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**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 Please include all documentation listed below, as any incomplete packs/out of date packs will be returned and could lead to a delay in processing the contract.

|  |
| --- |
| ***(ENTER APPLICANT NAME HERE)*** |

I confirm that meets all the eligibility to work criteria and has provided all the required documentation to be included in the Part Time 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)

***Additional documentation required if they are a Tier 2 or Skilled Worker visa holder employed elsewhere:***

Letter from their current employer (Sponsor) confirming their current role, occupation code and working pattern.

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

*YES*  *NO*

*(please tick 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

|  |  |
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| **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** | | | |
| **Surname:** |  | | |
| **Full Forename(s):** |  | Dr  Mr  Mrs | Miss  Ms  Mx |
| *Please tick as appropriate* | |
| **Full Postal Address:**  *The address you provide will be used for all correspondence sent to you, e.g. contract, payslips etc.* |  | | |
| **Post Code:** |  | | |
| **Contact Telephone Number:** |  | | |
| **E-mail Address:**  *If you are a student, please provide your student email address.* |  | | |
| **Date of Birth:** |  | | |
| ***IF YOU ARE A CURRENT STUDENT AT HUDDERSFIELD UNIVERSITY, PLEASE ALSO COMPLETE THE SECTIONS BELOW:*** | | | |
| **Course Level:** | 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:** |

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| A close up of a logo  Description automatically generated | **Human Resources**    **Equal Opportunities Monitoring Form (October 2023)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The University of Huddersfield is committed to recruiting, retaining and developing a workforce that reflects the diverse community we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair and transparent.  Any information provided on this form will be treated as strictly confidential and will be used for monitoring purposes only in accordance with our [privacy notice](https://www.hud.ac.uk/media/assets/document/informationgovernance/dataprotection/StaffPrivacyNotice.pdf). | | | | | |
| **Please complete the boxes as appropriate** | | | | | |
| **Gender**  Female  Male  Unspecified  We are required to ask the legal gender of employees for HMRC purposes, however the University recognises and celebrates trans (including non-binary) identities and uses inclusive questions on all other forms and systems. 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. | | | **Disability**  Disabled  Not Disabled  Prefer not to say   |  | | --- | | **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. We require this information to comply with our responsibilities under the Equality Act 2010. The information is also used to ensure reasonable adjustments and adaptions are made to support staff with disabilities. | | |
| **Date of Birth**   |  | | --- | |  |   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. | | | **Ethnic Origin**  African  Arab  Bangladeshi  Caribbean  Chinese  Gypsy or Traveller  Indian  Irish  Pakistani  Prefer not to say  Not known | Other Black background  Other Asian background  Other Ethnic background  Other Mixed background  Other White background  White British  White and Asian  White and Black African  White and Black Caribbean | |
| **Nationality**   |  | | --- | |  |   This information is used to identify any areas of differential impact on grounds of nationality 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 used to identify any areas of differential impact on grounds of race 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. | | |
| **Sexual Orientation**  Bi  Gay man  I use another term  Lesbian/Gay woman  Prefer not to say  Straight/Heterosexual  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. We require this information to comply with our responsibilities under the Equality Act 2010. | | | **Marital Status**  Civil Partnership  Divorced  Estranged  Married  Not specified | | Other  Partner  Single  Unknown  Widowed |
| This information is used to identify any areas of differential impact on grounds of marital status and to assist in drafting plans to address this. We require this information to comply with our responsibilities under the Equality Act 2010. | | |
| **Religion or Belief**  ☐ No religion  Buddhist  Christian  Hindu  ☐ Jewish | | Muslim  Sikh  Any other religion or belief  Prefer not to say | **Criminal convictions**    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. | | |
| 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. We require this information to comply with our responsibilities under the Equality Act 2010. | | |
| **Signature** |  | | | | |
| **Name** |  | | | | |
| **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 | | |
| N.I. Number: |  | | |  | | |  | | |  | | |  | |  | |  | |  | | |  | | | *Please tick as appropriate* | | | | | | | | | |
| 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***

|  |
| --- |
| **Additional Requirements for Tier 2 or Skilled Visa Holders**  If you are a Tier 2 or Skilled Worker visa holder employed by another organisation, you will need to obtain a confirmation of employment letter from your employer (Sponsor) which confirms the following details:   * Job title * Occupation Code (SOC Code) * Working pattern   This letter must be submitted with your completed application pack. We will then be able to determine your eligibility to undertake work within the University’s part time hourly paid pool. |

**Carrying out a Right to Work Check (for School/Service use):**

**Adjusted Checks**

From 1 October 2022 adjusted right to work checks can no longer be undertaken. Instead, you must carry out one of the prescribed checks below before employment commences:

* **a manual right to work check**

For this type of check you are required to see the original documentation in the presence of the holder. This can be a physical presence in person or via a live video link but in both cases you **must** be in physical possession of the original documents.

Or

* **an online right to work check**

For this type of check you would use the Home Office online right to work checking service. Checks using the Home Office online checking service do not require you to check physical documents and can be carried out by video call as right to work information is provided in real time directly from Home Office systems.

*It will not be possible to conduct a Home Office online right to work check in all circumstances as not all individuals will have an immigration status which can be checked online. Where an online check is not possible, you should conduct a manual right to work check.*

**Additional requirements for Tier 2 or Skilled Worker Visa holders employed elsewhere:**

Tier 2 or Skilled Worker Visa holders who are employed by another organisation are not automatically permitted to commence employment with the University. A letter from their employer (Sponsor) is required to determine their eligibility to undertake work within the Pool and this must be submitted with their pool application pack.

Please refer to our [Right to Work Checks guidance](https://staff.hud.ac.uk/media/universityofhuddersfield/content/files/hr/downloads/Right_To_Work_Checks_Guidance.pdf) for step to step instructions on how to carry out a Right to Work Check.

**(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)

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**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.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2023/2024** | **2024/2025** | **2025/2026** |
| **Autumn Term** | **Monday 18 September to**  **Friday 15 December** | **Monday 16 September to Friday 13 December** | **Monday 22 September to Friday 19 December** |
| *Christmas Vacation* | **Saturday 16 December to Sunday 7 January** | **Saturday 14 December to Sunday 5 January** | **Saturday 20 December to Sunday 11 January** |
| **Spring Term** | **Monday 8 January to**  **Friday 22 March** | **Monday 6 January to Friday 4 April** | **Monday 12 January to**  **Friday 27 March** |
| *Easter Vacation* | **Saturday 23 March to**  **Sunday 14 April** | **Saturday 5 April to**  **Sunday 27 April** | **Saturday 28 March to Sunday 19 April** |
| **Summer Term** | **Monday 15 April to**  **Friday 5 July** | **Monday 28 April to**  **Friday 4 July** | **Monday 20 April to**  **Friday 10 July** |
| *Summer Vacation* | **Saturday 6 July to**  **Sunday 15 September** | **Saturday 5 July to**  **Sunday 21 September** | **Saturday 11 July to**  **Sunday 20 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. **PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO MONITOR YOUR WORKING HOURS AND ENSURE YOU DO NOT EXCEED THE LIMITS AS PER THE TABLE BELOW.**

|  |
| --- |
| **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**    **Doctoral Level**  **Masters Level**  **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:** |