

# PMA Starter Checklist Form

If you haven't done so already, we require ALL Agency Workers to provide proofs of **\*Identification**, **\*Home Address**, **\*National Insurance Number** and **\*\*Eligibility to Work in the UK** – together with **\*Criminal Conviction Declaration** and **\*Bank / Building Society** details. Without evidence of this documentation – you will NOT be able to start your Assignment. (\*\*where applicable)

## \*Identification

\*Proof (please supply **one** of the following)

- Passport
- Birth Certificate
- National Identification Card (EU)

## \*Home Address

\*Proof (please supply **one** of the following)

- Driving Licence
- Utility / Council Tax Bill  
(max. 3 months from date submitted)
- Bank Statement

## \*National Insurance Number

\*Proof (please supply **one** of the following)

- National Insurance Card
- Payslip / P60 / P45
- Authorised Letter from HMRC

## \*\*Eligibility to Work in the UK

\*\*Proof (please supply **one** of the following)

\*UK Citizen?  Yes  No

VISA / Work Permit

If No, VISA Type? .....  
(please state any restrictions)

Certificate of Registration as a British Citizen

VISA Expiry? \_\_ / \_\_ / \_\_\_\_

Authorised Letter from HMRC

Right to Work Share Code? .....

(continue)

**\*Criminal Convictions**

The Rehabilitation of Offenders Act 1974 states that you are not obliged to describe / disclose details of convictions which are considered to be 'spent' under the terms of the Act. You are only required to disclose details regarding 'unspent' convictions. Additionally, you are not required to disclose details regarding 'protected' offences (offences to which filtering rules apply). Do not declare Fixed Penalty driving offences. For more guidance on 'spent', 'unspent' or 'protected' convictions, please visit [www.gov.uk](http://www.gov.uk) If you apply for any role which is exempt from the Rehabilitation of Offenders Act 1974 – meaning you will be required to disclose any 'spent' convictions – we will ask you to complete a separate disclosure form. You will not be required to complete this separate disclosure form if you do not wish to be considered for these types of employment. We may be legally required to inform our client – and your assignment may be terminated – if you fail to disclose a criminal conviction whilst working on assignment with PMA.

**\*Declaration**

**Have you been convicted of any criminal offence(s) which is / are not yet 'spent' under the Rehabilitation of Offenders Act 1974, OR are you facing any criminal prosecution?**

Yes  No

If Yes, please specify below, OR **Tick Here**  and attach further details on a separate document, enclosed in an envelope marked 'confidential'.

Date of Offence(s)? \_\_ / \_\_ / \_\_\_\_

Nature of Offence(s)? .....

Date of Conviction(s)? \_\_ / \_\_ / \_\_\_\_

Sentence / Court Order(s)? .....

Prosecution Details? .....

.....

.....

**\*Bank / Building Society Details** (please complete in **BLOCK CAPITALS**)

**\*Failure to supply the information required – in part or in full – will result in a delay to your PAYE payments.**

Bank / Building Society .....

Account Number \_\_ / \_\_ / \_\_ / \_\_  
(8 digits only)

Address .....

Sort Code \_\_ / \_\_ / \_\_  
(6 digits only)

.....

Account Name(s) .....

Building Society Roll No .....

(as name appears on bank card)

(if applicable)

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I – the undersigned – hereby certify that the information provided above & documentation supplied is correct:

\*Candidate Signature ..... **OR**

\*Print Name .....

\*Date \_\_ / \_\_ / \_\_\_\_

**PMA ACCOUNTS ONLY**

Payroll Year: **2020 – 2021**

Candidate ID \_\_\_\_\_

Job No \_\_\_\_\_



# HMRC Starter Checklist Form

**Instructions for Employees:** Your employer requires the information on this form before your first payday to tell HMRC about you and to help them use the correct tax code. **Please do not send this form to HMRC.**

## \*Employee's Personal Details (please complete in **BLOCK CAPITALS**)

<p>1. Surname .....</p> <p>2. Forename(s) ..... <small>(do not enter initials or shortened names)</small></p> <p>3. Are you Female or Male?  <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>4. Date of Birth __ / __ / ____</p>	<p>5. Home Address</p> <p>Address Line 1 .....</p> <p>Address Line 2 .....</p> <p>Address Line 3 .....</p> <p>Town / City .....</p> <p>County .....</p> <p>Postcode .....</p> <p>6. National Insurance Number __ / __ / __ / __ / _</p> <p>7. Employment Start Date __ / __ / ____</p>
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## \*Employee Statement

8. Choose the statement that applies to you – either A, B or C – and **tick the appropriate box.**

**Statement A**

Do not choose this statement if you are in receipt of a State, Works or Private Pension.

Choose this statement if the following applies:

This is my first job since 6<sup>th</sup> April and since the 6<sup>th</sup> April, I have not received payments from any of the following:

- Jobseeker's Allowance.
- Employment & Support Allowance.
- Incapacity Benefit.

Statement A applies to me

**Statement B**

Do not choose this statement if you are in receipt of a State, Works or Private Pension.

Choose this statement if the following applies:

Since 6<sup>th</sup> April, I have had another job but I do not have a P45, and / or – since the 6<sup>th</sup> April – I have received payments from any of the following:

- Jobseeker's Allowance.
- Employment & Support Allowance.
- Incapacity Benefit.

Statement B applies to me

**Statement C**

Choose this statement if:

- You have another job, and / or
- You are in receipt of a State, Works or Private Pension.

Statement C applies to me



## \*Student Loan

For more guidance about repaying, visit [www.gov.uk/repaying-your-student-loan](http://www.gov.uk/repaying-your-student-loan)

**9.** Do you have one of the Student Loan Plans – **described right** – which is not fully repaid?

- Yes** – If yes, go to question 10.  
 **No** – If no, go to question 13.

**10.** Did you complete or leave your studies before 6<sup>th</sup> April?

- Yes** – If yes, go to question 11.  
 **No** – If no, go to question 13.

**11.** Are you repaying your Student Loan directly to the Student Loans Company by direct debit?

- Yes** – If yes, go to question 13.  
 **No** – If no, go to question 12.

**12.** What type of Student Loan do you have? (see types below)

- Plan 1**    **Plan 2**    **Both**

### Student Loan Plans

You will have a Plan 1 Student Loan if:

- You lived in Scotland or Northern Ireland when you started your course (Undergraduate or Postgraduate).
- You lived in England or Wales and started your Undergraduate course before 1st September 2012.

You will have a Plan 2 Student Loan if:

- You lived in England or Wales and started your Undergraduate course on or after 1st September 2012.
- Your loan is a Part Time Maintenance Loan.
- Your loan is an Advanced Learner Loan.
- Your loan is a Postgraduate Healthcare Loan.

## \*Postgraduate Loan

For more guidance about funding and repaying, visit [www.gov.uk/funding-for-postgraduate-study](http://www.gov.uk/funding-for-postgraduate-study)

For more guidance for employers, visit [www.gov.uk/guidance/special-rules-for-student-loans](http://www.gov.uk/guidance/special-rules-for-student-loans)

**13.** Do you have a Postgraduate Loan which is not fully repaid?

- Yes** – If yes, go to question 14.  
 **No** – If no, go to the Declaration.

You will have a Postgraduate Loan if:

- You lived in England & started your Postgraduate Master's course on or after 1<sup>st</sup> August 2016.
- You lived in Wales & started your Postgraduate Master's course on or after 1<sup>st</sup> August 2017.
- You lived in England or Wales & started your Postgraduate Doctoral course on or after 1<sup>st</sup> August 2018.

**14.** Did you complete or leave your Postgraduate studies before 6<sup>th</sup> April?

- Yes** – If yes, go to question 15.  
 **No** – If no, go to the Declaration.

**15.** Are you repaying your Postgraduate Loan directly to the Student Loans Company by direct debit?

- Yes**  
 **No**

## \*Declaration

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*I – the undersigned – hereby certify that the information I have provided on this form is correct:*

\*Candidate Signature ..... **OR**

\*Print Name .....

\*Date \_\_/\_\_/\_\_\_\_

# PMA Medical & Accessibility Form

In order to safeguard our candidates' wellbeing in the workplace, Paul Mitchell Associates highly recommends that any critical medical information detailed below be shared by you with your line manager, first aider or human resources – so that they may best respond to any medical emergency.

## \*Disclosure

Do you have any injuries and / or medical conditions – past or present – which may affect or inhibit your ability to work?

**Yes** – Please Complete Sections Below.

**No** – Skip to Emergency Contact Section.

## Accessibility

Please provide details on how we may be able to assist you during the recruitment process – i.e. communication, completing aptitude tests, attending interviews etc.

List .....  
.....  
.....  
.....

We will endeavor to make adjustments to accommodate any reasonable requests.

## Injuries & Health Conditions

Please provide details of any injuries and / or medical conditions – past or present – which may affect or inhibit your ability to work – whether in part or full.

List .....  
.....  
.....  
.....

These may include – but are not limited to – any allergies, cognitive / physical disorders, diseases, muscular or musculoskeletal, special equipment.

## \*Emergency Contact

Please provide details for the person we may contact in the event of a medical emergency.

Name .....  
Tel / Mob ..... / .....

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*I – the undersigned – hereby grant Paul Mitchell Associates permission to contact my Emergency Contact in the event of a medical emergency, and to pass on any relevant information to the emergency medical team in attendance:*

\*Candidate Signature ..... **OR**

\*Print Name .....

\*Date \_\_ / \_\_ / \_\_\_\_





# PMA Reference Declaration Form

## \*Referee One

(please complete in **BLOCK CAPITALS**)

Relationship With You?

- Current Employer**
- Professional**    **Educational**

Name .....

Position .....  
(if applicable)

Company / Institution .....  
(if applicable)

Address Line 1 .....

Address Line 2 .....

Address Line 3 .....

Town / City .....

County .....

Postcode .....

Tel / Mob ..... / .....

Email .....

May we contact this Referee at any time?

- Yes**    **No**

If No, please specify when .....

.....

## \*Referee Two

(please complete in **BLOCK CAPITALS**)

Relationship With You?

- Current Employer**
- Professional**    **Educational**

Name .....

Position .....  
(if applicable)

Company / Institution .....  
(if applicable)

Address Line 1 .....

Address Line 2 .....

Address Line 3 .....

Town / City .....

County .....

Postcode .....

Tel / Mob ..... / .....

Email .....

May we contact this Referee at any time?

- Yes**    **No**

If No, please specify when .....

.....

For GDPR & Privacy Policy details, please visit [www.paulmitchellassoc.co.uk/gdpr-privacy-policy/](http://www.paulmitchellassoc.co.uk/gdpr-privacy-policy/)

I – the undersigned – hereby grant Paul Mitchell Associates permission to contact the Referee(s) listed above at the appropriate time:

\*Candidate Signature ..... **OR**

\*Print Name .....

\*Date \_\_/\_\_/\_\_\_\_



# PMA GDPR & Privacy Policy Form

Paul Mitchell Associates and its employees ("PMA", "we" or "us") take the privacy of our clients and candidates ("you" or "your") very seriously. PMA acknowledges and agrees to process all data in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (effective 25<sup>th</sup> May 2018).

## Personal & Sensitive Data

- By signing this form, you hereby grant Paul Mitchell Associates consent to process, store & transfer the following information in order to provide you with recruitment services:
  - Your Name
  - Your Address
  - Your Email Address
  - Your Company Telephone Number(s)
  - Date Of Birth
  - Curriculum Vitae & Employment History
  - \*\*Identification Documentation (including – but not limited to – Passport, VISA, Proof Of Address, Proof Of National Insurance, Driving Licence)**
  - \*\*Registration Documentation (including – but not limited to – Referees, Proof of Qualifications, Health / Emergency Contact Information)**
  - \*\*Financial Information (including – but not limited to – Bank Details, Payroll Data, HMRC Data)**
  - \*\*Criminal Record Checks / Security Clearance for Specific Roles**
  - Log Of Our Communications With You (email, telephone, letter, face-to-face)
  - Record Of CV Submissions, Interviews, Job Offers & Placements
  - Job Preferences / Requirements (including – but not limited to – salary, position, location)
  - Photograph**\*\*Sensitive Personal Data**
- You consent to PMA communicating with you via email, letter, sms & telephone in order to provide you with recruitment services.
- You consent to PMA sending marketing communications to you via email, letter & sms.
- You also consent to PMA processing your personal data with third parties – incl. the REC – for the purposes of internal audits and investigations to ensure PMA is compliant with all relevant laws and obligations.
- None of the conditions outlined above affect your right to be "Forgotten". You have the right to withdraw your consent at any time by informing PMA in writing of your wish to do so.
- For GDPR & Privacy Policy details, please visit [www.paulmitchellassoc.co.uk/gdpr-privacy-policy/](http://www.paulmitchellassoc.co.uk/gdpr-privacy-policy/)

## \*Consent

I – the undersigned – hereby grant Paul Mitchell Associates consent to provide recruitment services on my behalf in line with the above:

\*Candidate Signature ..... **OR** ..... \*Print Name .....

\*Date \_\_ / \_\_ / \_\_\_\_

