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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***This form should be used by new starters to notify the School of the bank details to be used for salary purposes and sent by post to the Human Resources department or by email to*** [***HRForms@lshtm.ac.uk***](mailto:HRForms@lshtm.ac.uk)***.***  ***It should also be used by existing employees to notify the Payroll department of changes to bank details. In this case it should be sent directly by post to the Payroll department or via ‘Request a Payroll Service’ on the ServiceDesk.*** | | | | | | | | | | | | | | | |
| Employee Information | | | | | | | | | | | | | | | |
| **(must match passport)** | | | | | **Title** | | | **First Name** | | **Middle Name(s)** | | **Surname** | | | |
| **Employee Name** | | | |  | | | |  | |  | |  | | | |
| **Employee No** | | |  | | | | Date of Birth | | *Enter Date* | | NI Number | |  | | |
| **Faculty** | *Choose from list* | | | | | | | | | | | | |
| **Department** | | *Choose from list* | | | | | | | | | | | | |
| **Reason for completion** | | | | | | *Choose from list* | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Details | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Name of Bank / Building Society** | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | *Street Address* | | | | | | | | | | | | | | | *Town* | | | |
| **Address** |  | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| ***City*** | | | | | | | *County* | | | | | *Country* | | | | | *Post Code* | | | | |
|  | | | | | | |  | | | | |  | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Account in Name of: | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | |
| *If the name on the Bank Account is different to the employee name shown above, please provide brief details.* | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Sort Code | |  | | | | | |  |  | | | | |  | | | | | |  | |
| Account Number | | | | |  | | | | | |  | | | | | |  | | | | |
| Building Society Reference | | | | | | | |  | | | | | | |  | |  | | | | |
| Overseas Details (e.g. IBAN No / SWIFT CODE) | | | | | | | | | | | | |  | | | | | | | |  |
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| --- | --- | --- | --- |
| Authorisation to Use Bank Details | | | |
|  | | | |
|  | *Signature* | *Name* | *Date* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** |  |  | *Enter date* |

|  |  |  |  |
| --- | --- | --- | --- |
| Verification Details (*for office use only*) | | | |
| ***Activity*** | *Name* | ***Title*** | *Date* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Payroll Input* |  | | |  | *Enter date* |
| *Payroll Checked* | |  | |  | *Enter date* |
| *Screen Print to Finance* | | |  |  | *Enter date* |

***If you are completing this form by hand, please refer to the tables below where applicable:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty** | | | |
| 1 | Division of Education | 5 | MRC/UVRI and LSHTM Uganda Research Unit |
| 2 | Epidemiology Population Health | 6 | Professional Services |
| 3 | Infectious and Tropical Diseases | 7 | Public Health and Policy |
| 4 | MRC Unit The Gambia at LSHTM |  |  |

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| **Department** | | | |
| 1 | Biological Services | 27 | Infectious Disease Epidemiology & International Health |
| 2 | Bloomsbury Research Institute (BRI) | 28 | Infection Biology |
| 3 | Centre for Excellence in Learning & Teaching (CELT) | 29 | Infectious Disease Epidemiology & Dynamics |
| 4 | Clinical Research | 30 | Information Technology Services |
| 5 | Communications & Engagement | 31 | ITD Central |
| 6 | Development & Alumni Relations | 32 | ITD Distance Learning |
| 7 | Directorate | 33 | Library, Archive & Open Research Services |
| 8 | Disease Control | 34 | Medical Statistics |
| 9 | Distance Learning Office | 35 | Non-Communicable Disease Epidemiology |
| 10 | Division of Education Central | 36 | Occupational Health & Safety |
| 11 | EPH Central | 37 | PHP Central |
| 12 | EPH Distance Learning | 38 | PHP Distance Learning |
| 13 | Estates | 39 | Population Health |
| 14 | Finance & Procurement | 40 | Public Health, Environments & Society |
| 15 | Global Health & Development | 41 | Quality and Academic Standards |
| 16 | GM-Child Survival Theme | 42 | Registry |
| 17 | GM-Disease Control & Elimination Theme | 43 | Research Management |
| 18 | GM-Gambia Clinical Services/Comms | 44 | Secretary's Office |
| 19 | GM-General Administration | 45 | Student Support Services |
| 20 | GM-IS | 46 | Teaching Support Office |
| 21 | GM-Laboratory Management | 47 | Technology-Enhanced Learning |
| 22 | GM-Nutrition Theme | 48 | UG-Basic Science |
| 23 | GM-Vaccinology Theme | 49 | UG-HIV Care |
| 24 | GM-West African Initiative | 50 | UG-HIV Prevention & Epidemiology |
| 25 | Health Services Research & Policy | 51 | UG-Uganda Science Support |
| 26 | Human Resources |  |  |

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| **Reason for Completion** | | | |
| 1 | New Starter Form | 2 | Change of Details Form |