

NEW STARTER FORM



Employee Surname: _____ Mr / Mrs / Miss / Miss / Other
Employee Forename(s): _____
Date of Birth: _____ Start Date: _____
Job Title: _____

Personal Details

Address: _____
_____ Post Code: _____
Telephone Number: Home: _____ Ex Directory: Yes / No
Mobile: _____ Email Address: _____
Emergency Contact: _____ Relationship: _____
Contact Telephone No: Home: _____ Mobile: _____
P45 Enclosed: Yes / No P46 Enclosed: Yes / No
NI Exempt Cert Enclosed: Yes / No Driving Licence: Yes / No

Bank Details

Bank Name: _____ Branch: _____
Account Name: _____ Sort Code: _____ - _____ - _____
Account Number: _____ Roll Number (if app) _____

Asylum & Immigration Requirements

NI Number: _____ Passport No: _____
Residence Permit: _____ (European Economic Area Nationals)
Work Permit: _____ (Non European Economic Area Nationals)

Other Information

Drs Name: _____ Drs Tel No: _____
Drs Address: _____
Reg. Disabled No (If App): _____

I hereby confirm that the above details are correct (Employee to sign):

Signature: _____ **Date:** _____

To be completed by a Manager for Payroll and Contract purposes (ONLY):

Annual Salary: £ _____ Hrs per week: _____ Hrly Rate: £ _____
Signature: _____ Date: _____