand and agree that should I leave my employment with A & T Caring Services, I am required to return my uniform and ID badge(s) and that failure to do this will result in a deduction of £20 being made from my final salary.						YES (Delete as applicable)			
Does the employee have another job?						Yes (Delete as applicable)			
P45 enclosed (employers copy)						Yes (Delete as applicable)			

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Signed: (on behalf of A & T Caring Services)	Signed: (Employee)	Date:
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POST DETAILS

Title:	Office:
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Start Date:	Pay rate:	Contracted Hours:
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FOR PAYROLL USE ONLY

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