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| **staff appointment form** |
| Part A: To be completed by new staff member. Please complete all sections, ensuring that you have signed and dated the declaration.  |

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| Personal Details  |
| Title: |       | Gender: | [ ]  Male [ ]  Female |
| First Name: |       | NI Number: |       |
| Middle Names: |       | Date of Birth: |       |
| Surname: |       | Place of Birth: |       |
| Nationality:  |       | Maiden Name: |       |
| Ethnic Origin: |       | Previous Name: |       |
| Disability: |       | Marital Status: |       |
| Preferred Full Name: (i.e. if practising under different name): |       |

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| Address & Personal Contact Details |
| Address Line 1: |       | Home Phone: |       |
| Address Line 2: |       | Mobile Phone: |       |
| Town / City: |       | Personal Email: |       |
| County: |       | Post Code: |       |

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| Emergency Contact Details |
| First Name: |       | Relationship: |       |
| Surname: |       | Home Phone: |       |
| Address: |       | Mobile Phone: |       |
| Work Phone: |       |

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| Payment Details |
| Bank / Building Society: |       | Account Number: |       |
| Account Holder’s Name: |       | Sort Code: |       |
| Branch Address: |       |

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| Declaration |
| I declare that the information provided on this form is correct and that I will advise Frimley Health NHS Foundation Trust of any changes in writing in a timely manner. **Automatic Bank Registration (Internal Bank):**Please note that medical and dental, nursing & midwifery, healthcare assistant, theatre practitioner and allied health professionals staff will be automatically registered for a bank assignment with Frimley Health and relevant details will be passed on to enable set up of this post. In providing care and undertaking bank assignments, you must recognise and work within the limits of your competence and only work in the specialties in which you are competent.[ ]  Please tick this box if you **do not wish** to be registered with the internal bank. |
| Signature: |       | Date: |       |

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| Part B: To be completed by Human Resources only |

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| Employee and Post Details |
| Trust Start Date: |  | Assignment No: |  |
| Hospital Site: |  | Department:  |  |
| Position Number |  | Pay Band and Point of Scale:: |  |
| Contracted Hours: |  | Full Time Salary |  |
| Fixed Term Expiry Date: |  | Incremental Date: |  |

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| Extra Payments / Allowances Details |
| Trust Accommodation Allowance (Duration): |  | Trust Accommodation Allowance (£): |  |
| Non Trust Accommodation Allowance (Duration) |  | Non Trust Accommodation Allowance (£) |  |
| International Recruitment Allowance (£): |  | On Call Allowance: |  |
| Golden Hello Payment (£): |  | Golden Hello payment date: |  |
| Advanced Payment made (£)  |  | Recruit and Retention Premium: | *Monthly/Annual* |
| DBS Deduction: | Standard / Enhanced | Other Allowances: |  |
| Other Deductions: |  |

 Signature………………………………………………………… (HR Admin) Date………………….