

For more guidance about funding and repaying go to www.gov.uk/funding-for-postgraduate-study
For more guidance for employers go to www.gov.uk/guidance/special-rules-for-student-loans

For more guidance about repaying go to www.gov.uk/repaying-your-student-loan

Starter checklist

Student Loan

Postgraduate Loan

Do you have a Postgraduate Loan which is fully repaid?

If Yes, go to question 10

Yes S

9 Do you have one of the Student below which is not fully repaid?

If No, go to question 13

Did you com 6th April?

10

If Yes, go to question 11 If No, go to question 13

Yes

=

If Yes, go to question 14

Yes

Instructions for employers

This Starter Checklist can be used to gather information about your new employee. You can use this information to help fill in your first Full Payment Submission (FPS) for this employee. You need to ke the information recorded on the Starter Checklist record for the current and previous 3 tax years. Do not send this form to HMRC.

Instructions for employees
As a new employee your employer needs the information on this form before your first payday to tell HMRC about you and help them use the correct tax code. Fill in this form then give it to your employer.
Do not send this form to HMRC.

| T Last name   | 5 Home address                         |
|---|--|
| First name(s)     Do not enter initials or shortened names such as Jim for James or Liz for Elizabeth | Postcode                               |
|   | Country                                |
|   | 6 National Insurance number (if known) |
| 3 Are you male or female?   |  |
| Male Female Male  | 7 Employment start date DD MM YYYY     |
| 4 Date of birth DD MM YYYY  |  |

14 Did you complete or leave your Postgraduate studies before 6th April?

If No, go to the Declaration

8

7

Yes Š

Yes

|          | 1 Last name  | 5 Home address   | Vac  |
|----------|--|--|--|
|          |  |  |  |
| 7        | First name(s)  Do not enter initials or shortened names such as Jim for  | Postrorio  | 12 What type of Student Loan do you have?  |
|          | James or Liz for Elizabeth   | County   | Plan 1 Plan 2 Both   |
|          |  | National Insurance number (if known)   | Student Loan Plans<br>You'll have a Plan 1 Student Loan if:  |
| m        | 3 Are you male or female?  |  | <ul> <li>you lived in Scotland or Northern Ireland when you<br/>your course (undergraduate or postgraduate)</li> </ul>                 |
|          | Male Female  | 7 Employment start date DD MM YYYY   | <ul> <li>you lived in England or Wales and started your<br/>undergraduate course before 1 September 2012</li> </ul>                    |
| 4        | 4 Date of birth DD MM YYYY   |  | You'll have a Plan 2 Student Loan if:  • you lived in England or Wales and started your  |
|          |  |  | undergraduate course on or after 1 September 201  • your loan is a Part Time Maintenance Loan  • your loan is an Advanced Learner Loan |
| 1        | Emolovee statement   |  | <ul> <li>your loan is a Postgraduate Healthcare Loan</li> </ul>  |
| i        |  |  |  |
| <b>∞</b> | B You need to select only one of the following statements A, B or C  | ABorc  | Dectaration  Confirm that the information I've given on this form  |
|          | A This is my first job since 6 April and I've not been receiving taxable Jobseeker's Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.                                 | en receiving taxable Jobseeker's Allowance,<br>ncapacity Benefit,                      | Signature  |
|          | This is now my only job but since 6 April I've had another job, or received taxable Jobseeker's Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a State or Occupational Pension. | another job, or received taxable<br>ort Allowance or taxable Incapacity Benefit.<br>n. |  |
|          | C As well as my new job, I have another job or receive a State or Occupational Pension.  | cceive a State or Occupational Pension.  |  |
|          |  |  |  |

| COLIE   |          |  |
|---|----------|--|
| confirm that the information I've given on this form is corre |          |  |
| this fo   |          |  |
| E   |          |  |
| e give  |          |  |
| <u>×</u>  |          |  |
| rmati   |          |  |
| e info  |          |  |
| onfirm that the   |          |  |
| firm t  | ignature |  |
| 8   | igua     |  |

|  | Full name | Date DD MM YYYY |  |
|--|-----------|-----------------|--|
| ormation I've given on this form is correct. |           |                 |  |

## APPLICATION FOR EMPLOYMENT FORM

Signature:

Please complete in **BLOCK CAPITALS** using **black ink**.

| 7 |       |   |        | 1  |
|---|-------|---|--------|----|
|   |       | Н | W      |    |
|   |       |   |        |    |
|   | od Co |   | Your B | Vo |

| Vacancy Site Name:   |                       |                   |                 | Vour Puilding Counts                    |
|--|-----------------------|-------------------|-----------------|---|
| How did you hear about this vacancy?   |                       |                   |                 | Tour Dullating Counts                   |
|  | ·                     |                   |                 |   |
| 1. Personal Details  |                       |                   |                 |   |
| Mr/Mrs/Miss/Ms/Other:  | _ (Delete as approp   | oriate. If 'Other | ' please specif | y).                                     |
| Last Name  |                       | First Name        |                 |   |
|  |                       |                   |                 |   |
| Address  |                       |                   |                 |   |
|  |                       |                   |                 |   |
|  |                       | At addres         | ss since:       | MM/YYYY                                 |
| Postcode   |                       |                   |                 | continue on a separate sheet            |
|  |                       |                   | f you require.  |   |
| Home Telephone No.   | Daytir                | ne Contact No.    | •               |   |
| - · · · ·  |                       |                   |                 |   |
| Email:   |                       |                   |                 |   |
| National Insurance No.   |                       |                   |                 |   |
| National insurance No.   |                       |                   |                 |   |
| Do you hold a full, clean driving licence v  | valid in the UK?      | Yes □ N           | lo 🗆            |   |
|  |                       |                   |                 |   |
| 2. Bank Details  |                       |                   |                 |   |
| Bank/Building Society Name:  |                       | Branch:           |                 |   |
|  |                       |                   |                 |   |
| Sort Code: Account No  | umber:                | I confirm         | that these ba   | nk details are accurate                 |
|  |                       | Signatui          | re              |   |
| An Enhanced DBS check must be complete   | ted for all new YBC   | employees to      | ensure the saf  | ety of our staff and clients. I         |
| a check is returned and reveals any info   |                       |                   |                 | • |
| company will then make a decision as to  | whether the offer of  | or employment     | snould be wit   | ndrawn.                                 |
| I agree to pay the Company £40.00 in   | -                     | -                 |                 | enhanced DBS disclosure                 |
| application. The cost will be reimburse  | a ajter 12 months     | oj continuous (   | етрюутет.       |   |
| Signature:   |                       |                   |                 |   |
| 3. Declaration   |                       |                   |                 |   |
| I hereby certify that I have completed the any necessary enquiries about me, inclu   |                       | •                 | •               |   |
| I also agree that YBC can create and mai processed and stored in accordance with   | •                     | d paper record    | s of my persor  | al data and that this will be           |
| I understand that it is a criminal offence<br>para 2c of the Theft Act 1968 and that i<br>on this Application Form, it will be consi | if it is subsequently | revealed that     | I have knowin   | gly made a false statement              |

Date:

| 4. Next of Kin            |  |                  |   | Do you consider yourse   | · · · · · · · · · · · · · · · · · · · | Yes 🗆 No       | o 🗆                                 |                                   |
|---------------------------|--|------------------|---|--------------------------|---------------------------------------|----------------|-------------------------------------|-----------------------------------|
|                           |  |                  |   | If yes, please state the | e form of disability here             | :              |                                     |                                   |
| Name:                     |  |                  |   |                          |                                       |                |                                     |                                   |
| Relationship:             |  |                  |   | •                        | any adaptations for you               | ır interview t | o accommodate any disability you    | may have, please tell us          |
| Address:                  |  |                  |   | what these should be.    |                                       |                |                                     |                                   |
|                           |  |                  | Postcode:   |                          |                                       |                |                                     |                                   |
| Contact No.               |  |                  |   | 7 Education              |                                       |                |                                     |                                   |
| Email:                    |  |                  |   | 7. Education             | eft school / college / uni            | versity in the | last 10 years                       |                                   |
|                           |  |                  | I   | Place of Educat          |                                       | udy Dates      | Qualification & Grade               | Date Obtained                     |
| 5. Employment Histo       | rv   |                  |   |                          |                                       | -              |                                     |                                   |
|                           | ous experience (paid or unpaid),                         | starting with    | the most recent first.  |                          |                                       |                |                                     |                                   |
| C                         |  |                  |   |                          |                                       |                |                                     |                                   |
| Current/Most Recent       | mpioyer  |                  |   |                          |                                       |                |                                     |                                   |
| Position Held             |  | T                |   | 8. Training and Dev      | elopment                              |                |                                     |                                   |
| Contact Name              |  | Contact Ph       | none  | •                        | -                                     |                | non-qualification-based developr    | nent which is relevant to         |
| Contact Email             |  |                  |   | the post and supports    | your application, includ              | ing school/co  | llege/university qualifications.    |                                   |
| Are we able to contact to | he person above for a reference                          | e without noti   | ifying you first? Yes □ No □  | Skills, Trai             | ining and Qualifications              |                | Details (including length of cou    | rse/nature of training)           |
| Previous Employer         |  |                  |   |                          |                                       |                |                                     |                                   |
| Position Held             |  |                  |   |                          |                                       |                |                                     |                                   |
| Contact Name              |  | Contact Ph       | none  |                          |                                       |                |                                     |                                   |
| Contact Email             |  |                  |   | 9. Employment Refe       | erences                               |                |                                     |                                   |
|                           | he person above for a reference                          | <br>without noti | ifying you first? Yes □ No □  | -                        | •                                     |                | f two referees in the Employmen     | -                                 |
|                           | ·  |                  | nying you mat:  | relatives) who you have  |                                       |                | e provide details of two profession | ai/personai referees ( <b>not</b> |
| ·                         | parate sheet of paper if you requins / Disqualifications | ire.             |   |                          |                                       |                |                                     | vamaa 3                           |
|                           | onditions relating to your emplo                         | yment in this (  | country? Yes 🗆 No 🗆   | Name of Referee:         | Kelei                                 | rence 1        | Reie                                | rence 2                           |
| If yes, please state any  |  | ymene m ems e    | issumity. Tes in the in   | Relationship to you:     |                                       |                |                                     |                                   |
|                           |  |                  |   | •                        |                                       |                |                                     |                                   |
| Please detail any convi   | ctions or disqualifications, inclu                       | ding the date    | of the offence and the charges, below. The  | Address:                 |                                       |                |                                     |                                   |
|                           |  |                  | act your application providing the convictions  |                          |                                       |                |                                     |                                   |
| •                         | ·  |                  | ed on an individual basis and take the following lied for, 2) the seriousness of the offence(s), 3) |                          |                                       |                |                                     |                                   |
|                           |  |                  | ose all convictions at this stage could result in   |                          | Postcode:                             |                | Postcode:                           |                                   |
| future disciplinary proce | edings or dismissal. <b>If you have</b>                  | none to decla    | re, please leave the box blank.   | Contact Number:          |                                       |                |                                     |                                   |
|                           |  |                  |   | Contact Email:           |                                       |                |                                     |                                   |
|                           |  |                  |   |                          |                                       |                |                                     |                                   |
|                           |  |                  |   | Returning the Appli      | ication                               |                |                                     |                                   |
|                           | sting or prior medical conditions                        | which may af     | fect your ability to work as required?  |                          |                                       | Support Tear   | n, YBC Services Ltd, 161 North Lan  | e. Aldershot                      |
| Yes No I                  | medical conditions here:                                 |                  | 1   | •                        |                                       |                | it to: support@ybcservices.co.uk    | ,                                 |
| ii yes, piease state ally | medical conditions field.                                |                  |   |                          |                                       |                |                                     |                                   |