**Platinum Personnel Solution (UK) Ltd.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM** | |  |  | **Payroll No:** | |
| **Surname:** |  |  |  | **Forenames:** | |
| **Address:** |  |  |  |  |  |
|  |  |  |  | |  |
| **Telephone No:** |  | **Mobile Number:** | | | |
| **Date of Birth:** |  | **N. I. Number** | | | |
| **Your e-mail address:** | |  |  |  |  |
| **EEC National** | **Yes / No** |  |  |  |  |
| **If No to above are your eligible to work in the UK?** | | | | **Yes / No** | |
|  | |  |  |  |  |
| **Previous Agency Experience** | |  |  |  |  |
| **Agency** |  | **Place of Work** | |  | **Job Description & Rates** |
|  | |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | |  |  |  |  |
| **Next of Kin Details** | |  |  |  |  |
| **Name:** |  |  |  | **Relationship:** | |
|  |  |  |  |  | |
| **Address:** |  |  |  | **Contact Telephone Numbers:** | |
|  |  |  |  |  |  |

Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Platinum personnel Solutions UK ltd, the offence is relevant to the post to which you are applying. **Failure to declare a conviction may require us** **to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.**

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted** |  | **Details:** |
| **of a Criminal offence?** | **Yes / No** |  |
| **Are there any Prosecutions** |  | **Details:** |
| **Pending** | **Yes / No** |  |
|  |  |  |
|  |  |  |

**General Information**

**How did you hear about us?**

**Do you have you own transport?**

**Do you have safety footwear?**

**What jobs are you best suited to?**

**What jobs are you least suited to?**

**Interviewers Comments**

**Interviewed By:**

**Signature:**………………………………………………… **Date:**………………………………….

**Employment Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **Co. Name** |  | **Job Description:** |
| **To:** |  |  |  |
|  | **Address:** |  |  |
| **Job:** |  |  |  |
| **Title:** |  |  |  |
| **Salary:** | **Tele No:** |  |  |
|  | **Contact:** |  | **Reason For** |
|  |  |  | **Leaving:** |
| **From:** | **Co. Name** |  | **Job Description:** |
| **To:** |  |  |  |
|  | **Address:** |  |  |
| **Job:** |  |  |  |
| **Title:** |  |  |  |
| **Salary:** | **Tele No:** |  |  |
|  | **Contact:** |  | **Reason For** |
|  |  |  | **Leaving:** |
| **From:** | **Co. Name** |  | **Job Description:** |
| **To:** |  |  |  |
|  | **Address:** |  |  |
| **Job:** |  |  |  |
| **Title:** |  |  |  |
| **Salary:** | **Tele No:** |  |  |
|  | **Contact:** |  | **Reason For** |
|  |  |  | **Leaving:** |
| **From:** | **Co. Name** |  | **Job Description:** |
| **To:** |  |  |  |
|  | **Address:** |  |  |
| **Job:** |  |  |  |
| **Title:** |  |  |  |
| **Salary:** | **Tele No:** |  |  |
|  | **Contact:** |  | **Reason For** |
|  |  |  | **Leaving:** |
|  |  |  | |
| **Reference 1:** |  | **Reference 2:** | |

|  |  |
| --- | --- |
| **Personal Reference 1:** | **Tele No:** |
| **Personal Reference 2:** | **Tele No:** |

**Health and Disability**

The following questions on health and disability are asked in order to find out your needs in terms of reasonable adjustments to access our recruitment service and to find out your needs in order to perform the job or position sought.

|  |  |  |
| --- | --- | --- |
| **Information required** |  | **Details** |
| 1. Do you have any health issues or a |  | Yes/ no |
| disability relevant which may make it |  | If yes, please specify |
| difficult for you to carry out functions |  |  |
| which are essential for the role you seek? |  |  |

2. If you have a disability, what are your Please specify needs in terms of reasonable adjustments

in order to access this recruitment service

and to attend interview, or to take

aptitude tests etc.?

**Data Protection Statement**

The information that you provide on this form and on any CV given will be used by Platinum Personnel Solutions UK Ltd to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

We may check the information collected, with third parties or with other information held by us.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

**Candidate/ Temporary worker declaration**

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers.

If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Platinum Personnel Solutions UK Ltd will be entitled either to charge the client an introduction/transfer fee, or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

|  |  |
| --- | --- |
|  | ***Platinum Personnel Solutions (UK) LTD*** |
| **Company Name:** | Platinum Personnel Solutions UK Limited |
|  |  |
| **Document DP6:** | Consent declaration |
|  |  |
| **Topic:** | Data protection |
|  |  |
|  |  |
| **Version:** | 2018 |
|  |  |

I hereby give my consent to the Company to process the following information:

Personal data

* [Name]
* [Date of birth]
* [Contact details, including telephone number, email address and postal address]
* [Experience, training and qualifications]
* [CV]
* [National insurance number]
* [Include any other relevant personal data]
* [Disability/health condition relevant to the role]
* [Criminal conviction]
* [Include any other relevant sensitive personal data]

I consent to the Company processing the above personal data for the following purposes:

* For the Company to provide me with work-finding services.
* For the Company to process with or transfer my personal data to their client/s in order to provide me with work-finding services. [
* For the Company to process my data on a computerised database [provided by named pro-vider] in order to provide me with work-finding services.
* [For the Company to process my data using automated decision making processes]
* [Include any other relevant purposes for processing personal data]

I also consent to the Company processing my personal data with third parties including [The REC] for the purposes of internal audits and investigations carried out on the Company to ensure that the Company is complying with all relevant laws and obligations.

The consent I give to the Company will last for [1year].

I am aware that I have the right to withdraw my consent at any time by informing the Company that I wish to do so.

**Signed by candidate / temporary worker:**

**Date:**

**Platinum Personnel Solutions (UK) Ltd.**

**Payment Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  |  | **Start Date** | | **Payroll No:** |
|  |  |  |  |  |  |
| **Address:** |  |  |  |  |  |
|  |  |  | |  |  |
| **Date of Birth:** |  | **N.I. Number:** | | |  |
| **Email Address :** |  |  |  |  |  |
|  |  | | |  |  |
| **Method of Payment** | **BACS Bac** | | |  |  |

**Bank/Building Society Name:**

**Address:**

**Name of Account Holder:**

**Account Number:**

**Sort Code:**

**Building Society Roll No:**

**I HEREBY AUTHORISE MY WAGES TO BE PAID INTO THE ABOVE ACCOUNT.**

**Signed :** **Date:**

**48 HOUR OPT OUT AGREEMENT**

* **DEFINITIONS**
  + In this Agreement the following definitions apply:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **“Agency Worker”** | means | [insert name of agency worker] | ; |  |
| **“Assignment”** | means the period during which the Agency Worker is | | | |
|  | supplied to provide services to the Client; | | | |
| **“Client”** | means the person, firm or corporate body using the | | | |
|  | services of the Agency Worker; | | | |
| **“Employment Business”** | means Platinum Personnel Solutions Uk limited | | | |
|  | registration No :05997144 Office 5 Leiston Enterprise | | | |
|  | Centre Eastland’s Industrial estate Leiston IP16 4US | | | ]; and |
| **“Working Week”** | means an average of 48 hours each week calculated over a | | | |
|  | 17-week reference period. | | | |

* + References to the singular include the plural and references to the masculine include the feminine and vice versa.
  + The headings contained in this Agreement are for convenience only and do not affect their interpretation.
* **RESTRICTION**

The Working Time Regulations 1998 provide that the Agency Worker shall not work on an Assignment with the Client in excess of the Working Week unless s/he agrees in writing that this limit should not apply.

* **CONSENT**

The Agency Worker hereby agrees that the Working Week limit shall not apply to the Assignment.

* **WITHDRAWAL OF CONSENT**
  + The Agency Worker may end this Agreement by giving the Employment Business 1 Weeks notice in writing.
  + For the avoidance of doubt, any notice bringing this Agreement to an end shall not be construed as termination by the Agency Worker of an Assignment with a Client.
  + Upon the expiry of the notice period set out in clause 4.1 the Working Week limit shall apply with immediate effect.
* **THE LAW**

This Agreement is governed by the law of [England & Wales/Scotland/ Northern Ireland] and is subject to the exclusive jurisdiction of the Courts of [England & Wales/Scotland/ Northern Ireland]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signed by the Agency Worker***

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P46: Employee without a form P45**

****

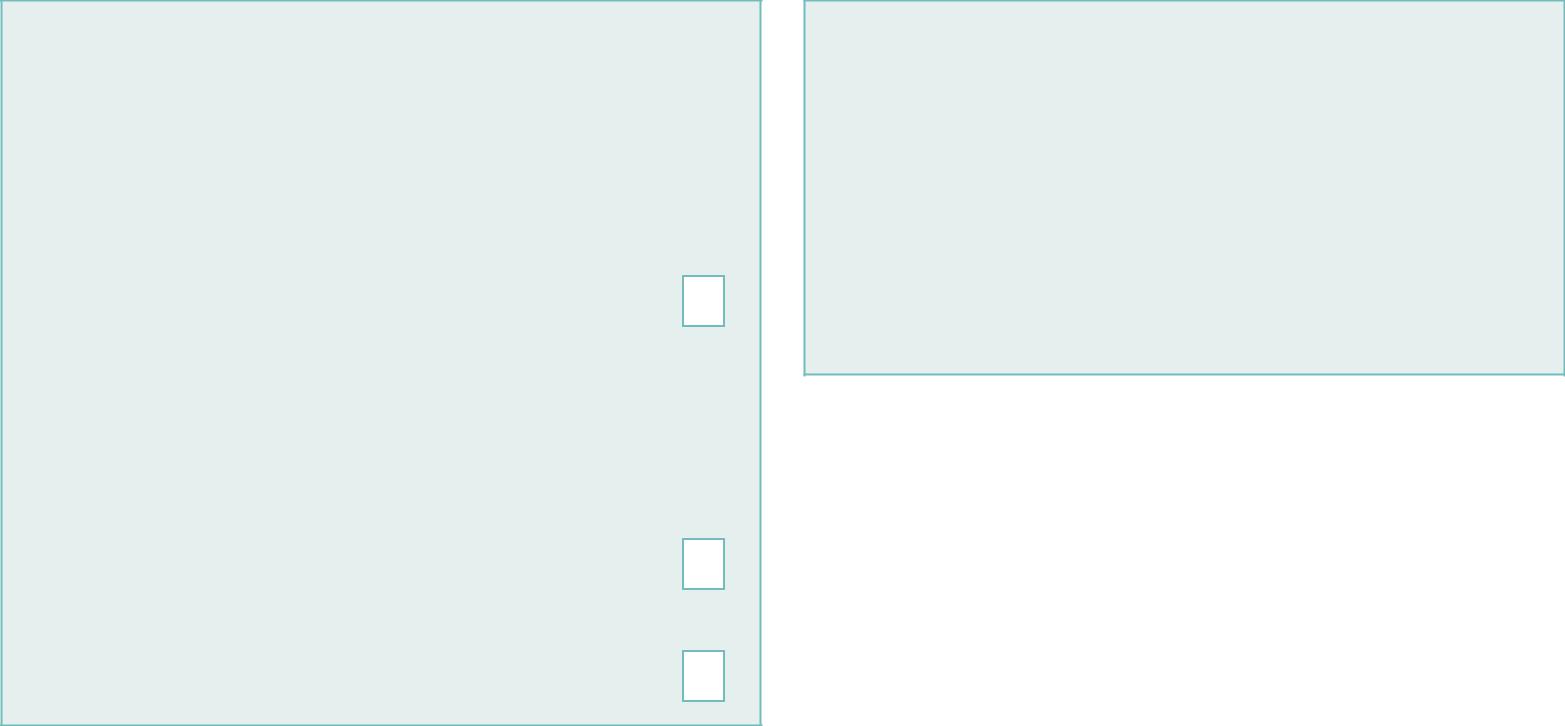
**Section one** To be completed by the employee

Your employer will need this information if you don’t have a form P45 from your previous employer. Your employer may ask you to complete this form or provide the same information in another format. If you later receive your P45, hand it to your present employer. Use capital letters when completing this form.



**Your details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth *DD MM YYYY* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *This is very important in getting your tax and benefits right* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  |  | | | | | |  |  |  | |  | | | | | |  | |  | | | |  | |  | | | | | |  | |  | | | |  | | | | | | | | | | | | | | |  | |  | |  | | | |  | | | |  | | | | | |  | |  | | | | | |  | |  | | | |  | | |  | | |  | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  |  | |  |  | | |  | | |  |  |  | |  | |  | | | |  | |  | | | |  | |  | | | | | |  | |  | | | |  | | | | | | | | | | | | | | |  | |  | |  | | | |  | | | |  | | | | | |  | |  | | | | | |  | |  | | | |  | | |  | | | | | | | | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title – *enter MR, MRS, MISS, MS or other title* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | House or flat number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | |  | | | | | | | |  | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | Rest of address including house name or flat name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | |  | | | |  | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  | |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | | | | | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  |  | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | | | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | |  | | | |  | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  | |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | | | | | | |  |  | | | |  | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | | | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  | |  | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
| First name(s) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | | | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | |  | | | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | | | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | |  |  | |  | |  | |  | | | | |  | | | |  | | | | | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | |  | | | |  | |  | | | |  | |  | | | |  | |  |  | | | |  | | | |  | |  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | | | |  | | | |  | |  | | | |  | | | | | | | |  | | | |  | |  | | |  | | | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | Postcode | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |
|  |  |  | |  | | |  | |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | | | | | | |  | | | |  | | | |  | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | |  | |  |  | |  | |  | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | | |  | | | |  | | | |  | | | |  | |  | | | | | |  | | | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Gender. Enter 'X' in the appropriate box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| Male | | |  |  |  |  |  | Female | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



**Your present circumstances**

Read all the following statements carefully and enter 'X' in **the one** box that applies to you.

**A** – This is my first job since last 6 April and

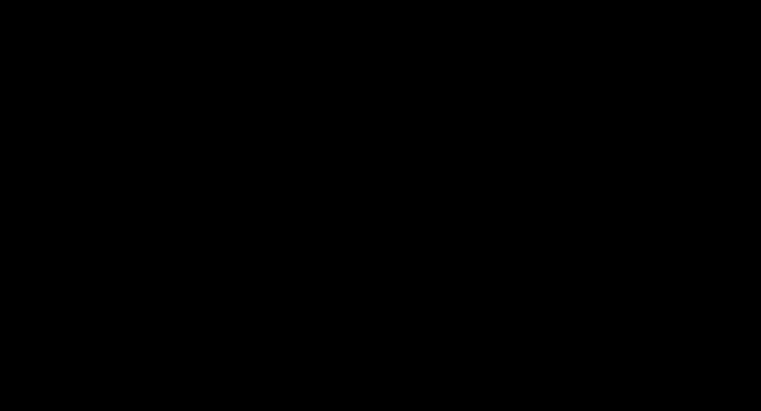
|  |  |
| --- | --- |
| **I have not** been receiving taxable Jobseeker's |  |
| Allowance, Employment and Support Allowance | |
| or taxable Incapacity Benefit or a state or |  |
| A |
| occupational pension. |
|  |
| OR |  |
| **B** – This is now my only job, but since last 6 April |  |
| **I have**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

**Student Loans (advanced in the UK)**

If you left a course of UK Higher Education before last 6 April and received your first UK Student Loan instalment on or after 1 September 1998 and you have not fully repaid your Student Loan, enter 'X' in box D.

*(Do* ***not*** *enter ‘X’ in box D if you are repaying your UK*

|  |  |  |  |
| --- | --- | --- | --- |
| *Student Loan by agreement with the UK Student Loans* | | | |
| *Company to make monthly payments through* |  |  |  |
| D |  |  |
| *your bank or building society account.)* |  |  |
|  |  |  |



**Signature and date**

I confirm that this information is correct

Signature

Date *DD MM YYYY*

2  0 

P46 HMRC 01/11

**Section two** To be completed by the employer

Almost all employers must file employee starter information online at **www.hmrc.gov.uk/online**

Guidance for employers who must file online can be found at **www.businesslink.gov.uk/payingnewemployees**

Employers exempt from filing online should send this form to their HM Revenue & Customs office on the first payday. Guidance can be found in the E13 *Employer Helpbook Day to day payroll.*

**

**Employee's details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date employment started *DD MM YYYY* | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | Works/payroll number and department or branch (if any) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Job title | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**Employer's details**

Employer PAYE reference Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Office number Reference number* | | | | | | | | | | | | | | | | | | | | | | Building number | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employer name | | | | | | | | | | | | | | | | | | | | | | Rest of address | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Postcode | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**Tax code used**

If you do not know the tax code to use or the current National Insurance contributions (NICs)

lower earnings limit, go to **www.businesslink.gov.uk/payeratesandthresholds**

Enter 'X' in the appropriate box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Box A** |  |  |  | **Tax code used** |
| A |  |  |
| Emergency code on a **cumulative** basis |  |  | If Week 1 or |
|  |  |  |
|  |  |  |  |
| **Box B** |  |  |  | Month 1 applies, |
|  |  |  | enter 'X' in this box |
| Emergency code on a **non-cumulative** |  |  |  |
|  |  |  |  |
| B |  |  |  |
| Week 1/Month 1 basis |  |  |  |
|  |  |  |  |
| **Box C** |  |  |  |  |
| Code BR unless employee fails to |  |  |  |  |
| complete section one then code 0T |  |  |  |  |
| C |  |  |  |
| Week 1/Month 1 basis |  |  |  |
|  |  |  |  |

For employees who complete Box A or Box B starter notification is not needed until their earnings reach the NICs lower earnings limit.