

## STAFF RECORD FORM

## **IMPORTANT NOTE**

The information you provide on this form will be used as the basis for your electronic employee record. This information will be available within the Temporary Staffing Service, Human Resources and Finance Offices.

The system also feeds a number of other University corporate information systems. This means that you will not be able to access certain University facilities (such as e-mail or the Library) or obtain a University identity card (*U*Card) until this form has been returned and your details have been entered into the system.

Please also note that your salary details cannot be processed, and we cannot therefore arrange for you to be paid, until the relevant financial details have been provided and this form has been returned to the TSS team.

Some of the information requested on this form is required by the Higher Education Statistics Agency (HESA), which collects data from all universities regarding their staff. Staff are only known to HESA by a code number allocated by their first University employer. If you are a member of staff moving to Bristol from employment in another UK university, we would be very grateful if you could ask your former HR department for your HESA number and include this information here.

We are obliged under the Data Protection Act to maintain employee records as accurately as possible. We can only do this with your co-operation. Please therefore ensure that you notify us of any changes to the information you provide on this form. For more information regarding how your personal data will be used by the University, please see: http://www.bristol.ac.uk/secretary/data-protection/policy/staff-processing-notice/

Thank you for your co-operation

Temporary Staffing Service (TSS)

PAY GROUP: 01 CASUA	L						
Title	Surname First Name:						
	(Family Name):		(in full)				
Middle Name/s:	1 1						
Preferred First Name: (if different)	Previous Surname: (if applicable)						
National Insurance Nur	mber (NI):						
If you do not currently h	ave a NI number, pleas	e refer to the fol	owing website for inform	mation on how to obtain			
one: https://www.gov.uk/na	tional incurance numb	or					
Once you have obtained			the TSS Team at tss-ma	il@bristol.ac.uk			
Date of Birth: dd/mm/yy		Nationalit		Legal Gender: (please tick)			
				☐ Female ☐ Male			
HOME ADDRESS							
Address:							
Telephone:							
Mobile:							
Email:							
	EMERGENCY CONTACT						
Please give below the name, address, and telephone numbers of a next of kin or close friend who you would wish to be contacted in the event of your illness or other emergency at work:							
_		•		e friend who you would			
•		•	gency at work:	e friend who you would			
wish to be contacted in Name:	the event of your illne	Address	rgency at work:	·			
wish to be contacted in	the event of your illne	Address	rgency at work:	e friend who you would			
wish to be contacted in Name:  Emergency contact's re (please tick)  □ Family member	the event of your illne	Address Telepho	rgency at work:				
wish to be contacted in Name:  Emergency contact's re (please tick)	the event of your illne	Address Telepho	rgency at work:				
wish to be contacted in Name:  Emergency contact's re (please tick)  □ Family member	the event of your illne	Address Telepho	rgency at work:				
wish to be contacted in Name:  Emergency contact's re (please tick)	the event of your illne	Address Telepho Mobile	rgency at work:				
wish to be contacted in Name:  Emergency contact's re (please tick)  Family member  Partner Other  PREVIOUS ASSOCIATIO  Have you had any association	the event of your illne lationship to you:	Address Telepho Mobile	rgency at work:				
wish to be contacted in Name:  Emergency contact's re (please tick)  Family member Partner Other  PREVIOUS ASSOCIATIO	Interest of your illness lationship to you:  N WITH THE UNIVERSITE  iation (e.g. staff, studen	Telepho Mobile	ersity of Bristol since Jul	y 2002?			
wish to be contacted in Name:  Emergency contact's re (please tick)  Family member  Partner Other  PREVIOUS ASSOCIATIO  Have you had any assoc (please tick)	Interest of your illness lationship to you:  N WITH THE UNIVERSITE  iation (e.g. staff, studen	Telepho Mobile	ersity of Bristol since Jul	y 2002?			
wish to be contacted in Name:  Emergency contact's re (please tick)  Family member  Partner Other  PREVIOUS ASSOCIATIO  Have you had any assoc (please tick)  If yes, please give brief	Ithe event of your illness lationship to you:  N WITH THE UNIVERSITATION (e.g. staff, studer details, including your L	Telepho Mobile	ersity of Bristol since Jul	y 2002?			
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wish to be contacted in Name:  Emergency contact's re (please tick)  Family member  Partner Other  PREVIOUS ASSOCIATIO  Have you had any assoc (please tick)  If yes, please give brief	In the event of your illness lationship to you:  N WITH THE UNIVERSITE in the interest of the	Address Telepho Mobile  TY  Int) with the Univ	ersity of Bristol since Jul	y 2002?			
wish to be contacted in Name:  Emergency contact's re (please tick)  Family member  Partner Other  PREVIOUS ASSOCIATIO  Have you had any assoc (please tick)  If yes, please give brief of the contact of	In the event of your illness lationship to you:  N WITH THE UNIVERSITY in the interest of the	Address Telepho Mobile  TY  Int) with the University of Briss  Higher Education	ersity of Bristol since Jul col username (if known):	y 2002?			
wish to be contacted in Name:  Emergency contact's re (please tick)  Family member  Partner  Other  PREVIOUS ASSOCIATIO  Have you had any assoc (please tick)  If yes, please give brief of the contact of the plant	In the event of your illness lationship to you:  N WITH THE UNIVERSITATION (e.g. staff, studer details, including your Leaders) with the complex lation is requested for the sly been employed by a	Address Telepho Mobile  TY  Int) with the University of Briss  Higher Education	ersity of Bristol since Jul col username (if known):	y 2002?			

Job title:								
HESA number (if know	wn):	ı	Date you lef	t the institution:				
What was your employment status immediately prior to commencing employment with the University of  Bristol? (please tick)  In regular employment  Not in regular employment  Student  If you were in regular employment or a student immediately prior to commencing employment with the University								
of Bristol, please supply details below:								
Name of previous employer or place of study:			Type of business / employment: (please tick)  Higher Education (publicly funded ) □ 01					
				□ 01				
			er Education	□ 02				
			r education ( ution)	□ 03				
		Resea	arch Institute	e (publicly funded)	□ 18 / 19			
		Resea	arch Institute	e (privately funded)	□ 16 / 17			
Location of previous	employer or place of	Stude	ent		□ 07/08			
study: (please tick)		Healt NHS)	Health service (medical or dental, including NHS)		ng 🗆 09 / 10			
□ UK		Othe	r public secto	or	□ 11			
□ Non-UK		Priva	Private industry / commerce		□ 12			
		Self-e	mployed		□ 13			
				(including charity and n	ot for			
			profit) 23					
QUALIFICATIONS								
What is your highest	level of qualification? (	olease tick o	ne only)					
Doctorate		□ 01	Diploma o	f HE	□ 21			
Other higher degree		□ 02	HND/HNC		□ 22			
PGCE		□ 03	Other und	lergraduate qualificatio nal)	n (including 🔲 29			
Other Postgraduate q professional)	her Postgraduate qualification (including ofessional)		A level, Scottish Higher or equivalent   3		lent □ 31			
First Degree		□ 11	11 O level/GCSE or equivalent   32		□ 32			
First degree with Qua	lified Teacher Status	□ 12	·		□ 97			
Other qualifications a (including professiona	-	□ 19	No qualifi	cations	□ 98			
Please give below details of degrees/other equivalent educational or professional qualifications or distinctions:								
Letters of	Qualification Type	Subject		Year Awarded	Awarding			
Qualification (e.g. PhD, BSc)	(e.g. Doctorate)				Organisation			
Other Qualifications:	<u> </u>			<u> </u>				

For HR use only							
Name:	RESNO:						
	<b>'</b>						
FINANCIAL DETAILS							
Information for HM Revenue and C	Customs for UK tax purpose	s:					
When you start in this new positio	on at the University, which st	atement would be most releva	ant to you?				
Please tick one of the following state			•				
☐ A: This is the only work you have done in the UK since last 6 April and you do not receive a taxable state pension benefit or money from a pension							
☐ <b>B:</b> This is your only job now ar	nd you have received money s	ince 6 April that has now stoppe	od For example:				
Work done for a previous	•	moc o April that has now stoppe	d. Tor example.				
Income from a taxable s	• •						
Money for any type of p							
	d you receive any of the follow	ina:					
Money from another em	•	3					
Money from any type of	• •						
Student loan indicator (For further		lent Loans go to www.gov.uk/ne	w_employee/student-loans):				
Have you left a course of UK higher	education before last 6 April?		□ Yes □ No				
Complete the following if you have Company by agreed monthly payn		t fully repaid, and you are not	repaying the Student Loan				
Tick Plan 1, if you lived in Scotland		started your course OR, England	d or Wales				
and you started your course before S			□ Plan 1				
Tick Plan 2, if you lived in England of	or Wales and you started your	course on or after 1 September	2012 □ Plan 2				
Bank/Building Society account to	which payment of salary is t						
Bank/Building Society Name:		Sort Code Number:					
		Duilding Cociety Bell No.					
Account Number:		Building Society Roll No: (if applicable)					
Paraisa Calcana information							
Pension Scheme information:							
I am a present member of (Please ti	ick): I am a past member		nember, please enter the you left the scheme:				
☐ University of Bristol Group Pen	· ·		, ou ion and comonic				
Plan (UBGPP)	Pension Plan (U	Pension Plan (UBGPP)					
☐ Universities Superannuation Scheme (USS)	☐ Universities Sup Scheme (USS)	erannuation					
<ul> <li>University of Bristol Pension an Assurance Scheme (UBPAS)</li> </ul>	nd University of Bris Assurance Sche						
□ NHS Pension Scheme	□ NHS Pension S	cheme					
DECLARATION							
DECLARATION							
I certify that the details provided in this form are, to the best of my knowledge, correct.  I consent to the University holding and using the information provided for the purposes of the administration of my employment in compliance with the Data Protection Act 1998.							
Further information about the Data Protection Act is available at: <a href="https://www.bristol.ac.uk/secretary/dataprotection">www.bristol.ac.uk/secretary/dataprotection</a>							
Signed:							