



Personal Information (PI) Form

When an employee needs to complete this form:

A separate PI form should be provided by the school, to **employees appointed to a vacant post**, for each **job** they are newly appointed to. **All fields** are mandatory for completion, enter n/a where not applicable.

Instructions are shown at the end of section C on where to send the information collected.

Part A: School and employee details

Page 1

School/establishment name

THE FITZWIMARC SCHOOL

School/establishment address

HOCKLEY ROAD, RAYLEIGH, ESSEX SS6 8EB

Title

First name

Middle name

Last name

Preferred name

Maiden/previous name

National Insurance number

Date of birth (DDMMYYYY)

Marital status

Email address

Gender

Male

☐

Female

☐

Assignment number(s) where you already have an existing job(s) at the same school

Main address

Country

Address line 1

Address line 2

Address line 3

Town

County

Post code

Home telephone number

Mobile telephone number

Emergency contact details

Full name

Contact telephone number

Relationship

This data is needed to fulfil employer duties under the Equality Act 2010

Asian & Asian British:

- ☐ Bangladeshi
- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Other

Mixed:

- ☐ White & Asian
- ☐ White & Black African
- ☐ White & Black Caribbean
- ☐ Other

Black & Black British:

- ☐ African
- ☐ Caribbean
- ☐ Indian
- ☐ Other
- ☐ Arab

White:

- ☐ British
- ☐ Irish
- ☐ Gypsy/ Irish Traveller
- ☐ Other

Other

If 'Other' selected please specify

☐ Prefer not to say

Religion/Belief

- ☐ Buddhist
- ☐ Muslim

- ☐ Christian
- ☐ Sikh

- ☐ Hindu
- ☐ No religion

- ☐ Jewish
- ☐ Prefer not to say

If 'Other' selected please specify

Sexual Orientation

☐ Bisexual

☐ Gay

☐ Heterosexual

☐ Lesbian

☐ Prefer not to say

Other: Please specify

Bank details

Bank/Building Society name

Bank/Building Society account reference

Bank Branch

Sort code (6 digits)

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Account number (8 digits)

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Account name (e.g. Mr A Smith)

National Insurance Age Exemption

If you have reached the state pension age please provide one of the following documents, Certificate of Age Exemption, a copy of your passport or a copy of your birth certificate and include it with this form. This will enable the correct National Insurance deductions to be made.

Essex Pension Fund Information for non-teaching staff only

Please read the New Starter Information Pack provided by your school. Further information is available on the LGPS web site, including the introduction of Work Place Pension Changes from 1st January 2013 which may result in you being automatically enrolled, even if you have previously opted out:

www.essexpensionfund.co.uk/

- **Part B:** To be scanned to the payroll office by the school administrator with part C

Teachers Pension: (For teachers only) All Teachers, with the exception of retired teachers over the age of 75, are automatically placed into the Teachers Pension Scheme. You have the right to opt out of the scheme.

Teachers Pension Scheme changes effective from April 2015 require you to indicate which arrangement applies to you. For more information, including the introduction of Work Place Pension Changes from 1st January 2013 which may result in you being automatically enrolled, even if you have previously opted out: **please contact Teachers Pensions or check the website www.teacherspensions.co.uk**

Teachers Pension Details to be completed by the employee

Please select the scheme that applies to this job by ticking one of the boxes below.

For guidance on which scheme is correct please contact Teachers Pensions or check the website www.teacherspensions.co.uk

Career Average Scheme for Teachers Pension please tick this box

☐

Final Salary Scheme for Teachers Pension please tick this box and complete the questions below:

☐

Do you have any other teaching roles?

Yes

No

If you have selected 'Yes' please provide the details requested below:

☐
☐

Job Number	Role	Employer/school name and address	Percentage contracted to work
Job 1			
Job 2			
Job 3			
Job 4			
Job 5			
Job 6			
Job 7			
Job 8			
Job 9			
Job 10			

Teachers DFE (Teachers reference) number

Additional Pension Contributions for Teachers only

I have previously elected to
Purchase additional pensionMonthly value or %
£ %

Start date

End date/ongoing

Disability

Do you consider you have a long term condition, impairment or disability that significantly affects your day to day activities? (i.e. you are disabled under the Equality Act)

Yes

☐

No

☐

Prefer not to say

☐

Income Tax for all staff

Yes

No

Have you attached your P45 form?

☐☐

Employee Instructions: Read statements A, B, & C, select one as appropriate

A

This is my first job since last 6 April and I have not been receiving taxable Jobseekers Allowance, Employment & Support Allowance or taxable Incapacity Benefit or a state or occupational pension.

☐

B

This is now my only job since last 6 April I have had another job, or have been receiving taxable Jobseekers Allowance, Employment and Support Allowance or taxable Incapacity Benefit. I do not receive a state or occupational pension.

☐

C

As well as my new job, I have another job or receive a state or occupational pension.
Do not select this statement if you already have an existing job at the same school as your new job go straight to statement D.☐

Student Loan

Do you have a Post Graduate Student Loan that you are repaying to the Student Loan Company?

Yes

No

☐☐Do you have a Student Loan which is not fully repaid?
If No, go to the Employee authorisation section below.

Yes

No

☐☐

D

If Yes, are you repaying your Student Loan direct to the Student Loans Company by agreed monthly payments? If Yes, go to the Employee authorisation section below.

Yes

No

☐☐If No, did you finish your studies before the last 6 April?
If No, go to the Employee authorisation section below.

Yes

No

☐☐If Yes, please tick the box of the relevant loan type. If are unsure which loan type you have please visit www.slc.co.uk.

Plan 1 Loan

Plan 2 Loan

☐☐

Employee Authorisation

School name

Employee full name

National Insurance Number

Effective start date

I hereby give my consent for the personal information provided above to be held and to be shared with other government organisations and agencies in accordance with the Data Protection Act

Employee Signature

Date

What the employee needs to do now

- Check that all mandatory fields on parts A, B and C have been completed correctly
- Sign & date the Employee Authorisation section and pass this form to your School Personnel Office