**Employee Guidance for completion of notice of Engagement Form and Notification of Change Forms**

**NOTICE OF ENGAGEMENT FORM**

This form serves a dual purpose, most importantly it collects the information required to ensure that you are paid correctly. Secondly the form collects the information required for the workforce information repository. This is the national database used to support workforce planning within NHS Scotland and to ensure that as an employer we meet or exceed our legal requirements in respect of equality and diversity monitoring. This therefore means that some of the information requested is of a personal sensitive nature. This information will be held confidentially and used only for the purposes of equality monitoring to ensure no group of staff are discriminated against or disadvantaged.

You should complete sections 1 -11 of this form. **NB - The form notes that these sections should be completed by the Employer this is an error, this section is for employees to complete**. A glossary of codes and further instructions for completion of sections 6, 7 & 8 are provided here for you. You should complete all sections making a Not Applicable entry where appropriate in text boxes. Coded boxes must all be completed. Declined to comment codes are available for the sections where personal and sensitive information is requested.

**NOTICE OF CHANGE FORM**

This form will be completed if any changes to your post are made. This will ensure that you are paid correctly. If your personal information changes in any way you should ask your manager to complete a notice of change form in order that your employee record can be updated.

Please use the glossary of codes if applicable when notifying any change to your personal details.

**DATA STATEMENT**

The information that you have provided will be used for employment purposes, and where necessary to comply with legal obligations. The purpose of holding this information is for administration i.e. employment and pay amendments, superannuation, workforce management/planning and other personnel matters in relation to your employment. Any requests for information out with the above will only be processed with your consent (e.g. building society mortgage applications etc)

Your information will be held securely in a national database which will be accessed at a local, regional and national level to meet the requirements outlined above. The database has been established to ensure data held in respect of your name, registration, equality, next of kin, work/residency permit status and disclosure Scotland is accurate, up to date and consistent if you have more than one post and therefore this information will be updated for all posts you hold within NHS Scotland and visible to your employer.

Your manager may also hold information within your department. There will be no unauthorised access.

Requests to share information held in the database are considered by the SWISS Project Board and will only be approved if a legitimate reason exists to share the information which complies with data protection legislation. You will be notified of any requests that are approved.

**FURTHER INSTRUCTIONS**

**Section 4**

Please ignore this section of the form; it should **NOT** be completed in line with the new auto enrolment regulations which mean you will be automatically enrolled into the pension scheme. If you do not wish to join the scheme you must complete an opt out form which can be accessed at: <http://www.sppa.gov.uk/Documents/NHS/NHS%20Useful%20Resources/NHS%20Forms/Opting%20out/NHS%20Opt%20Out%20Form_1.pdf>

**Section 6**

If you do not have a P45 please read the statements below and choose the one that applies to you. You should then put a tick in the corresponding box on the form.

**Statement A -** This is my first job since last 6 April and **I have not** been receiving taxable Jobseeker’s Allowance or taxable Incapacity Benefit or a state or occupational pension.

**or**

**Statement B -** This is now my only job, but since last 6 April **I have** had another job, or have been in receipt of taxable Jobseeker’s Allowance or Incapacity Benefit. I do not receive a state or occupational pension.

**or**

**Statement C** I have another job or receive a state or occupational pension.

**AND if applicable**

**Statement D** If you left a course of Higher Education before last 6 April and received your first Student Loan instalment on or after 1 September 1998 and you have not fully repaid

your student loan, tick box D. (If you are required to repay your Student Loan through your bank or building society account do **not** tick box D)

**Section 7**

The following information **must** be completed on the engagement form. Please insert the appropriate code on the form

|  |  |  |
| --- | --- | --- |
| **Marital Status** | **Gender** | **Country Recruited From** |
| 1 | Divorced | M | Male | 1 | Scotland |
| 2 | Married | F | Female | 2 | England |
| 3 | Single |  |  | 3 | Wales |
| 4 | Widowed |  |  | 4 | Northern Ireland |
| 5 | Civil Partnership |  |  | 5 | Republic of Ireland |
| 6 | Dissolved Civil Partnership |  |  | 6 | Europe EEA |
|  |  |  |  | 7 | Europe non EEA |
|  |  |  |  | 8 | Rest of World |
| **Sexual Orientation** |  |  |  |  |
| 1 | Bisexual |  |  |  |  |
| 2 | Gay |  |  |  |  |
| 3 | Heterosexual |  |  |  |  |
| 4 | Lesbian |  |  |  |  |
| 5 | Other |  |  |  |  |
| 6 | Declined to Comment |  |  |  |  |

|  |  |
| --- | --- |
| **Recruitment Method** | **Entry Source** |
| A | Professional Journal | A | NHS Scotland |
| B | Other Spec Journal | B | NHS Rest of UK |
| C | Press | C | Private Health Organisation |
| D | Vacancy Bulletin | D | Social Care Statutory |
| E | Email | E | Social Care Private/Voluntary |
| F | Internet | F | General Practice |
| G | Job Centre | G | Prison Service |
| H | Job Forum | H | Armed Forces |
| J | Open Day | J | Education Sector |
| K | Word of Mouth | K | Other Public Sector |
| L | Speculative Approach | L | Other Private Sector |
| M | Other Method | M | Self Employed |
| N | NHS Net | N | Abroad - EEA  |
|  |  | P | Abroad - non EEA |
|  |  | R | Initial Education/Training |
|  |  | S | Further Education/Training |
|  |  | T | Re-employed Pensioner |
|  |  | U | No Employment |
|  |  | V | NHSScot Training Scheme |

We recognise that the remaining 5 equality and diversity questions record sensitive information. If you feel uncomfortable completing the equality questions on this form a separate questionnaire survey is available for you to complete and return to the HR Department in your own time. If you wish to complete the separate questionnaire survey form please insert a Q in the boxes on the form and request a questionnaire survey form from your manager.

You do not have to tell us your equality and diversity information however we are either legally required to ask or are monitoring for best practice. For each question there is an option which is “Prefer not to answer”. You should use this option if you prefer not to tell us information in response to any of the questions. If you do not provide an answer to any of the questions a record of prefer not to answer will be held in respect of that question. Please insert the appropriate code on the form.

|  |  |
| --- | --- |
| **Do you consider yourself transgendered?** | **Do you consider yourself Disabled?** |
| Y | Yes | Y | Yes |
| N | No | N | No |
| X | Prefer not to answer | X | Prefer not to answer |
| Q | Questionnaire | Q | Questionnaire |
|  |  |  | If you answer Yes to this question please ask for a separate questionnaire survey form which requests additional information. |

|  |  |  |
| --- | --- | --- |
| **Ethnic Group** | **Religion** | **Sexual Orientation** |
| A1 | White - Scottish | A | Buddhist | 1 | Bisexual |
| A2 | White – Other British | B | Church of Scotland | 2 | Gay |
| A3 | White - Irish | C | Hindu | 3 | Heterosexual |
| A4 | White - Other  | D | Jewish | 4 | Lesbian |
| A5 | White – Gypsy Traveller | E | Muslim | 5 | Other |
| A6 | White – Polish | F | Roman Catholic | 6 | Prefer not to answer |
| B1 | Mixed or Multiple Ethnic Group | G | Sikh | Q | Questionnaire |
| C1 | Asian – Indian, Indian Scottish or Indian British | H | Christian - Other |  |  |
| C2 | Asian – Pakistani, Pakistani Scottish or Pakistani British | I | Other |  |  |
| C3 | Asian – Bangladeshi,Bangladeshi Scottish orBangladeshi British | J | No Religion |  |  |
| C4 | Asian – Chinese, ChineseScottish or Chinese British | X | Prefer not to answer |  |  |
| C5 | Asian - Other | Q | Questionnaire |  |  |
| D1 | Caribbean or Black –Caribbean, CaribbeanScottish or Caribbean British |  |  |  |  |
| D2 | African – African Scottish orAfrican British |  |  |  |  |
| D3 | Caribbean or Black - Other |  |  |  |  |
| D4 | Caribbean or Black – BlackScottish or Black British |  |  |  |  |
| D5 | African - Other |  |  |  |  |
| E1 | Other Ethnic Group - Other |  |  |  |  |
| E2 | Other Ethnic Group – Arab,Arab Scottish or Arab British |  |  |  |  |
| XX | Prefer not to answer |  |  |  |  |
| QQ | Questionnaire |  |  |  |  |

**Section 8**

If you are required to be registered with a statutory registration body the following information **must** be completed on the engagement form. Please insert the appropriate code on the form

|  |  |
| --- | --- |
| **Registration Body** | **Registration Type** |
| GCC | General Chiropractic Council | F | Full |
| GDC | General Dental Council | L | Limited |
| GMC | General Medical Council | P | Provisional |
| GOC | General Optical Council | S | Full with Specialist Registration |
| GPC | General Pharmaceutical Council |  |  |
| HPC | Health Profs Council |  |  |
| NMC | Nursing & Midwifery Council |  |  |
| RPS | Royal Pharmaceutical Soc |  |  |
| SSC | Social Services Council |  |  |

**Registration Parts**

**NMC**

ITP Intention to Practice

ITPL Intention to Practice - Lapsed

LPE Lecturer/Practice Educator

LPEL Lecturer/Practice Educator - Lapsed

MIDW Midwifery

RFHN Family Health Nurse

RFHNL Family Health Nurse - Lapsed

RHV Health Visitor

RHVL Health Visitor - Lapsed

RM Midwife

RML Midwife - Lapsed

RMNH Mental Health Level 1 (RNMH)

RMNHL Mental Health Level 1 (RNMH) - Lapsed

RN1 Adult Level 1 (RN1)

RN1L Adult Level 1 (RN1) - Lapsed

RN2 Adult Level 2

RN2L Adult Level 2 - Lapsed

RN3 Mental Health Level 1 (RN3)

RN3L Mental Health Level 1 (RN3) - Lapsed

RN4 Mental Health Level 2

RN4L Mental Health Level 2 - Lapsed

RN5 Learning Disabilities Level 1 (RN5)

RN5L Learning Disabilities Level 1 (RN5) - Lapsed

RN6 Learning Disabilities Level 2

RN6L Learning Disabilities Level 2 - Lapsed

RN7 General Level 2

RN7L General Level 2 - Lapsed

RN8 Children Level 1 (RN8)

RN8L Children Level 1 (RN8) - Lapsed

RN9 Fever Level 2

RN9L Fever Level 2 - Lapsed

RNA Adult Level 1 (RNA)

RNAL Adult Level 1 (RNA) - Lapsed

RNC Children Level 1 (RNC)

RNCL Children Level 1 (RNC) - Lapsed

RNLD Learning Disabilities Level 1 (RNLD)

RNLDL Learning Disabilities Level 1 (RNLD) - Lapsed

ROH Occupational Health Nurse

ROHL Occupational Health Nurse - Lapsed

RPHN Specialist Community Public Health Nurse

RPHNL Specialist Community Public Health Nurse - Lapsed

RSN School Nurse

RSNL School Nurse - Lapsed

SCLD Specialist Practitioner: Community Learning Disabilities Nursing

SCLDL Specialist Practitioner: Community Learning Disabilities Nursing - Lapsed

SCMH Specialist Practitioner: Community Mental Health Nursing

SCMHL Specialist Practitioner: Community Mental Health Nursing - Lapsed

SPAN Specialist Practitioner: Adult Nursing

SPANL Specialist Practitioner: Adult Nursing - Lapsed

SPCC Specialist Practitioner: Community Children’s Nursing

SPCCL Specialist Practitioner: Community Children’s Nursing - Lapsed

SPCN Specialist Practitioner: Children's Nursing

SPCNL Specialist Practitioner: Children's Nursing - Lapsed

SPDN Specialist Practitioner: District Nursing

SPDNL Specialist Practitioner: District Nursing - Lapsed

SPGP Specialist Practitioner: General Practice Nursing

SPGPL Specialist Practitioner: General Practice Nursing - Lapsed

SPLD Specialist Practitioner: Learning Disability Nurse

SPLDL Specialist Practitioner: Learning Disability Nurse - Lapsed

SPMH Specialist Practitioner: Mental Health

SPMHL Specialist Practitioner: Mental Health - Lapsed

TCH Teacher

TCHL Teacher - Lapsed

V100 Mode 1 Prescribing

V100L Mode 1 Prescribing - Lapsed

V150 Community Practitioner Nurse Prescriber

V150L Community Practitioner Nurse Prescriber - Lapsed

V200 Extended Nurse Prescribing

V200L Extended Nurse Prescribing - Lapsed

V300 Extended/Supplementary Nursing Prescribing

V300L Extended/Supplementary Nursing Prescribing - Lapsed

**HPC**

ARTT Art Therapist

BIOM Biomedical Scientist

CLIN Clinical Scientist

DIET Dietician

HAD Hearing Aid Dispensers

LA Local Anaesthetic

OCCT Occupational Therapist

ODP Operating Department Practitioner

ORTH Orthoptist

PHYS Physiotherapist

PMED Paramedic

POD Chiropodist/Podiatrist

POM Prescription Only Medicine

PPCL Practitioner Psychologist - Clinical Psychologist

PPCO Practitioner Psychologist - Counselling Psychologist

PPED Practitioner Psychologist - Educational Psychologist

PPFO Practitioner Psychologist - Forensic Psychologist

PPHE Practitioner Psychologist - Health Psychologist

PPOC Practitioner Psychologist - Occupational Psychologist

PPSP Practitioner Psychologist - Sport and Exercise Psychologist

PRAC Practitioner Psychologist

PROS Prosthetist & Orthotist

RADI Radiographer

SLT Speech and Language Therapist

SP Supplementary Prescribing

**GDC**

CDT Clinical Dental Technician

DEN Dentist

DHY Dental Hygienist

DNU Dental Nurse

DTE Dental Technician

DTH Dental Therapist

OTH Orthodontic Therapist

**GMC**

IPG Independent Prescriber

PHA1 Pharmacy

PHT1 Pharmacy Technician

SIG Superintendent

SPG Supplementary Prescriber

**RPC**

PHA Pharmacy

PHT Pharmacy Technician