

**NATIONAL HEALTH SERVICE  
STAFF TRANSFER FORM**

*I forward herewith, please send the following details of service and superannuation in respect of the officer named in paragraph 1 below.*

To: The Treasurer	Payroll Ref. No..... (of the originating Authority)
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Date: .....

**1. IDENTIFICATION (To be completed by the originating Authority)**

- (a) Surname (CAPITALS) ..... Mr/Dr/Mrs/Miss (nee.....)
- (b) Forename(s) .....
- (c) Date of marriage.....
- (d) Where last employed.....
- (e) Employed as .....
- (f) Stated date of leaving.....

**2. EMPLOYMENT MOST RECENTLY TERMINATED**

<b>Nat. Ins. No.</b>					
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- (a) Basic annual/ weekly/hourly rate (excl. London Weighting) £.....p
- (b) Salary Scale £..... S.P.S Computer Scale.....
- (c) Date to which paid ..... Advanced Letter .....
- (d) Incremental date .....
- (e) If on maximum, date attained .....
- (f) Date of Birth ..... Verified / Not verified
- (g) Any other information (personal salary and / or protected conditions, unpaid leave, service affecting increments, etc. Copies of relevant authority attached).

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**3. SERVICE (detail all relevant service, latest first)**

Employing Authority	Post Held (Whitley Grade)	W/T or P/T	Dates From To	Verified Y/N
<b>As in paragraphs 1 and 2</b>				

**4. QUALIFICATIONS, DIPLOMAS, ETC. AFFECTING PAY**

QUALIFICATION	DATE OPERATIVE

**5. ANNUAL LEAVE**

(a) Normal full year entitlement ..... working days / weeks

(b) Leave taken and / or paid for ..... working days / weeks

(c) Leave due but unpaid at date of termination:-

(i) In respect of service in current leave year ..... working days / weeks

(ii) In respect of service in previous leave year..... working days / weeks

(e.g. A.S.C. Staff)

**6. SICK LEAVE DURING TWELVE MONTHS PRIOR TO DATE OF TERMINATION**

SICK LEAVE (Excluding Industrial Injury Sickness)					Industrial Industry Sickness				
From	To	Working days			From	To	Working days		
		F.P	H.P	U.P			F.P	H.P	U.P

**7. SUPERANNUATION**

(a) Scheme applicable: N.H.S.S.S/ F.S.S.N/ A.O.S

(b) S.D.No.....

(c) If part-time has option form been received ..... If yes attach copy

(d) Mental Health Officer status Yes/No

(e) Purchase of Added Years / Bigger Lump Sum - If applicable please attach FA23 (copy) and FA15/16 (copy)

(f) Purchase of Added Benefits by Extra % Contributions:- Added Years .....% Bigger Lump Sum.....%

**8. DOMICILIARY VISITS (Consultants only)**

Please indicate details of D.V.'s during current financial year:

It is very important that the receiving payclerk advises the appropriate section of the Treasurers Department of an entry in this box

**9. CAR STATUS**

(a) Regular car user Yes/No

(b) If yes date of classification .....

(c) In receipt of assisted Car Purchase Yes/No

(d) Indicate type of loan and percentage.....

(e) Indicate mileage claimed since 1st April in current year.....

**10. Does assisted house purchase apply? Yes/No**

*Signature on behalf of authority completing particulars.....*

Name in BLOCKS .....

Date.....

Designation.....

Return to:

**David Phillips**  
**Primary Care Finance Manager**  
**Southwark PCT**  
**6<sup>th</sup> Floor, Mabel Goldwin House**  
**49 Grange Walk**  
**London**  
**SE1 3DY**