

Important notes for the Direction Employer

\$FFHVV WR WKH 1+6 3HQVLRQ 6FKHPH LV RQO\ DYDLODEOH WR DQ H
GHWDLQHG LQ D VHFWLRQ GLUHFWLRQ µWKH GLUHFWLRQ GRFX

\$Q HOLJLEOH HPSOR\HH PXVW PDNH DQ DSSOLFDWLRQ WR FRQWULE
PRQWKV RI WKH GDWH RI FRPPHQFHQW RI WKH UHOHYDQW HPSOI
WR WKH HOLJLEOH HPSOR\HH DW WKH HDUOLHVW RSSRUWXQLW\

7KH HPSOR\HH PD\ RQO\ FRPPHQFH FRQWUL~~EHKFWWLIRYQH~~ GLOWDHF DRUGHDW
WKH GLUHFWLRQ GRFXPHQW

Important notes for the Employee

,I \RXU HPSOR\PHQW IXOO\ VDWLVHV WKH FULWHULD GHWDLQHG L
PHQW\ \RX PD\ PDNH DQ DSSOLFDWLRQ WR FRQWULEXWH WR WKH
7KLV IRUP LV \RXU DSSOLFDWLRQ WR SD\ FRQWULEXWLRQV LQWR W

<RX PXVW UHWXUQ WKH FRPSOHWHG IRUP WR \RXU HPSOR\HU ZLWK
\RXU DSSOLFDWLRQ LV ODWH LW PD\ KDYH WR EH WXUQHG GRZQ

Notes for Medical School Employment Only

<RX PD\ RQO\ DSSO\ WR FRQWULEXWH WR WKH 1+6 3HQVLRQ 6FKHPH
OHGLFDO 6FKRRO LQ ZKLFK LQVWUXFWLRQ LV JRLWHLQ QRDRSQRHVNL RDODGR
LQVWLWXWH IRU PHGLFDO RU GHQWDO UHVHDUFK

Part 1 To be completed by the employee

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To

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\$GGUHVV RI \RXU QHZ HPSOR\HU

Post code

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1DPH RI ODVW SODFH RI 1+6 ZRUN)XOO DGGUHVV RI ODVW SODFH

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That job ended on:

L

Post code

'LG \RX FRQWULEXWH WR WKH 1+6 3HQVLRQ 6FKH~~H~~PH GXUL~~R~~J WKLV H
,I 1R GLG \RX RSW RXW RI WKH 1+6 3HQVLRQ 6~~F~~H~~K~~PH " 1R
'LG \RX WDNH RXW DQ \$9& FRQWUDFW LQ WKLV SHYLRXVR1+6 HPSO

, GR QRW ZLVK WR SD\ FRQWULEXWLRQV WR WKH 1+6 3HQVLRQ

, ZDQW WR SD\ SHQVLRQ FRQWULEXWLRQV GXULQJ P\ SUHVHQW

ZKLFK VWDUWHG RQ

6LJQDWXUH

'DWH

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~~MITIGATION OF RISKS~~

you have entered on this form.

Now send this form to your new employer

Part 2 To be completed by the employer

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EA code

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Yes

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For Medical School Employment Only . Please tick the box which applies

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L Q V W U X F W L R Q L V J L Y H Q W R 0 H G L F D O R U ' H Q W D O V W X G H Q W V R Q O
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Part 3 To be completed by NHS Pensions

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sign and date below

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