



**ROBINSON services**  
IT'S OUR BUSINESS TO SUPPORT YOURS  
028 9442 9717  
robinson-services.com

### 1. Employee Information

Title (Mr/Mrs/Ms/Miss) | | | | | | | | | |

Forename (s) | | | | | | | | | |

Surname | | | | | | | | | |

National Insurance no | | | | | | | | | |

Date of birth (DD/MM/YY) | | | | | | | |

Address \_\_\_\_\_

Town/city \_\_\_\_\_

Postcode | | | | | | | |

Home telephone | | | | | | | | | |

Mobile number | | | | | | | | | |

### 2. Bank details

Bank/Building society name & address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of Account holder(s) \_\_\_\_\_

Roll Number (if applicable) \_\_\_\_\_

Account number | | | | | | | | | |

Sort code | | | | | |

Additional notes (if applicable)

### 3. P46/Tax code information

Please enter 'X' in the one box that applies to you.

☐ A – This is my first job since last 6 April and I have not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit or a state or occupational pension.

☐ B – This is now my only job, but since last 6 April I have had another job, or have received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.

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

P45 provided? Yes ☐ No ☐

### 4. Next of kin (in case of sickness/emergency)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone no | | | | | | | | | |

### 5. Criminal Offences

Have you ever been convicted of a criminal offence (other than a 'spent conviction' under the Rehabilitation of Offenders Act 1974)? (Y/N) \_\_\_\_\_

If yes, details including type of offences, date, sentence etc are required from you and should be included in a separate envelope. Such information will be completely confidential.

### 6. Health declaration

Are you registered as a disabled person? (If yes, please provide registration number) \_\_\_\_\_

Do you suffer from any medical conditions which could impact your ability to do this job? Give details \_\_\_\_\_

### 7. Declaration

The information I have provided in this form is a true and accurate record. I confirm that I am aware of the Company's Terms and Conditions of Employment and that I can access this via the company website or at a work location.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY MANAGER/SUPERVISOR

Start date \_\_\_\_\_ TUPE transfer date \_\_\_\_\_

If TUPE, continuous service date \_\_\_\_\_

Site(s) \_\_\_\_\_

Job title \_\_\_\_\_

Supervisor \_\_\_\_\_

Normal hours per week \_\_\_\_\_

Wage (hourly rate) \_\_\_\_\_

Signed (supervisor) \_\_\_\_\_

### To be completed by payroll/HR

Payroll number \_\_\_\_\_

Form(s) of ID provided \_\_\_\_\_

Checked by \_\_\_\_\_