

# HR Employment Services

Helping you make a difference

## Appointment Form

PERSONAL INFORMATION	Please ensure the following form is completed and returned.
Last Name	
First Name(s)	
Middle Name (s)	
Title (Mr/Mrs/Miss/Ms/Dr)	
Maiden/Previous Name	
Date of Birth	
National Insurance Number	
Marital/Civil Partnership Status	
Current Address (including postcode)	
Home Tel No.	
Mobile Tel No	
Email Address	

PLEASE COMPLETE THIS SECTION IF YOU HAVE WORKED FOR ANY NHS TRUST PREVIOUSLY

Previous NHS Employer in date order (most recent first)	Date From	End Date
Date started in present Banding / Grade (including Previous Service)		

<b>PROFESSIONAL REGISTRATION</b>	Please complete if you are registered with a professional body.	
Professional Registration (i.e. NMC, HCPC, GPhC)	Registration / Pin No	Expiry Date

<b>DECLARATION OF INTERESTS</b>	Please complete if applicable	
<i>Do you need to declare any private or work interests which may affect your role with in the NHS? In line with your contract you are required to declare.</i>		
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Are you a Reservist? If yes please confirm your rank and service		

<b>EMERGENCY CONTACT</b>	Please give details of the person we need to contact in the event of emergency	
Last Name		
First Name(s)		
Title (Mr/Mrs/Miss/Ms/Dr)		
Current Address (including postcode)		
Contact No		
Relationship to Employee		

<b>SALARY PAYMENT INFORMATION</b>	Please provide us with the information requested below to enable payment of your wages /salary
Name and address of your Bank / Building Society	
Bank / Building Society Account	
Bank / Building Society Sort Code	

**\*Important Information from our Payroll Department\***

The Payroll department require you to sign this form with a wet signature. If the form is not signed it may delay your first payment.

If you are not already on the BSUH payroll, please ensure your P45 is sent to the payroll department. If the P45 is not received by the Payroll department prior to the payroll run it may lead to you paying emergency tax.

By signing this document you are consenting to us using the 'old' bank details which we hold on file for you or are instructing us to use the new details completed above.

If you have any queries regarding the above please contact payroll, dept [bsuh.payroll.dept@nhs.net](mailto:bsuh.payroll.dept@nhs.net)

Dated:.....

Signature.....Name (PRINT).....