

MCC NEW STARTER INPUT FORM



YOUR DETAILS

Please complete as they appear on your Passport / Birth Certificate.

Title

DOB (DD/MM/YYYY)

All full Forenames

Surname/s

Known as

Telephone Number

Address

Postcode

Email Address

NI Number

You **MUST** have a National Insurance number to be employed by MCC

BANK DETAILS

Bank Name

Bank Branch

Account Holder Name

Sort Code

Account Number

Certain Building Society accounts also need a Roll number, which is between 10 and 15 characters and can include letters and numbers. Please contact your Building Society to see if this applies to you.

Bank Society Roll No

EMERGENCY CONTACT DETAILS

Name _____

Relationship _____

Contact No _____

Alternative No _____

☐ I confirm that the individual named as my emergency contact has consented to me providing his or her details to MCC for the purposes of being contacted in the event of an emergency during my employment with MCC

Employee Signature _____

Date _____

HR USE ONLY

Passport seen & copy attached ☐ Yes ☐ No

Payroll Number _____

Obtaining a passport copy (and other relevant evidence of an employee's right to work e.g. VISA) is mandatory and a copy must be attached to the paperwork provided to the Payroll & Pensions Department.

Passport Number _____

Visa or Restrictions applicable

Tax form attached **P45 / New Starter Checklist**

Department _____ Job Title _____

Start Date _____ End Date (if FTC) _____

Pay Rate _____ Per Month / Annually

Weekly Working Hours _____ Overpaid Time ☐ Yes ☐ No

Tax form attached **Permanent / Fixed Term / Full Time / Part Time**

Authorising Manager Signature _____

Print Name _____

DISABILITY AND HEALTH & SAFETY

Do you consider yourself to have a disability or a long-term health condition?

☐

Yes

☐

No

☐

Prefer not to say

If yes, please specify

If you have a disability, what, if any, reasonable adjustments do you suggest to enable you to perform your role?

☐

Other than as stated above, I confirm that there is nothing that the Club, and/or the Club's Health & Safety Advisor, should be made aware of with regard to my current state of health that may impact my health and safety or my ability to perform my role safely in the workplace.

☐

I confirm that I will inform the Club's Health & Safety Advisor if at any time in the future I believe that my ability to undertake my role safely in the workplace is compromised in any way.

☐

I confirm that I understand that as an employee, I have a general duty to take reasonable care of my own health and safety and that of others who may be affected by my acts or omissions.

All information about your mental or physical health or disability will be dealt with in accordance with the Club's Data Protection Policy. Information about how your data is used and the basis for processing is provided in the Club's Employee Privacy Notice.

Employee Name

Employee Signature

Date
