

NEW EMPLOYEE DETAILS FORM



ADRIAN MOOY & Co
Chartered Certified Accountants
01332 202660 adrianmooy.com
61 FRIAR GATE DERBY DE1 1DJ

Employer Name:	
-----------------------	--

Please complete **ALL SECTIONS** of the form **IN FULL**. Please sign, date and return the completed form to me before the next pay date. **If there are any changes during the year to any of the details you must notify us immediately.**

Apprenticeship: Are you being employed under a Qualified Apprenticeship Contract? (please circle) Yes / No If yes, when does the contract end? / /

New Employee Personal Details (Items marked * are compulsory)

Title (please circle) *:	Mr / Mrs / Miss / Ms	Date of Birth (dd/mm/yyyy) *:	/ /
Surname *:		National Insurance (NI) Number *:	
First Name *:		Passport Number (only if no NI number) :	
Middle Name(s) *:		Marital Status? (please circle):	Single / Married / Divorced / Widowed / Civil Partnership / Other
Gender (please circle) *:	Male / Female	Disabled? (please circle):	Yes / No
Full Home Address *:	Line 1 Line 2 Line 3 Line 4	Nationality:	
Post Code *:		Telephone Number:	
Is employee in the Government Welfare To Work Programme? *:	Yes / No	Email Address:	

Employment Details (Items marked * are compulsory)

Start Date *:	/ /	Current Normal Hours Per Week (Please tick one box) *:	Up to 15.99 hours ☐
Director? * (please circle) :	Yes / No		16 to 23.99 hours ☐
Payment Method (please circle) :	BACS / CASH / CHEQUE / BANK TRANSFER		24 to 29.99 hours ☐
Pay Frequency (please circle)	Weekly / Monthly		30 hours or more ☐
			Other ₁ ☐
Bank Sortcode :		₁ Pensioners, No Set Hours or Zero Hours Staff	
Bank Account Number:		Annual Salary:	N/A ☐ £
Bank Name:		Hourly Rate:	N/A ☐ £
		Overtime Hourly Rate:	N/A ☐ £
		Job Title:	

Pension Details (Where under Pension Auto Enrolment) Tick if not applicable ☐

Worker Postponement (please circle)	Yes / No	Contribution Level	
	If Yes, date postponed to: / /	(enter amount or percentage if different to statutory minimum)	

New Starter Information

EITHER	Provide form P45 from previous employer and ignore the next questions.	Tick to indicate P45 attached: ☐
OR	Tick 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 or a State Pension 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 Pension or Occupational Pension.	
☐	C - As well as my new job, I have another job or receive a State Pension or Occupational Pension.	

STUDENT LOAN INFORMATION

Q1	Do you have Student Loan which is not fully paid?	Yes ☐	No ☐
Q2	Are you paying your student loan direct to the Student Loans Company by agreed monthly instalments?	Yes ☐	No ☐
Q3	What type of student plan do you have?	Plan 1 ☐	Plan 2 ☐
		Plan 4 ☐	Plan 5 ☐
		Postgraduate ☐	

You have Plan 1 if any of the following apply: • you lived in Northern Ireland when you started your course
• you lived in England or Wales and started your course before 1 September 2012.
You have Plan 2 if you lived in England or Wales and started your course on or after 1 September 2012.
You have Plan 4 if you lived in Scotland and applied through the Students Award Agency Scotland (SAAS) when you started your course.
Plan 5 Commencing on or after 6 April 2026.
You have a postgraduate loan if any of the following apply: • you lived in England and started your postgraduate master's course on or after 1 August 2016 • you lived in Wales and started your postgraduate master's course on or after 1 August 2017
• you lived in England or Wales and started your postgraduate doctoral course on or after 1 August 2018.
For more information about the type of loan you have or to check your balance, go to www.gov.uk/sign-in-to-manage-your-student-loan-balance

I declare that the information given on this form is correct and complete to the best of my knowledge and belief.

Employee Signature:		Employer Signature	
Date:	/ /	Date:	/ /