

New Employee Details Form



Personal Details

Forename: _____

Preferred Name: _____

Other Names: _____

Surname: _____

Address: _____

Postcode: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

Date of Birth: _____

National Insurance Number: _____

Bank Details

Name of Bank/Building Society: _____

Branch Name: _____

Name on Account: _____

Account No (8 digits) _____

Bank Sort Code (6 digits) _____

Other

Do you have a current P45 Yes No (if No please fill in a P46 form)

I declare that, under the Asylum & Immigration Act 1996, I am entitled to live and work in the united Kingdom and that I shall make available, upon request, suitable documentation as evidence. (N.B. Suitable documentation includes a birth certificate, British/EEC passport, P45, National Insurance number or Benefits Agency letter.)

For National office Use:

Name of Employee: _____ Payroll Number: _____

Start Date: _____ Deductions: _____

Salary: Annual _____ Monthly _____ Hourly _____

Contracted Hours _____ Position Temporary: Yes No End Date: _____

Department No: _____ Other Employment: Yes No

Signed _____ Date _____

GP's details

Name of Doctor: _____

Address of Health Centre: _____

Doctor's Telephone Number: _____

Emergency Contact Details

N.B. Please provide details of a person you would like us to contact in the event of an emergency.

Emergency Contact Name: _____

Relationship: _____

Telephone Number (Day): _____

Telephone Number (Evening): _____

Mobile Number: _____

Work Number: _____

Next of Kin Details

N.B. Please provide details of your next of kin if this differs from your emergency contact person.

Next of Kin Name: _____

Relationship: _____

Telephone Number (Day): _____

Telephone Number (Evening): _____

Mobile Number: _____

Additional Employment Information



If you have been offered a post, full-time or part-time, with ENABLE Scotland and are going to be continuing or taking on additional employment externally you must inform your line manager of this and in turn they will seek the Senior Manager's authorisation for you to do so. If authorisation is given your line manager will monitor and discuss this with you regularly to ensure that you are not working excessive hours and that we are fully compliant with current health and safety regulations, including the Working Time Directive. This is absolutely imperative to ensure that your health and safety and that of others, including those in your care, is not is not compromised in any way.

I would therefore be grateful if you could complete the request for information below to indicate if you currently work for another employer and if so provide details of the organisation and the weekly hours you work. During the course of your employment with ENABLE Scotland you are required to notify us within 14 days in writing of your additional employment circumstances changing.

Human Resources Department
ENABLE Scotland

Personal Details

*Please complete this form in PRINT using black ink

Employee Name: _____

I do do not have additional employment.

Details are as follows:

Employer's Name: _____

Nature of duties: _____

Weekly Hours: _____ **Approx. days/shifts worked:** _____