HMRC & ONBOARDING CHECKLIST FOR HEALTHCARE AGENCY STAFF

Flexy Group Ltd | Compliance, Tax Starter (P46/Starter Checklist), Right to Work & Agency Declarations

1. PERSONAL DETAILS & AGENCY ASSIGNMENT

Full Legal Name:	_____
National Insurance No:	___ ___ ___ ___ ___ ___ ___ ___ _
Date of Birth (DD/MM/YYYY):	___ / ___ / _____
Home Address:	_____ Postcode: _____
Contact Phone / Email:	Phone: _____ | Email: _____
Agency Role / Placement:	Healthcare Assistant / Support Worker / Nurse

2. HMRC STARTER CHECKLIST (EMPLOYEE STATEMENT)

*Select **only one** statement (A, B, or C) that applies to you since 6 April current tax year. This determines your initial PAYE tax code.*

[ ] STATEMENT A ***First Job Since 6 April***	This is my first job since 6 April, and since 6 April I have not received payments from Jobseeker's Allowance (JSA), Employment and Support Allowance (ESA), or Incapacity Benefit.
[ ] STATEMENT B ***Only Job, But Had Another***	This is my only job, but since 6 April I have had another job, or received taxable JSA, ESA, or Incapacity Benefit. I do not receive a pension.
[ ] STATEMENT C ***Multiple Jobs / Pension***	As well as this job, I have another job or receive a State, workplace, or private pension. *(Note: Usually assigned BR / basic rate tax code).*

3. STUDENT & POSTGRADUATE LOAN DECLARATION

Do you have a Student Loan that has not been fully repaid?	[ ] Yes [ ] No
If Yes, which Plan type applies? (Tick one)	[ ] Plan 1 [ ] Plan 2 [ ] Plan 4 [ ] Plan 5 [ ] Postgraduate Loan
Are you repaying your Student Loan directly by agreement with the Student Loans Company?	[ ] Yes [ ] No

4. AGENCY TERMS & DEDUCTION ACKNOWLEDGEMENT

Workplace Pension Scheme:	As Flexy Group Ltd operates strictly as a temporary healthcare recruitment agency supplying locum/agency shifts, **we do not hold or administer workplace pension funds** for temporary agency workers. Workers are responsible for personal pension arrangements if required.
Operational / Consultant Fee:	I acknowledge and agree that an administrative/consultant coordination fee is applied to shift billings to cover booking management, compliance maintenance, and 24/7 rota coordination as outlined in my assignment terms.
Bank Details for Payroll:	Bank Name: _____ | Account Holder: _____ Sort Code: ___ ___ - ___ ___ - ___ ___ | Account No: _____

AGENCY COMPLIANCE DRAFT

5. EMPLOYEE DECLARATION

I confirm that the information I have given on this form is correct to the best of my knowledge and belief. I understand that providing incorrect details may result in incorrect tax deductions.

Employee Signature: _____	**Date:** ____ / ____ / 2026
Authorized Agency Rep: _____	**Date:** ____ / ____ / 2026

AGENCY COMPLIANCE DRAFT