

# STAFF ENGAGEMENT FORM

TO BE COMPLETED BY THE EMPLOYEE, SEE GLOSSARY FOR CODE DESCRIPTORS

<b>Section 1.</b>		<b>Home Address:</b> 144 Tulloch terrace
<b>Title: or Other (please state):</b> Mrs		
<b>Forename:</b> Oluwatosin		
<b>Known As:</b> Tosin	<b>Middle Names</b>	
<b>Surname</b> Ogunkuade Toby		<b>Post Code:</b> PH1 2PP
<b>Previous Surname</b> *If applicable		<b>Telephone Number:</b> 07552834534
<b>NI Number :</b> TK221194C		<b>Date of Birth:</b> 01/12/1998

## Section 2.

<b>Contact Address (if different from above)</b>				
			<b>Post Code</b>	<b>Tel.</b>
<b>Next of Kin Details</b>	<b>Forename:</b> ADOKIYE	<b>Surname:</b> TOBY	<b>Relationship:</b> HUSBAND	<b>Tel.:</b> 07570258922
<b>Address:</b> 144 Tulloch terrace			<b>Post Code:</b> PH1 2PP	
<b>Emergency Contact</b>	<b>Forename</b>	<b>Surname</b>	<b>Relationship</b>	<b>Tel.</b>
<b>Address</b>			<b>Post Code</b>	

## Section 3.

<b>Bank/Building Society:</b> Bank of Scotland	<b>Sort Code:</b> 804609
<b>Address:</b> Murrygate Dundee	<b>Account No:</b> 12084863

## Section 4.

<b>NHS Pension – Are you currently in receipt of an NHS pension ?</b> N
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## Section 5. (If necessary please attach a separate sheet)

<b>Do you hold any other non NHS employment?</b> N	<b>Total no. of regular hours in other employment per week:</b> 0
<b>If yes – Name and address of other non NHS employer*</b>	

## Section 6.

<b>Enclosures (please mark all that apply)</b>	<b>P45</b> <input type="checkbox"/>	<b>P46/HMRC Starter Checklist</b>
		<b>Statement A</b> <input checked="" type="checkbox"/> <b>Statement B</b> <input type="checkbox"/> <b>Statement C</b> <input type="checkbox"/> <b>Statement D</b> <input type="checkbox"/>

## Section 7. Equal Opportunity Information (please refer to Guidance Staff Engagement Form - Employee for codes)

<b>Marital Status :</b> 2	<b>Gender:</b> F	<b>Do you consider yourself to be transgender ?</b> N	<b>Sexual orientation:</b> 3	<b>Do you consider yourself disabled?</b> N
<b>Country recruited from:</b> 1	<b>Recruitment method:</b> N	<b>Entry source:</b> A	<b>Ethnic group:</b> D2	<b>Religion :</b> H
<b>Work permit expiry date:</b> 05/03/2029		<b>Are you a member of a Public Body?</b> N		
<b>Residency status expiry date:</b> 05/03/2029		<b>Are you a Veteran/Retained/Reserve Services member?</b> N		

## Section 8. Registration Details (If necessary please attach a separate sheet). Refer to Employee Glossary for details of Codes to be used

<b>Body</b>		<b>Reg No</b>		<b>Type</b>		<b>Part(s) of Register</b>		<b>Renewal date</b>	
<b>Body</b>		<b>Reg No</b>		<b>Type</b>		<b>Part(s) of Register</b>		<b>Renewal date</b>	

## Section 9. Professional Qualifications (If necessary please attach a separate sheet)

<b>Title</b>	<b>Country obtained</b>	<b>Year obtained</b>

## Section 10. Details of previous NHS Service and/or Local Authority experience (if necessary please attach a separate sheet)

<b>Place of Employment</b>	<b>Grade/Band</b>	<b>From</b>	<b>To</b>
<b>NHS Stayside (Healthcare support worker)</b>	<b>Band 3</b>	<b>08/2024</b>	<b>02/2025</b>

The information that you have provided will be used for employment purposes & where necessary to comply with legal obligations. The purpose of holding this information is for administration in employment & pay amendments, superannuation, workforce management/planning & other personal matters in relation to your employment. Any requests for information will only be processed with your consent (e.g. mortgage applications etc.). Your information will be held securely in a national database which will be accessed at a local, regional & national level to meet the requirements outlined above. Your manager may also hold information within your department. There will be no unauthorised access.

## Section 11. Employee declaration. I certify that the information is correct and understand that it is my responsibility to notify my employer of any alterations without delay

<b>Signature of Employee</b>	<b>OLUWATOSIN OGUNKUADE TOBY</b>
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Date 13/05/2025

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## Section 12.

<b>Employing Organisation:</b>											
<b>Division/CHP:</b>						<b>Department:</b>					
<b>Main Location:</b>											
<b>Financial Code:</b>							<b>Group Code/Paypoint:</b>				

## Section 13.

<b>Payscale/Band:</b>						<b>Scale/Band Point:</b>		<b>Salary:</b>		<b>Trainee %:</b>		<b>Start Date:</b> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> <span></span> <span></span> <span></span> </div>									
<b>Local Job Title:</b>								<b>Post Descriptor:</b>													
<b>High Level Service Area:</b>								<b>Service Area:</b>													
<b>Whole Time/Part Time/Bank:</b>				<b>Contracted Hours:</b>								<b>Payment Frequency:</b> <b>Weekly / Monthly</b>									
<b>Contract Type:</b>			<b>Reason for Fixed Term Contract:</b>					<b>End Date of Contract:</b>													

### Section 14. Medical Staff only

Extra Programmed Activities (EPAs):	EPAs Effective date:							Incremental date:						
Availability Supplement Level:	Availability Supp Frequency:							Availability Supplement %:						
Jun. Doctors out of hours:	Jun. Doctors out of hours (prot):							Effective date:						

## Section 16. Signed on behalf of the Employer

<b>Authorised Signature:</b>	<b>Designation:</b>	<b>Name in Block Capitals:</b>	<b>Date:</b>

## Section 17. Pay Department Use

Processed by:	Date:							
Checked by:	Date:							

Period Actioned: (eg.W/M00)			
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[illegible]

# STAFF ENGAGEMENT FORM EMPLOYEE INFORMATION GLOSSARY

## Equal Opportunity Information (Staff Engagement Form Section 7)

### Marital Status

Code	Description
1	Divorced
2	Married
3	Single
4	Widowed
5	Civil Partnership
6	Dissolved Civil Partnership

### Gender

Code	Description
M	Male
F	Female

### Disabled

Code	Description
Y	Yes
N	No
X	Prefer Not to Say

### Transgender

Code	Description
Y	Yes
N	No
X	Prefer Not to Say

### Sexual Orientation

Code	Description
1	Bisexual
2	Gay
3	Heterosexual
4	Lesbian
5	Other
X	Prefer Not to Say

### Religion

Code	Description
A	Buddhist
B	Church of Scotland
C	Hindu
D	Jewish
E	Muslim
F	Roman Catholic
G	Sikh
H	Christian -Other
JI	Other
J	No Religion
X	Prefer Not to Say

### Ethnic Origin

Code	Description
A1	White - Scottish
A2	White - Other British
A3	White - Irish
A4	White - Other
A5	White - Gypsy Traveller
A6	White - Polish
B1	Mixed or Multiple Ethnic Group
C1	Asian - Indian
C2	Asian - Pakistani
C3	Asian - Bangladeshi
C4	Asian - Chinese
C5	Asian - Other
D1	Caribbean or Black - Caribbean
D2	African or Black - African
D3	Caribbean or Black - Other
D4	Caribbean or Black - Black
D5	African - Other
E1	Other Ethnic Group - Other
E2	Other Ethnic Group - Arab
XX	Prefer Not to Say

## Recruitment Information (Staff Engagement Form Section 7)

### Country Recruited From

Code	Description
1	Scotland
2	England
3	Wales
4	Northern Ireland
5	Republic of Ireland
6	Europe EEA
7	Europe non EEA
8	Rest of World

### Recruitment Method

Code	Description
A	Professional Journal
B	Other Spec Journal
C	Press
D	Vacancy Bulletin
E	Email
F	Internet
G	Job Centre
H	Job Forum
J	Open Day
K	Word of Mouth
L	Speculative Approach
M	Other Method
N	NHS Net

### Entry Source

Code	Description
A	NHS Scotland
B	NHS Rest of UK
C	Private Health Organisation
D	Social Care Statutory
E	Social Care Private/Voluntary
F	General Practice
G	Prison Service
H	Armed Forces
J	Education Sector
K	Other Public Sector
L	Other Private Sector
M	Self Employed
N	Abroad -EEA
P	Abroad -non EEA
R	Initial Education/Training
S	Further Education/Training
T	Re-employed Pensioner
U	No Employment
V	NHS Scotland Training Scheme

## Professional Registration Information (Staff Engagement Form Section 8)

### Registering Body

Code	Description
GCC	General Chiropractic Council
GDC	General Dental Council
GMC	General Medical Council
GOC	General Optical Council
GPC	General Pharmaceutical Council
HPC	Health Professions Council
NMC	Nursing & Midwifery Council
SSC	Scottish Social Services Council

### Registration Type (Medical Staff Only)

Code	Description
F	Full
P	Provisional
S	Full with Specialist Registration

### Registration Parts (GDC)

Code	Register Part	Code	Register Part
CDT	Clinical Dental Technician	DTH	Dental Therapist
DHY	Dental Hygienist	DEN	Dentist
DNU	Dental Nurse	OTH	Orthodontic Therapist
DTE	Dental Technician		

## Instructions for employers

This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to keep the information recorded on the Starter Checklist record for the current and previous three tax years.

**Do not send this form to HM Revenue and Customs (HMRC).**

## Instructions for employees

As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.

**Do not send this form to HMRC.**

### Employee's personal details

**1 Last name**

OGUNKUADE TOBY

**2 First name(s)**

Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth

OLUWATOSIN

**5 Home address**

144 Tulloch terrace

Postcode PH1 2PP

Country UNITED KINGDOM

**3 Are you male or female?**

Male

☐

Female

☒

**6 National Insurance number (if known)**

T K 2 2 1 1 9 4 C

**7 Start Date**

1 0 0 6 2 0 2 5

**4 Date of birth DD MM YYYY**

0 1 1 2 1 9 9 8

### Employee statement

**8 You need to select only one of the following statements A, B or C**

☒

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

☐

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

☐

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

Student Loan

9

Do you have a Student Loan which is not fully repaid?

Yes

If yes, go to question 10

☐

No

If no, go to question 12

☐

10

Are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments?

Yes

If yes, go to question 12

☐

No

If no, go to question 11

☐

Student Loan Plans

You will have a Plan 1 Student Loan if:

- You lived in Scotland or Northern Ireland when you started your course, or
- You lived in England or Wales and started your course before September 2012

You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012.

For further guidance about repaying Student Loans go to [www.gov.uk/new-employee/student-loans](http://www.gov.uk/new-employee/student-loans)

11

What type of Student Loan do you have?

Plan 1

☐

Plan 2

☐

12

Did you finish your studies before the last 6 April?

Yes

☒

No

☐

Signature

OLUWATOSIN OGUNKUADE TOBY

Name

OLUWATOSIN OGUNKUADE TOBY

Date DD MM YYYY

1	3	0	5	2	0	2	5
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