**PAGE 1: To be completed by: the Manager of the Occasional Employee**

**PAGE 2: To be completed by: the Occasional Employee**

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| --- | --- | --- | --- | --- |
| **1. School / Unit Details** | | | | |
| **Faculty / Division** | FAHSS | | **School / Unit** | **Trinity Long Room Hub** |
| **Cost Centre** | 1290 | | **Manager’s name** | **Eva Muhlhause** |
| **Project Code** (GL activity code and Source of Funds) | | 9030480-1113 | | |

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| **2. What is the purpose of the work:**   |  |  | | --- | --- | | Teaching |  | | Tutorials |  | | Demonstration |  | | Essay/Script marking |  | | Sports |  | | Administrative |  | | Technical |  | | Science Gallery |  | | Invigilation |  | | Catering/ Hospitality/ Housekeeping |  | | Research | **x** | | **3. Why the work is required on an Occasional Employment basis**   |  |  | | --- | --- | | Technical/Specialist expertise |  | | Provision of industry/professional expertise |  | | One-off short-term project-based task | **x** | | Cover for absence of staff member |  | | Cover or partial cover for buy-out hours |  | | Seasonal short-term work: Buildings & Services |  | | Activities to support a specific annual or one-off event |  | | Cyclical work related to Exams, Assessments, Graduation, Registration |  | |  |  | |
| **4. Expected duration of employment:**   |  |  | | --- | --- | | **Dates: provide start & finish dates** | | | Start date | 13 December 2021 | | End date | 31 January 2021 |   **5. Expected Working Pattern:**   |  | | --- | | **Hours per Week (estimated) and number of weeks** | | 1/3 per week | | **6. Rate of Pay**  Standard rates of pay apply for Occasional work based on the nature of the work as outlined in Section 2.  If a rate for the job is required, provide rate and rationale below   |  | | --- | | Research Assistant (point 1)  Paid on submission of approved pay claim forms | |

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| **7. Employee Details** | |  | |  | |
| Name of Employee | Daniel Dempsey | | Staff ID or PPS number | | **8105494i** |

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| I have verified the appointee is suitably qualified for the role and have verified supporting documentation or qualifications. | | | |  |
| I have checked the appointee is eligible to work in Trinity College for the nature and duration of the assignment. | | | |  |
| I confirm that this role: *Does not require Garda Vetting,* Or,  *This role requires Garda Vetting and the appointee has been vetted prior to commencing* | | | |  |
| Signature of Line Manager | Valentina Colasanti | Date: | 13 December 2021 | |

**PAGE 2: To be completed by: the Occasional Employee**

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| **Personal Details** | |  |  |
| **PPS No** | **8105494i** | **PRSI Class** | **A** |
| **Title**  (Mr, Mrs, Dr etc.) | **Mr** | **Name & Surname** | **Daniel Dempsey** |
| **Date of Birth** | **16/08/1992** | **Gender[[1]](#footnote-2)** | **Male** |

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| --- | --- | --- | --- |
| **Contact Details** |  |  |  |
| **Home Address** | **50B Leinster Road, Rathmines, Dublin 6** | | |
| **Contact Number** | **0871302036** | **Email Address** | **dempsed1@tcd.ie** |

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| **Bank Details** |  | |  |  |
| **Bank Name & Address** | | **AIB, 23/24 Main St, Arklow, Co. Wicklow, Y14 V489** | | |
| **Bank A/c Holder Name** | | **Daniel Dempsey** | | |
| **BIC No.** | | **AIBKIE2D** | | |
| **IBAN** | | **IE77AIBK93302334648084** | | |

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| --- | --- | --- | --- |
| **Previous Employment with Trinity College** |  | |  |
| Are you now or were you previously employed by Trinity College | | Yes | |
| **If Yes**, please provide your previous staff number, if known | | **18202420** | |

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| --- | --- |
| **Nationality** |  |
| **NB :** If you are a non-EU/EEA citizen, please include a copy of your GNIB card showing the current stamp you hold. |  |

**Declaration:** I confirm that the above information is accurate and correct on the date indicated below. I undertake to notify HR of any changes to this information by completing the relevant form. I undertake to comply with all the University’s published Policies and Procedures.

Signature of Employee: \_\_\_Daniel Dempsey\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_19/12/2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send completed form (parts 1 and 2) to:** Local Administrator / School Admin Manager, or other designated co-ordinator

1. Required for the University’s gender equality report [↑](#footnote-ref-2)