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| **EMPLOYEE Starter Form** | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete Section A of the Starter Form and sign.*  ***Please note this form will be returned to you if it is not fully completed.*** | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION A – TO BE COMPLETED BY THE EMPLOYEE** | | | | | | | | | | | | | | | | | | | | | | |
| **Employee Name:** | |  | | | | | | | | | | | | | | **Date of Birth:** | | | | | |  |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | | |
| **Tel No:**  **(Mobile)** | |  | | | | | | | | | | | | | **Tel No: (Home)** | | | |  | | | |
| **PPS No:** | |  | |  |  |  |  | |  | |  |  |  | | **Start Date:** | | | |  | | | |
| **Teaching Council Reg No.:**  (you must also provide documentary evidence from the teaching council to show you are currently registered if not already submitted) | | N/A | | | | | | | | | | | | | **Are you currently listed on Tipperary ETB Substitute Panel (formally NT VEC Schools)?**  (if not please complete the application form in your school) | | | | N/A | | | |
| **Place of this employment (Name of School/Centre):** | | External Authenticator Tipperary ETB | | | | | | | | | | | | | | | | | | | | |
| **Qualification Details:**  (documentary evidence of qualifications required, please attach) | | HDip (Pass/Hons)  N/A | | | | | | | | Degree (Pass/Hons)  N/A | | | | | Masters  (Pass/Hons)  N/A | | | Phd  N/A | | | Other  N/A | |
| **Have you previously worked in the public sector and been paid by a public sector body?** *(You must submit a statement of service from your previous public sector employer. You will be paid at the lowest applicable rate of pay until your statement of service is received by Tipperary ETB)* | | | | | | | | | | | | | | | | | Yes  N/A | | | No  N/A | | |
| *I give my permission to Tipperary ETB to use my personal details in correspondence to other Public Sector bodies, for salary and superannuation purposes, if required.* | | | | | | | | | | | | | | | | | Yes | | | No | | |
| **Name of Next of Kin:** |  | | | | | | | **Relationship to you:** | | | | | |  | | | **Contact Number(s):** | | |  | | |
| **Signed by Employee:** | | |  | | | | | | | | | | | | | | **Date:** | | |  | | |

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| **Employee Bank Account Details:** | | | | | | | | | | | |
| *Please complete your Bank details correctly to ensure payment can be made to you.* | | | | | | | | | | | |
| **Bank Account Number:** | |  |  |  |  | |  |  | |  |  |
| **Bank Sort Code:** | |  |  | - |  | |  | - | |  |  |
| **BIC:** | |  | | | | | | | | | |
| **IBAN:** | |  | | | | | | | | | |
| **Name on Account:** | |  | | | | | | | | | |
| **Bank Name:** | |  | | | | | | | | | |
| **Branch Address:** | |  | | | | | | | | | |
| *I hereby authorise Tipperary Education Training Board to pay my salary directly into my personal bank account as detailed above.* | | | | | | | | | | | |
| **Signature:** |  | | | | | **Date:** | | |  | | |

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| **P45 Submitted yes/no:**  (if no P45 available please give details, if available please submit with your starter form) |  | **PRD45 submitted yes/no:**  (if no PRD45 available please give details, if available please submit with your starter form) |  | **N.B.**Is this new employment your Main or Subsidiary employment? |  |

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| **Please ensure the following are enclosed with your starter form, (if you have not previously submitted them to Tipperary ETB) – *if applicable*: (Not applicable to External Authenticators)** |
| 1. Original qualifications/transcript of results if applicable- (*can be copied and verified as original by Secretary of School)* 2. Current Teaching Council Registration – *for Teachers* 3. Signed Pension Levy Declaration Form (PRD10)-*available from school office* 4. Documentary evidence of previous employment in Public Sector (e.g Statement of Service) 5. PRD45 – *if applicable* (this will have been received from your previous employer with your P45) 6. 2 recent written references 7. 1 passport size photo 8. Substitute panel Application Form –*if applicable* |
| **PLEASE NOTE: Payment will be delayed if the above documents are not included** |

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| **SECTION B – OFFICE USE ONLY** | | | | | | | | | | |
| **Centre:** |  | | **Contract Type:** | |  | | **Payroll No:** | |  | |
| **Email for Payroll:** | | |  | | | | | | | |
| **Email Password (for payslip)** | | |  | | | | | **PRSI Class:** |  | |
| **Pension Dec signed:** | |  | | **Exempt Pension Levy:** | |  | | **Other:** | |  |

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| **SECTION C – TO BE COMPLETED BY THE PRINCIPAL/ MANAGER** | | | | | | | | | | | |
| **Employee Name** | |  | | | | | | | | | |
| **Address** | |  | | | | | | | | | |
| **Employee Code** | |  | | | | | | | | | |
| **PPS No** | |  | | | | | | | | | |
| **Start Date** | |  | | | | **End Date if Known** | |  | | | |
| **Status of Post** | | **PWT** |  | | | **Fixed Term** | |  | | **Hrs p/w** |  |
|  | | **Substitution** |  | **Hrs p/w** |  | **Specific Purpose** | |  | | **Hrs p/w** |  |
|  | | **Part Time** |  | | | **Other** | |  | | | |
| **Reason for Post e.g. Continuation from previous year, New Post, Maternity Leave, Sick Leave, Sub etc** | |  | | | | | | | | | |
| **Name of Replaced Staff Member** | |  | | | | | | | | | |
| **If part time substitution post, has person been taken off substitution panel** | | | | | | | **Yes** | | **No** | | |
| **I confirm that this post is within allocation** | | | | | | | **Yes** | | **No** | | |
| **Signed by Principal/ Manager** |  | | | | | | **Date:** | |  | | |

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| **FOR OFFICE USE ONLY** | | | |
| **Employee Code:** |  | | |
| **Checked By:** |  | **Date:** |  |
| **Authorised By:** |  | **Date:** |  |