



BISHOP GROSSETESTE UNIVERSITY PAYROLL DETAILS FORM

ALL POSTS:

TITLE:	<input type="text"/>
SURNAME:	<input type="text"/>
FULL NAME:	<input type="text"/>
MARITAL STATUS:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>
JOB TITLE:	<input type="text"/>
START DATE:	<input type="text"/>

BANK/BUILDING SOCIETY DETAILS:

SORT CODE:	<input type="text"/>
A/C NUMBER:	<input type="text"/>
A/C NAME:	<input type="text"/>
NAME OF BANK:	<input type="text"/>
BRANCH:	<input type="text"/>

ACADEMIC POSTS ONLY

TEACHER'S PENSION (TPA) NO.	<input type="text"/>
UNIVERSITY SUPERANN SCHEME (USS) NO.	<input type="text"/>

SIGNED: _____ **DATE:** _____

Please complete the above details, sign and return as soon as possible to:
HR Department, Bishop Grosseteste University, Longdales Road, Lincoln LN1 3DY

STARTER CHECKLIST FOR PAYE FORM:

Please may you also complete the Starter checklist for PAYE form.

To do this, please visit: <https://www.gov.uk/government/publications/payee-starter-checklist>

You can either choose to complete the 'online starter checklist form' and download the document to return with the Payroll Details Form.

Or, you can select the 'Printable starter checklist' to complete and post to the HR department.

Once you have completed the form, you must send this to the HR Department.
You must not send completed checklists to HMRC.



TO ALL STAFF

Please complete and return this form to HR to enable us to keep our records up to date.

Emergency Contact Information

Name:	
Job Title / Department:	

Should there be an emergency, I request that the following person or people are contacted on my behalf:

Name:	
Address:	
Telephone number (home):	
Telephone number (business):	
Mobile telephone number:	
Relationship to me:	

NEXT OF KIN DETAILS (IF DIFFERENT FROM ABOVE)	
Name:	
Address:	
Telephone number (home):	



BISHOP GROSSETESTE UNIVERSITY AND BG (LINCOLN) LTD DEATH IN SERVICE BENEFIT

All Employees

The University and BG(Lincoln) Limited has established a death benefit arrangement to provide life cover for its employees.

The Scheme is open to all employees (permanent and fixed term) with one year or more service who have attained age 16 and with an upper age limit of 75. Cover will cease for all employees at the earlier of leaving employment or reaching age 75. All costs of the Scheme will be borne by the University and/or BG(Lincoln) Limited and under current Inland Revenue practice this attracts no taxation as a 'benefit in kind'.

The arrangement is an Occupational Pension Scheme set up under Trust and will be governed by a set of Rules, which should allow all benefits to be paid free of inheritance tax. As the Scheme is written under Trust, all benefits will be paid to the Scheme Trustees (the University) who will then decide who is to be the beneficiary and arrange payment accordingly. The payment will usually be to your spouse and/or dependants or in the event that no dependant can be found, your estate.

If you feel that there are any specific circumstances of which the Trustees should be aware with regards to the recipients of any benefits you should put these in writing to the Trustees, although any instructions you give will not be legally binding on the Trustees. A form is attached on the reverse.

The Life Assurance benefit shall be an amount equal to 2 x salary subject to the employment service noted above. The definition of salary for this purpose is basic annual salary prior to your death in service.

The benefits on death from all approved arrangements when aggregated are subject to Inland Revenue Limits.

The scheme provider reserves the right to request medical evidence from members of the scheme.

There is an Internal Disputes Resolution Procedure in place should you or, in the case of your death, your dependents dispute any decisions made under the scheme rules.

Should you require any further information regarding the Scheme or the Internal Disputes Resolution Procedure please contact the Head of HR or the Director of Resources.

Members of the BG Flexible Retirement Account (Defined Contribution Pension Scheme)

Additional Death in Service benefit is provided for employees opting to join the BG Defined Contribution Pension Scheme known as the BG Flexible Retirement Account. These benefits are specifically provided alongside this particular pension scheme. Therefore staff opting not to join the BG Flexible Retirement Account will mean that NO ADDITIONAL Death in service provision is made.

For members of the BG Flexible Retirement Account death in service benefit is provided at an amount equal to 6 x salary. The definition of salary for this purpose is basic annual salary prior to your death in service. This benefit is in addition to the benefits provided to all employees as noted above.

This 6 x Death in service benefit will commence on the date of joining the BG Flexible Retirement Account.

This benefit will be applicable while you are an active member of the BG Flexible Retirement Account and remain in employment of either Bishop Grosseteste University or BG (Lincoln) Limited.

There is an Internal Disputes Resolution Procedure in place should you or, in the case of your death, your dependents dispute any decisions made under the scheme rules.

Should you require any further information regarding the Scheme or the Internal Disputes Resolution Procedure please contact the Head of HR or the Director of Resources.

Members of the LGPS, TPS and USS Pension Schemes

For members of the Local Government Pension Scheme, Teachers' Pension Scheme and Universities Superannuation Scheme no additional death in service benefits is provided. This is because each of these schemes provides additional benefits as part of the scheme rules/entitlements to its members. Members of these schemes are entitled to receive the additional 2x salary Death in Service benefits as detailed for all employees on page 1.



BISHOP
GROSSETESTE
UNIVERSITY

**BISHOP GROSSETESTE UNIVERSITY AND BG (LINCOLN) LTD
EXPRESSION OF WISH - NOMINATION FORM**

For your entitlement please read the section relevant to your circumstances on pages 1 and 2 before completing this form

PLEASE COMPLETE USING BLOCK CAPITALS AND RETURN TO HR IMMEDIATELY

From:

Surname:

Forename(s):

Address:

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To: The Trustees of the Death in Service Trust for Bishop Grosseteste University

Dear Sirs

While I fully understand that the disposal of lump sum benefits arising on my death is at the complete discretion of the Trustees, I should like them to consider the person or persons listed below as possible recipients.

Full Name and address of the Proposed Recipients	Relationship(if any)	Proportion of Death Benefits (if more than one recipient)

This letter supersedes any earlier letter I may have written to you on this matter.

Yours faithfully

(Signed)

Date:

Notes:

1. This form should be completed and sealed in an envelope and returned to the Head of HR. Please put your own name on the envelope and address it to the "The Trustees of the Death in Service Trust for Bishop Grosseteste University".
2. If at any time you wish to vary the details above then please complete a new form. This form will then be returned to you. If there is any information about your personal circumstances which you think may help the Trustees please give details separately.



DIVERSITY AND EQUALITY MONITORING FORM

This form does not form part of the selection process and will be detached from your application.

Guidelines for Completion

It is the policy of Bishop Grosseteste University to employ the best qualified/experienced people and provide equal opportunity for all employees and not to discriminate against any person because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

Our policy aims to ensure that discrimination does not take place at any stage in recruitment and employment. In order to help us monitor the effectiveness of this policy we would appreciate it if you would provide the information requested below. Any information provided will be confidential and stored and used in accordance with the Data Protection Act 1998, for the purposes of equal opportunities monitoring only.

We must stress that this information is strictly confidential and will not be seen or used by anyone making selection decisions or taken into account during any subsequent employment.

There is currently no duty to monitor for religion or belief. However, as many faith groups require religious observance during the day and on some weekdays, accommodating their needs is not straightforward in institutions whose time-tabling is structured around the Christian calendar. With this in mind, and taking account of others such as food and dress, the only way we can assess the need to change existing, or provide additional, practices is through detailed knowledge of the workforce.

We appreciate that some people may find some of the questions extremely personal and you are under no obligation to answer if you do not wish to. If you do not wish to answer such questions, this will not affect your application in any way. However, we do ask, in any event, that you return the form to us to ensure that we can fulfil our equal opportunity monitoring requirements.

Post Title:

Title:

Sex:

Marital Status:

Forename(s):

Surname:

Previous Surname(s):

Gender Identity: Is your gender identity the same as the gender you were assigned at birth?

Address:

Postcode:

Mobile No:

Email Address:

1 Date of Birth:

2 National Insurance No:

3 Do you have a disability?

(Please see Guidance Notes overleaf)

If Yes, please specify:

No known Disability

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Two or more impairments and/or disabling medical conditions

08

A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

51

General learning disability (such as Down's syndrome)

52

A social/communication impairment such as Asperger's syndrome/other spectrum disorder

53

A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

54

A mental health condition, such as depression, schizophrenia or anxiety disorder	55	A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	56
Deaf or serious hearing impairment	57	Blind or a serious visual impairment uncorrected by glasses	58
A disability, impairment or medical condition that is not listed above	96	Information refused	97

4	Is there anything we need to know about your disability in order to offer you a fair selection process? For example, do you need a signer, or interpreter or require an accessible interview room?
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5	Is there anything we need to know to assist you with mobility should we need to evacuate the building for health and safety purposes, fire drills, bomb warnings etc?
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6	Nationality:
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7	Ethnic origin: to which of these groups do you belong?
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White - British	10	Gypsy or Traveller	15	Black or Black British - Caribbean	21
Black or Black British – African	22	Other Black background	29	Asian or Asian British - Indian	31
Asian or Asian British – Pakistan	32	Asian or Asian British – Bangladeshi	33	Chinese	34
Other Asian background	39	Mixed – White and Black Caribbean	41	Mixed – White and Black African	42
Mixed – White and Asian	43	Other mixed background	49	Arab	50
Other Ethnic background	80	Not known	90	Information refused	98

8	Religion: to which religion/belief group do you belong?
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No religion	01	Buddhist	02	Christian	03
Hindu	10	Jewish	11	Muslim	12
Sikh	13	Spiritual	14	Chinese Any other religion or belief	80

Prefer not to say/information refused	98
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9	Sexual orientation: what is your sexual orientation?
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Bisexual	01	Gay woman / lesbian	03	Other	05
Gay man	02	Heterosexual	04	Information Refused	98

10	<p>Disclosure of Criminal Record:</p> <p>Do you have any unspent criminal convictions under the Rehabilitation of Offenders Act 1974? Any information given will be completely confidential and will be considered only in relation to an application for positions to which an order applies. Yes/No*</p> <p>If yes, please give full details. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstance and background of your offence.</p>
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Thank you for your time and co-operation in completing our form.



DIVERSITY AND EQUALITY MONITORING FORM

Disability Monitoring - Guidance Notes

Information about disability/medical conditions is asked of all candidates and is requested at this stage to help us meet our commitments under our Diversity and Equality Policy. This includes information about any adjustments required to the arrangements for interview, and monitoring diversity in the range of people applying to work with us. It may also be important where applicants need to carry out a function that is intrinsic to the job. There is no legal requirement for you to provide information about your disability on this form.

After the selection decision has been made, should you be the successful candidate, any adjustments required to the working environment or to working conditions will be considered at that time. This would be in consultation with you to enable you to carry out the duties of the post. Where you require adjustments (including aids/adaptations) a view will also be obtained from our Medical Adviser.

Under the Equality Act it is proposed that a disability shall amount to an impairment which adversely affects your ability to carry out a normal day-to-day activity.

If you are selected for appointment you will be asked to complete a medical questionnaire.