

# TUPE Transfer Personal Details- Substantive

## Personal Details

Please  
Attach  
Photo  
Here

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Maiden/Previous Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

National Insurance Number:

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Male  Female

Nationality: \_\_\_\_\_

## Proof of ID + Colour Photocopy

- Valid Passport (any nationality)/Expired UK Passport + valid Visa or Work Permit (if applicable) All Visas must be in a Valid Passport.
- Valid Photo Identity Card (EU Countries only)  
**OR (for full UK Nationals ONLY)**
- Full UK Birth Certificate (giving parents names)
- Certified evidence of name change if the surname is different to the Birth Certificate, e.g. Marriage Certificate, Change of Name Deed.

- Evidence of Professional Registration – (if applicable) + copy
- Trust Payslip – dated within the last 3 months + copy

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## Bank Details

Bank/Building Society: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Bank/Building Society Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Are these your current bank details held with Trust  Yes  No

## NHS Pension – please read all statements and tick the most appropriate to you

I am a member of the NHS Pension Scheme and wish to continue to contribute to the scheme through my engagement with NHS Professionals.

I have a personal contract with NHS Pensions to pay additional voluntary contributions with NHS Pensions, I will provide details once contacted by the NHSP Pension Team.

I would contribute to the NHS Pension Scheme through my engagement with NHS Professionals but I hold a full time 37½hour per week post with the Trust and contribute to the NHS Pension in that post, I am therefore ineligible to contribute further at this time.

I did not contribute on my bank work prior to transfer and do not wish to contribute to the NHS Pension Scheme through my engagement with NHS Professionals.

I am already in receipt of my NHS Pension and I'm therefore ineligible to contribute to the NHS Pension through my NHS Professionals engagement.

## Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Telephone Mobile: \_\_\_\_\_

## Declaration

I consent to the disclosure of the information from this form between NHS Professionals and NHS Shared Business Services for HR and Payroll purposes. In addition, I consent to my details being disclosed to any Government Agencies as may be required from time to time, to assist in the detection and/or prevention of crime.

I will advise NHS Professionals of any changes in writing.

I declare the information I have given on this form is true and complete to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## NHSP Representative

Document seen by: \_\_\_\_\_ Date: \_\_\_\_\_