

Starter Declaration

Employee personal details & declaration

Last Name/ Surname											
First name(s)											
Title (eg Mr, Mrs, Ms)				Gender							
Date of Birth (dd/mm/yyyy)			/			/					
Home Address - Line 1											
Home Address - Line 2											
Home Address - Line 3											
Home Address - Line 4											
E-Mail Address											
Postcode (if your address is in the UK)											
National Insurance Number											

To be completed by the employee - tick which of the statements applies to you

☐

This is my first job since last 6th April and I have not been receiving taxable Jobseekers's Allowance Employment and Support Allowance, taxable Incapacity benefit, State or Occupational Pension.

☐

This is now my only job since last 6th April and I have had another job, or received Taxable Allowance, Jobseekers's Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension.

☐

As well as my new job, I have another job or receive a State or Occupational Pension.

Only complete this section if you a student loan which is not fully repaid - tick which of the statements applies to you

☐

I have a student loan which is not fully repaid

☐

I finished my studies before the last 6th April (if not applicable, ignore the remaining statements below & only complete the signature section)

☐

I am repaying the student loan direct to the student loan company by agreed monthly payments

If the student loan is not being repaid direct to the student loan company, select the type of loan you have:

☐

Plan 1 - If you lived in Scotland or Northern Ireland when you started your course *OR*
If you lived in England or Wales and you started your course before 1 September 2012

☐

Plan 2 - If you lived in England or Wales and you started your course on or after 1 September 2012

I confirm that this information is correct

Signature

Employment details

Company Name								
Department								
Employment start date (dd/mm/yyyy)			/			/		
Contracted Hours per week			If variable hours, please tick here					
Please specify hours per day	Sun	Mon	Tues	Weds	Thu	Fri	Sat	

Basic Pay (Annual)			
Hourly Rate			
Overtime Rate			
Other pay details			

Method of Payment	Bank Account	Cheque	Cash
Account Number			
Sort Code			
Building Society Roll No			
Account Holder Name			

Pension Scheme		
Employee Contribution		
Employer Contribution		

Authorised by (please sign)		
Print Name		
Date		