**Coronavirus (COVID-19): right to work checks**

**Guidance for Schools and Services Appointing Staff to the Part-time Hourly Paid Pool**

Right to work checks have been temporarily adjusted due to coronavirus (COVID-19).

The following temporary changes have been made:

* Checks should now be carried out over video calls
* New pool applicants and existing workers can send scanned documents or a photo of documents for checks using email or a mobile app, rather than sending originals

Checks continue to be necessary and you must continue to check the prescribed documents listed in the [Right to Work Checks guidance](https://staff.hud.ac.uk/media/universityofhuddersfield/content/files/hr/downloads/Right_To_Work_Checks_Guidance.pdf). It remains an offence to knowingly employ anyone who does not have the right to work in the UK.

**Conducting a right to work check during the temporary COVID-19 measures**

* Ask the individual to submit a scanned copy or a photo of their original documents to you via email with their completed Pool pack
* Once you have received this, arrange a video call with the individual – ask them to hold up the original documents to the camera and check them against the digital copy of the documents
* Record the date you made the check and mark the scanned copy as “adjusted check undertaken on [insert date] due to COVID-19”
* Add name and signature to each copy taken
* Email your completed Pool pack including your completed right to work check to [HRPool@hud.ac.uk](mailto:HRPool@hud.ac.uk)
* If the worker has a current Biometric Residence Permit or Biometric Residence Card\* or status under the EU Settlement Scheme you can use the [online right to work checking service](https://www.gov.uk/view-right-to-work) while doing a video call - the applicant must [give you permission to view their details](https://www.gov.uk/prove-right-to-work)
* If the pool applicant or existing worker has a current Biometric Residence Permit or Biometric Residence Card or status under the EU Settlement Scheme and cannot show their documents:

Please email [HRPool@hud.ac.uk](mailto:HRPool@hud.ac.uk) and we will work with you to find out if we can apply for a Positive Verification Notice for the employee, to enable them to work, whilst their documents are being processed by the UKVI.

***\*From 6 April 2022, certain visa holders will not be able to use their physical card to demonstrate their right to work but will need to use the Home Office checking service instead. Please refer to the*** [***Right to Work Checks Guidance***](https://staff.hud.ac.uk/media/universityofhuddersfield/content/files/hr/downloads/Right_to_Work_Checks_Guidance.pdf) ***for more information.***

**After the COVID-19 measures end**

You will not be required to carry out retrospective checks on those who had a Covid-19 adjusted check between 30 March 2020 and 30 September 2022 (inclusive).

[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwikwv-cx5nQAhXDDcAKHbYjDfMQjRwIBw&url=http://www.unialliance.ac.uk/blog/tag/huddersfield/&psig=AFQjCNEPLCd484HWcpQMYt_Mg-GHvNaBcQ&ust=1478708094741787)

**Sports Centre Instructor (SPCI) Pool Pack**

**Applicant Authorisation Form**

Please ensure you are using the most up to date pack, these packs can be downloaded via the pool system at <http://hrsystems/pooldb/poolpacks.php> Please include all documentation listed below, as any incomplete packs/out of date packs will be returned and could lead to a delay in processing the contract.

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF APPLICANT) meets all the eligibility to work criteria and has provided all the required documentation to be included in the Hourly Paid Pool***.***

Enclosed with this authorisation form is the required documentation below:

* Completed Personal Details Form
* Completed Equal Opportunities Monitoring Form
* Completed Bank Details/HMRC Form
* Signed and dated right to work documentation (as per the [right to work check guidance](https://staff.hud.ac.uk/media/universityofhuddersfield/content/files/hr/downloads/Right_To_Work_Checks_Guidance.pdf))
* Qualification Certificates (signed and dated)
* Confirmation of Health Clearance from Occupational Health (not health questionnaire)

***Is this individual a current student of the University of Huddersfield?***

*YES / NO*

*(please circle as appropriate)*

***If yes, please note that this student cannot undertake any work prior to becoming a pool member.***

***Additional documentation required if a current student of the University:***

* Signed and dated copy of the student’s current ID card showing their course end date (card must be in date)
* Completed and signed student working hours form
* Copy of term dates

|  |  |
| --- | --- |
| **TO BE SIGNED AND DATED BELOW BY AN AUTHORISED SIGNATORY:** | |
| **Signed:** | **Date:** |
| **Name (printed):** | |

**Once complete, the School/Service contact should email this pack to** [**HRPool@hud.ac.uk**](mailto:HRPool@hud.ac.uk)

Please complete all boxes below as fully as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***PERSONAL DETAILS FORM*** | | | | | |
| Surname: |  | | | | |
| Full Forename(s):  (including Title) |  | | | *Please circle as appropriate*  Dr/ Mr/ Mrs/ Miss/ Ms/ Mx | |
| Full Postal address:  (the address you provide will be used for all correspondence sent to you, eg contract, payslips etc) |  | | | | |
| Post Code: |  | | | | |
| Contact telephone number: |  | | | | |
| E-mail address: (if student please give student e-mail) |  | | | | |
| Date of Birth: |  | | | | |
| ***IF YOU ARE A CURRENT STUDENT AT HUDDERSFIELD UNIVERSITY, PLEASE ALSO COMPLETE THE SECTIONS BELOW:*** | | | | | |
| Course Level (please tick): | □ Undergraduate | □ Masters Level | □ Doctoral Level | | □ Other |
| Course Title: |  | | | | |
| Course end date: |  | | | | |
| Student ID Number: |  | | | | |

I confirm that the above information is correct and I have answered all questions accurately.

Signed: ……………………………………………………………. Date: ………………………………………

**Equal Opportunities Monitoring Form**

The University of Huddersfield is committed to equality and diversity monitoring in employment. The following questions are designed to assist inequality of opportunity and diversity monitoring. By providing this information you agree that information may be recorded and processed by the University of Huddersfield in order to produce statistics to support the monitoring of its Equal Opportunities and Diversity Policy.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed by student - please check or complete the boxes as appropriate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender:    Female | | | | Male | | | | | | | Unspecified | | | | **Date of Birth:** | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | |  | |
| This information is used to identify any areas of differential impact on grounds of gender and to assist in drafting plans to address this. We require this information to comply with our responsibilities under the Equality Act 2010. This information is also used by the Higher Education Statistics Agency (HESA) to monitor trends in Higher Education employment | | | | | | | | | | | | | | | This information is required by HM Revenue & Customs for PAYE purposes. It is also used to identify any areas or age discrimination of any areas of differential impact. We require this information to comply with our responsibilities under the Equality Act 2010. This information is also used to process pension requests and to calculate relevant payments. | | | | | | | | | | | | | |
| Marital Status: | | | | | Single  Married | | | | | | | Estranged  Widowed | | | Divorced  Partner | | | | Other | | | | | |  | | | |
| This information is used to identify any areas of differential impact on grounds of gender and to assist in drafting plans to address this. We require this information to comply with our responsibilities under the Equality Act 2010. This information is also used by the Higher Education Statistics Agency (HESA) to monitor trends in Higher Education employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality: | |  | | | | | | | | | | | | | This information is required by the Higher Education Statistics Agency (HESA). | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Ethnic Origin:** | | | African  Bangladeshi  Caribbean  Chinese | | | | | | | Indian  Irish  Pakistani  White | | | | White & Irish  White & Asian  White & Black African  White & Black Caribbean  Other Asian background | | | | | | | Other Black background  Other Ethnic background  Other mixed background  Other White background  Information refused | | | | | | | |
| Under the Equality Act 2010, the University has a duty to monitor the ethnicity of staff. This information is used to identify any differential impact of grounds of race and to assist in drafting plans to address this. This information is also used by the Higher Education Statistics Agency to monitor trends in HE employment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability: Are you: | | | | | | | Declared Disabled | | | | | | Disabled but not registered | | | | | | | | | Not disabled | | | | | | |
|  | Disability description: | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| This information is used to identify any areas of differential impact on grounds of disability and to assist in drafting plans to address this. The information is also used to ensure reasonable adjustments and adaptations are made to support staff with disabilities. We require this information to comply with our responsibilities under the Equality Act 2010. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual Orientation:  Do you consider yourself: | | | | | | | | Bisexual  Gay | | | | | | | | Heterosexual  Lesbian | | | | | | | Other  Prefer not to say | | | | | |
| This information is used to identify any areas of differential impact on grounds of sexual orientation and to assist in drafting plans to address this and is also used to help us comply with our responsibilities under the Equality Act 2010. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Criminal Conviction: Have you ever been convicted of an offence which is not regarded as "spent" under the Rehabilitation of Offenders Act 1974 (as amended)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | If yes please provide the date(s), nature of offence(s) and sentence(s) passed: | | | | | | | | | | | | | | | | | | | |  | | |
| Applicants will be judged on their ability to perform the duties of the position applied for and convictions will only be taken into account if they are relevant to that type of work. Where a position is subject to a Disclosure and Barring Service check specific details will be provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religious Belief/Faith:  Do you consider yourself: | | | | | | | | | Buddhist – Mahayana  Christian  Christian – Orthodox  Christian – Protestant  Christian – Roman Catholic  Confucianism | | | | | | | | Hindu  Islam – Shiite  Islam – Sunni  Jewish  Judaism – Hassidic  Judaism – Orthodox | | | | | | | Judaism – Reformed  Muslim  Shintoism  Sikh  Taoism  Other  No religion | | | | |
| Agnostic  Atheist  Buddhist  Buddhist – Hinayana | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |
| This information is used to identify any areas of differential impact on grounds of religion and/or belief and to assist in drafting plans to address this. This information is also used to help us comply with our responsibilities under the Equality Act 2010. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | |

**BANK DETAILS FORM / HMRC INFORMATION**

Please complete the following details to enable credit of your salary to your bank or building society account. Incorrect details could delay payment.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | | | | | Dr/ Mr/ Mrs/ Miss/ Ms/ Mx  *Please circle as appropriate* |
| N.I. Number: |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank/Building Society Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank/Building Society Postal Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Sort Code: |  | |  | |  | |  | |  | |  | | Account Number: | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |
| Account name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Roll Number with Building Society (if applicable) |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  |

­­­­­­­­As a new employee, the University needs the following information to tell HMRC about you and help them use the correct tax code. Please complete the details below.

Please select only one of the following statements, A, B or C.

**A □** This is my first job since last 6 April and I have not been receiving taxable Jobseeker’s Allowance, Employment and Support Allowance, taxable Incapacity Benefit, State or Occupational Pension.

**B □** This is now my only job but since last 6 April I have 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.

**C □** As well as my new job, I have another job or receive a State or Occupational Pension.

**Student Loan Student Loan Plans**

1. **Do you have a student loan which is not fully repaid? 3. What type of Student Loan do you have?**

Yes □ If yes, go to question 2 Plan 1 □

No □ If no, go to question 4 Plan 2 □

1. **Are you repaying your Student Loan direct to the Student 4. Did you finish your studies before the last 6 April?**

**Loans Company by agreed monthly repayments?**

Yes □ If yes, go to question 4 Yes □

No □ If no, go to question 3 No □

*(You will have a Plan 1 Student Loan if you lived in Scotland or Northern Ireland when you started your course or you lived in England or Wales and started your course before September 2012. You will have a Plan 2 Student Loan if you lived in England or Wales and started your course on or after 1 September 2012).*

|  |  |
| --- | --- |
| Signed: | Date: |

**Evidencing your Right to Work in the UK**

We are required to obtain proof of your eligibility to work in the UK therefore it would be appreciated if you could provide an electronic copy (scan/photo) of any current eligibility you have to work in the UK (e.g. UK/Irish passport, birth certificate, BRP).

Our [Right to Work Checks guidance](https://staff.hud.ac.uk/media/universityofhuddersfield/content/files/hr/downloads/Right_To_Work_Checks_Guidance.pdf) confirms which documents are acceptable when evidencing eligibility to work in the UK. In some cases, you may be required to provide a combination of documents for example, a birth certificate must be provided with evidence of your NI number.

Please ensure that any copies you send through capture the whole page or document so no edges or text is missing and that your copies are clear and not distorted.

If you do not currently have eligibility to work in the UK please send a copy of your passport.

Please send copies of your right to work documentation to the School/Service who are appointing you and who have provided you with this pack.

***Please note that driving licences cannot be accepted as proof of eligibility to work***

**(To be given to the employee to complete, please do not send copy of questionnaire to HR as this is confidential)**

**OCCUPATIONAL HEALTH DEPARTMENT**

Dear Candidate

As part of recruitment to the part-time hourly paid lecturer’s pool, individuals are required to complete a health questionnaire.

Completed health questionnaires are kept strictly confidential within the Occupational Health Service and form part of your Occupational Health record with reference to the University Occupational Health Policy which can be viewed at: [**http://www.hud.ac.uk/oh/**](http://www.hud.ac.uk/oh/)

Occupational Health records are retained in compliance with current guidelines supplied by the General Medical Council and with reference to the Control of Substances Hazardous to Health Regulations where applicable.

I should be grateful therefore if you would complete and return this questionnaire as soon as possible, preferably by e-mail to [**HealthClear@hud.ac.uk**](mailto:HealthClear@hud.ac.uk)or in the envelope provided in order to complete the appointment procedure.

Yours sincerely



Tel: 01484 471800

Fax: 01484 473360

Email: [occupational.health@hud.ac.uk](mailto:occupational.health@hud.ac.uk)

L:\Occ-Health\OH docs - current\Q65 Employee Health Questionnaire letter.doc

**POOL NOMINEE**

**Sports Coach/Class Instructor**

OCCUPATIONAL HEALTH DEPARTMENT

**HEALTH QUESTIONNAIRE**

**STRICTLY CONFIDENTIAL**

This questionnaire should be completed by all job candidates after offer of employment has been made and prior to taking up the post. It is designed to ensure that you are not placed at risk in the work place. The purpose of the questionnaire is not to exclude you from work but to see whether you have any health problems that may require support / equipment to enable you to work.

An Occupational Health specialist may need to speak to you about your health in order to determine what support you need therefore please ensure that you provide at least one method of daytime contact. If as a result of this process, information needs to be provided to the relevant manager in order to make arrangements to assist you in your role this will be discussed with you and a report will be prepared.

The university is registered with the Data Protection Commissioner to process data and any personal data supplied will be held strictly in accordance with current Data Protection legislation.

**Please complete this form using black ink or typescript and return it at once either by email to: HealthClear@hud.ac.uk**

**or in the envelope provided to:**

**The Occupational Health Department, Level 10 CSB, University of Huddersfield, Queensgate, Huddersfield, HD1 3DH.**

|  |  |
| --- | --- |
| **1 Post Applied For (section to be completed before sending to the candidate)** | |
| Job Title:  **Sports Centre Instructor** | Post ref no:  (Enter N/A if not being completed by HR) |
| School or Service:  **Estates & Facilities** | Department: |
| Full time / Part time: | Is this post aRequest to appoint? Yes / No YES |
| Is Health Surveillance required? Yes / No  If Yes please record managers name: | |
| Recruitment team / School or Service contact for notification purposes: | |

|  |  |
| --- | --- |
| 1. **PERSONAL DETAILS to be completed by job candidate** | |
| Title: | Forenames: |
| Surname: | Previous Surname(s): |
| Gender: | National Insurance No: |
| Date of Birth: | Email address: |
| Current Address:  Postcode: | Telephone (include STD code): |
| Mobile: |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **QUESTIONS to be completed by job candidate.**   **If necessary please continue on a separate piece of paper** | | | |
|  | **Yes** | **No** | **Details** |
| Do you have any physical illness /impairment, psychological / mental health problems or disability which may affect your ability to do your job?  If yes please provide details |  |  |  |
| Have you ever had any health problems which may have been caused or made worse by work?  If yes please provide details |  |  |  |
| Are you receiving medication / treatment or investigations at present?  If your answer is yes, please provide further details of the condition, medication, treatment and dates |  |  |  |
| Do you think you may need any adjustments or assistance to help you to do your job?  If your answer is yes what assistance do you feel you need? |  |  |  |
| Do you have a learning disability or learning difficulty that may impact upon your ability to undertake your duties? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. DECLARATION to be completed by job candidate** | | | |
| I declare that the statements on this form are true and complete to the best of my knowledge and belief.  I understand no medical details will be divulged without my permission to any person outside the Occupational Health Service, but an opinion about my fitness for work will be given to the Personnel / School or Service contact detailed in section 1.  I understand that this health declaration may be forwarded to an Occupational Health Physician involved in the assessment of my fitness for the role described and I give my consent for this to take place.  Signed Date  NB signature not required for electronic submission by email | | | |
| **5. OCCUPATIONAL HEALTH ADMIN USE** | | | |
| Date entered on COHORT: | Incomplete info YES / NO | | Passed to OHN YES / NO |
| Screened by: | Date routine advice mailed to contact(s): | | |
| **6. On-going OH Actions (if required)** | | OHN Phone contact required YES / NO | |
| OHN appt YES / NO  Date advised contact(s): | | OHP referral YES / NO  Date advised contact(s): | |
| Report request YES / NO  Date advised contact(s): | | Refer to Q95 advice: YES / NO | |
| Screened by OHN / OHP name: | | Date final advice mailed to contact(s):  By: | |

***UNIVERSITY OF HUDDERSFIELD – TERM AND VACATION DATES***

**The University is required to obtain evidence of student’s academic term and vacation dates in order to establish and retain the statutory excuse when employing students and to ensure students adhere to the Student Employment Policy.**

**Please note these term times and return a copy of this sheet with the completed pool pack so that it can form part of the pool file.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020/2021** | **2021/2022** | **2022/2023** |
| **Autumn Term** | **Monday 21 September to**  **Friday 18 December** | **Monday 20 September to Friday 17 December** | **Monday 19 September to Friday 16 December** |
| *Christmas Vacation* | **Saturday 19 December to Sunday 10 January** | **Saturday 18 December to Sunday 9 January** | **Saturday 17 December to Sunday 8 January** |
| **Spring Term** | **Monday 11 January to**  **Friday 26 March** | **Monday 10 January to Friday 8 April** | **Monday 9 January to**  **Friday 24 March** |
| *Easter Vacation* | **Saturday 27 March to**  **Sunday 18 April** | **Saturday 9 April to**  **Sunday 1 May** | **Saturday 25 March to Sunday 16 April** |
| **Summer Term** | **Monday 19 April to**  **Friday 9 July** | **Monday 2 May to**  **Friday 8 July** | **Monday 17 April to**  **Friday 7 July** |
| *Summer Vacation* | **Saturday 10 July to**  **Sunday 19 September** | **Saturday 9 July to**  **Sunday 18 September** | **Saturday 8 July to**  **Sunday 17 September** |

**Only to be completed if you are a current student at the University**

**STUDENT WORKING HOURS**

The arrangements for different groups of students are as follows. Term times are as stated on the table enclosed. Please use the tick boxes below to inform us of the type of course you are studying at the University.

|  |
| --- |
| **Undergraduate Students**  **FULL AND PART TIME** undergraduate students must not be employed for more than 15 hours per week in total across the University during term time. Outside of term time the standard working week of 37 hours applies.  **FULL TIME  *tick if this applies to you* PART-TIME *tick if this applies to you*** |

|  |
| --- |
| **Taught Postgraduate Students**  **FULL TIME** taught postgraduate students(outside the dissertation stage) must not be employed for more than 15 hours per week during term time. Outside of term time for the Christmas and Easter vacations the standard working week of 37 hours applies. The summer vacation period is the dissertation period and employment must not exceed 15 hours per week during this time.  ***tick if this applies to you***  **PART TIME** taught postgraduate students may be employed for up to 37 hours per week but must attend all taught provision and any other course requirements.  ***tick if this applies to you***  \****Work is not allowed for international students who are subject to visa requirements, studying a part-time course at post-degree level.*** |

|  |
| --- |
| **Research Postgraduate Students**  **FULL TIME** research postgraduate studentsdo not operate across terms. There are no vacation periods for postgraduate research students; however they may take 35 days’ leave per year. They must not be employed for more than 15 hours per week in total across the University, however during their leave periods they may work up to 37 hours per week in any week of leave taken. ***This is subject to confirmation of leave from their supervisor being received by Human Resources.***  ***tick if this applies to you***  **PART TIME** research postgraduate students may be employed for up to 37 hours per week but must attend any compulsory elements e.g. research seminars or skills development sessions.  ***tick if this applies to you***  \****Work is not allowed for international students who are subject to visa requirements, studying a part-time course at post-degree level.*** |

***\*UKVI changes effective 11 January 2018 applicable to Tier 4/Student visa’s issued after this date.***

*Please note that the above restrictions on student working hours in the*

*University will be strictly enforced and you may not receive payment for any hours worked exceeding the permitted limits. Any breach of the permitted limits may result in your permanent removal from the Student Employment Pool.*

**I accept and understand the restrictions on my working hours as outlined above.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_