

OTHER INFORMATION REQUIRED	
Start date with Company	
Passport Number	
National Insurance Number	
Do you have any medical conditions of which we should be aware?	
If yes, provide details	
Do you have any disabilities of which we should be aware?	Yes / No
If yes, provide details	
Do you have a criminal record?	Yes / No
If yes, provide details	
Do you hold any other employment?	
If yes give details	
Do you require a work permit?	
If yes, provide details	
Ethnic Origin	Asian / Black / White / Other
Nationality	

In gathering Emergency Contact Details, we will be gathering, storing and producing the personal data of your named emergency contact in order to be able to contact them should the need arise during your employment with us. In signing this form you confirm that you have informed your emergency contact that you have provided their details to us and sought their permission for us to gather, store and process the personal information you have provided to us. All such personal data is handled in compliance with the Data Protection Act 2019 and the General Data Protection Regulations 2019; our Company data policies are available on request.

EMERGENCY CONTACT DETAILS	
Name	
Telephone number (home)	
Telephone number (work)	
Mobile number	
Address	
	Post code
Relationship to you (e.g., parent; partner etc.)	

BANK DETAILS	
Name of Bank	
Account Number (eight digits)	
Bank Sort Code (six digits)	
Name of account holder	

OFFICE USE

CONTRACTUAL STATUS	
Contract type	
Contracted hours	
Pay Rate	
Other employment(s)	
Other earnings	

Employee/Clock Car Number	
TUPE date if applicable	

ITEM	DATE RECEIVED
Personal File set up	
P45*/P46* received	
Signed contract received	
Uniform issued/signed for	
Payroll set up complete	
References applied for	
References received	
Employment confirmed at the end of the probation period	