

Forenames:		DOB:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname:		Marital Status:	
Title:		National Insurance No:	
Address:		Home Telephone:	
		Mobile Number:	
		Email:	
Postcode:			

Next of Kin:

Address (if different from above):

BANK DETAILS	
Bank Name:	Account Number:
Address:	Sort Code:
	Account Name:
PENSION CONTRIBUTIONS	
<p>All employees are eligible to join a pension scheme however the choice of scheme is dependent on your contract. For lecturing posts the relevant scheme will be Teachers pension. For all other contracts the relevant pension scheme will be Local Government.</p> <p>Please tick the appropriate box:</p> <p>Teachers Pension Scheme <input type="checkbox"/></p> <p>OR <input type="checkbox"/></p> <p>Local Government Pension Scheme <input type="checkbox"/></p> <p>Please note that entry into the pension scheme is automatic.</p> <p>If you do not wish to join the pension scheme you will need to complete an 'opt-out' form.</p>	
EMPLOYEE DECLARATION AND PRIVACY NOTICE	

Using your Personal Information.

The University will process your personal information (including photographic information) out of necessity for the performance of the employment contract. Additionally, processing may be undertaken out of necessity for compliance with a legal obligation to which the University is subject (such as pensions and tax administration). The University will process your sensitive personal data (also known as special category data) as it is necessary to do so for the purposes of carrying out obligations and exercising specific rights in relation to employment and social security law.

Personal information or sensitive personal data that you supply to the University may be used in a number of ways (this list is non-exhaustive), for example;

- To administer staff development and training opportunities
- To assist in providing occupational health services
- To administer financial aspects of your employment
- To manage University facilities and resources
- To monitor equalities procedures and compliance
- To ensure safety and security of people and possessions
- For disciplinary purposes
- To administer sickness absence procedures and leave procedures
- To administer the employment relationship
- For conducting staff surveys
- For the purposes of information security

We may share your information with other departments in the University to carry out the purposes listed above.

Your personal information or sensitive personal data may be shared with third parties with your consent, where disclosure without your consent is required or permitted by law or where the University instructs or works with a third party for the purposes listed above. Your information will not be shared externally for marketing purposes.

The University may use automated profiling of personal information for the purposes of improving services or signposting events and opportunities which may be of interest to you.

Your personal information and sensitive personal data will be retained by the University for the period specified in the [Records Retention Guidelines](#). You may exercise your rights as a data subject (such as the right to access your personal data, the right to rectify inaccurate information, the right to erasure or the right to withdraw your consent to processing where that is the legal basis for processing your data etc) by contacting the Data Protection Officer at any time dpo@harper-adams.ac.uk.

For further information about how your data is processed by the University, please view the [Layered Notice](#) and [Data Protection Policy](#). The [complaints procedure](#) for Data Protection and Freedom of Information can also be found on the University website or by contacting the Data Protection Officer.

I declare that to the best of my knowledge and belief the information I have given is correct.

Employee Signature:..... **Date:**.....

EMPLOYMENT DETAILS (To be completed by an HR Officer)

Job Title:	Department:	Pay Type: Monthly
Start Date:	Rate of Pay:	Salary Point:
Status: Permanent Temporary Expected Duration _____ Weeks Fixed Term Contract Term _____ Months /Years		Hours: Contracted Hours per day / week: _____ Days worked: _____ Term Time Only? Yes No
CONTINUES OVERLEAF		

For Office Use Only:

	Yes	No	
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Payroll Number for Time & Attendance Users ONLY: _____

Human Resources Authority: _____

Date: _____

Payment will not be processed unless this form is completed in full and authorised