

**New Entrant Starter Pack – Despatch Request Form 2**

**Only to be used for staff joining on or after 1<sup>st</sup> October 2013.**

You **must** complete fully **all** parts of this form. **Please complete on screen.**

**Part A Your details as employer**

Your name \_\_\_\_\_

Your Department/Agency \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Your PSC (insert **x** in **one** box)

	<input type="checkbox"/>	5	MyCSP Worthing	<input type="checkbox"/>
6	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	9	MyCSP Liverpool	<input type="checkbox"/>
14	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
40	<input type="checkbox"/>		Paymaster Metropolitan Police	<input type="checkbox"/>

**Return address** - Where do you want the New Entrant to return the choice form?  
(insert **x** in **one** box)

Employer at above address  N/A  Other

If **other** please give full address details including postcode

Name \_\_\_\_\_

Department/Agency \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

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**Part B – New Entrant’s details (The pack will be sent directly to the new entrant)**

New Entrant’s full name (incl title) \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

New entrant’s date of birth (dd/mm/yy) (if known) 

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New entrant’s National Insurance number (if known) 

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These details are very important and **must** be completed

New entrants start date (dd/mm/yy) 

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Pack required (insert <b>x</b> in one box)	Staff joining for 12 months or more ( <b>NE1</b> )	<input type="checkbox"/>
	Staff joining for less than 12 months ( <b>NE2</b> )	<input type="checkbox"/>
	Staff eligible to rejoin <b>premium (RJP)</b>	<input type="checkbox"/>

New entrants with a visual impairment may benefit from receiving their pack in one of these formats. (insert **x** in one box)

Audio tape	<input type="checkbox"/>
Braille	<input type="checkbox"/>
Large print	<input type="checkbox"/>

**Part C - Send this form to St Ives Direct.**

e-mail	cspdorders@stivesdirect.com	St Ives Direct Limited
Fax	0870 0131694	Tudor Street
Telephone	0870 0131693	London
		EC4Y 0AH